

EMERGENCY MEDICAL SERVICES AUTHORITY

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



November 12, 2024

Kristine Guth, EMS Director
El Dorado County Emergency Medical Services Agency
2900 Fair Lane Court
Placerville, CA 95667

Dear Kristine Guth,

This letter is in response to EL Dorado County Emergency Medical Service (EMS) Agency's 2015-2022 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke, and Quality Improvement (QI) plan submissions to Emergency Medical Service Authority (EMSA) on January 23, 2023.

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

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

Per HSC § 1797.254, local EMS agencies must annually submit EMS plans to EMSA. Consequently, your 2023 EMS plan is now due. El Dorado EMS Agency will only be considered current if an EMS plan is submitted each year. Concurrently with the EMS plan, please submit an annual Trauma, STEMI, Stroke, and QI plan. Your 2024 EMS plan will be due on or before November 12, 2025.

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

Sincerely,

Angela Wise

Angela Wise

//for//

Tom McGinnis, MHA, EMT-P
Chief, EMS Quality and Planning Division

Enclosure:

AW: rd

EMERGENCY MEDICAL SERVICES AUTHORITY

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El Dorado County EMS Agency 2015-2022 EMS Plan Ground Exclusive Operating Areas	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All ALS Ambulance Services	All CCT/ALS Ambulance Services	ALS Non - Emergency & ALS IFT	Critical Care Transport	Standby Service with Transport Authorization
	EXCLUSIVITY			TYPE			LEVEL								
CSA 3 (South Shore Area)		X	Competitive	X				X	X	X	X	X	X	X	
CSA 3 (Meeks Bay Area)	X		Non - Exclusive												
CSA 7		X	Non-Competitive	X			X	X					X		



**EL DORADO
COUNTY
EMS AGENCY**



2015-2022

EMS Plan Update

STEMI System of Care Update

Stroke System of Care Update

Trauma System Update

CQI Plan Update



Executive Summary

The El Dorado County Emergency Medical Services (EMS) Agency (EDCEMSA) was created by the El Dorado County Board of Supervisors to fulfill the responsibilities of a local EMS agency as contained in Health and Safety Code, Division 2.5 et seq. As assigned by the Legislature with the passage of the EMS Act, the primary responsibility of a local EMS agency is to plan, implement, and evaluate an emergency medical services system, in accordance with the provisions of Division 2.5 of the Health and Safety Code, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures. Section 1797.254 of the Health and Safety Code requires local EMS agencies to annually submit a plan for their EMS area to the California EMS Authority (EMSA). The EMS system plan and subject specific plans such as trauma and transportation must be consistent with the regulations and guidelines established by the EMSA.

This EMS plan update provides information relevant for the period of July 1, 2021 through June 30, 2022, with supporting documentation spanning the Fiscal Years 2013-2014 through 2020-21. This document includes information that meets the requirement to provide annual plans for the El Dorado County CQI Plan, the Stroke System Plan, the STEMI System Plan, and the Trauma System Plan.

While the way in which emergency medical services has been delivered to the community over the years has not changed, the El Dorado County EMS Agency itself has experienced several changes and challenges. The following will briefly describe the significant changes and challenges experienced by the EMS Agency.

2011 and 2014 EMS Plan Denial

A review of available documentation highlighted an inconsistent record of EMS Plan submission by the El Dorado County EMS Agency. Further, the County's EMS Plan was denied by the EMS Authority both in 2011 and 2014. The County appealed these denials; however, it took time for the appeal process to be outlined by the EMS Authority. During this time, the County was instructed by the EMS Authority to continue operating under the last approved Plan, which would have been the 2010 submission. The appeal process spanned a number of years, finally resolving in July 2019 when a Settlement Agreement was reached between the County and the EMS Authority. The Settlement Agreement required that the County go back out to RFP for services in the eastern portion of the County and it confirmed that the services in the western portion of the County are grandfathered per 1797.224 (see Exclusive Operating Area Zone Summaries for details).

In 2023, the EMS Agency will be undertaking an entire system evaluation and with that will be a refreshed County EMS Plan, an EMS System Strategic Plan and a process for timely and accurate EMS Plan submissions that meet or exceed the minimum standards and recommended guidelines.

Data Collection/System Evaluation: Use and Availability of Data

In 2017, the EMS Agency implemented ImageTrend as the electronic patient care (ePCR) reporting system for the County. The platform is used by both CalTahoe Emergency Service Operations Authority on the East Slope of the County and the El Dorado County Emergency Services Authority on the West Slope. Prior to the implementation of ImageTrend, several other ePCR systems were tried and failed and as a result, data was manually aggregated and



analyzed from paper patient care reports. The implementation of the ImageTrend came with some challenges as there was not a designated staff person with background in information technology or database administration to ensure data was being properly captured for use in system reporting. This issue was resolved in 2020 when the EMS Agency contracted with a consultant to administer ImageTrend. From that point on, the EMS Agency has been fine tuning ImageTrend to ensure data is being captured correctly and can be easily reported on. Additionally, the EMS Agency also implemented FirstWatch in 2022 to aggregate and analyze system data in a way that is more beneficial to the entire system. Lastly, an issue with the County's Trauma Registry, TraumaOne, was identified and the County and the vendor have made efforts to resolve the issue. Unfortunately, as a result of various data system issues, the system data available prior to FY2020-21 is unreliable. Going forward, the County will have the ability to collect and utilize data and track system performance for both clinical and contractual indicators much more effectively.

System Organization and Management: EMS Agency Reorganization 2019

Effective July 1, 2019, the EMS Agency was reorganized from the El Dorado County Health and Human Services Agency to the El Dorado County Chief Administrative Office. With this reorganization came a new EMS Agency Administrator and other changes in staffing to include the creation of an EMS Supervisor position who oversees the Quality Improvement program and the specialty care systems; deleting the former 0.5FTE Quality Improvement Coordinator position and replacing it with a more comprehensive 1.0FTE EMS Specialist position that is responsible for Quality Improvement and special projects; and increasing the medical director position from 0.4FTE to 0.5FTE. With this reorganization, the Marijuana Program that was previously managed by EMS was moved into the Public Health Department. Effectively, all but one staff person, the Administrative Technician responsible for licensing, certification and investigations, were new in their roles in the EMS Agency come 2020. While the change in management and staffing has proven to be positive for ensuring that the EMS Agency is fulfilling all its statutory and regulatory requirements and pushing towards a number of system improvements, it did come at the cost of some of the institutional knowledge that existed previously.

Disaster Medical Response: COVID-19 Public Health Emergency

El Dorado County EMS staff and management were largely reassigned to the COVID-19 emergency response during 2020 and for the first half of 2021. Like other agencies, this impacted the day-to-day foundational work of the EMS Agency as attention was shifted away to emergency response. As the emergency phase of the pandemic eased, staff have been able to refocus on the mission and statutory obligations of the EMS Agency. Staff has spent the greater part of the last 18-months ensuring that policies, protocols and system plans, among other things, are up to date with existing regulations.

EL DORADO COUNTY
EMS PLAN UPDATE 2022

With Supporting Data From 2013-2022



January 2023

System Assessment Forms

SYSTEM ORGANIZATION AND MANAGEMENT

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *(MEETS MINIMUM STANDARD)* BARTON MEMORIAL HOSPITAL AND MARSHALL MEDICAL CENTER HAVE BOTH BEEN VERIFIED AS LEVEL III TRAUMA CENTERS. AS A REQUIREMENT OF LEVEL III VERIFICATION, BOTH HOSPITALS HAVE ESTABLISHED AGREEMENT WITH ACCESS TO LEVEL II AND LEVEL I TRAUMA CENTERS.

COORDINATION WITH OTHER EMS AGENCIES:

COORDINATION IS ACCOMPLISHED THROUGH INFORMAL COMMUNICATION WITH ADJACENT EMS AGENCIES, AS WELL AS FORMAL PARTICIPATION WITH THE LOCAL OFFICE OF EMERGENCY SERVICES (OES) UTILIZING THE REGION IV PLAN. SIERRA-SACRAMENTO VALLEY (SSV) EMS AGENCY AND THE SACRAMENTO COUNTY EMS AGENCY HAVE BOTH PROVIDED JURISDICTIONAL LETTERS OF AGREEMENT REGARDING THE TRANSFER OF TRAUMA PATIENTS FROM EL DORADO COUNTY TO TRAUMA CENTERS LOCATED IN SACRAMENTO COUNTY AND THE SSV SERVICE AREA.

NEED(S): MEETS STANDARD.

OBJECTIVE: CONTINUE TO UTILIZE THE APPROVED, COMPREHENSIVE TRAUMA PLAN, AND RE-VERIFY TRAUMA CENTER THROUGH EXECUTED AGREEMENTS.

TIME FRAME FOR MEETING OBJECTIVE:

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

System Assessment Forms

SYSTEM ORGANIZATION AND MANAGEMENT

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***(‘MEETS MINIMUM STANDARD’)*** THE EMS AGENCY IS FULLY FUNDED BY A COMBINATION OF PROPERTY TAXES, CERTIFICATION FEES, MADDY FUND, AND GEMT REVENUE.

OBJECTIVE:

ENSURE CONTINUED EMS AGENCY OPERATIONS REGARDLESS OF FUNDING SOURCE. PURSUE SUSTAINABLE FUNDING OPPORTUNITIES

TIME FRAME FOR MEETING OBJECTIVE:

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

System Assessment Forms

SYSTEM ORGANIZATION AND MANAGEMENT

1.18 QA/QI

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: **(MEETS MINIMUM STANDARDS)** THE AGENCY IS HEAVILY INVOLVED IN QUALITY ASSURANCE/QUALITY IMPROVEMENT (QA/QI) ACTIVITIES THROUGH THE EFFORTS OF THE EMS QUALITY IMPROVEMENT COORDINATOR AS CODIFIED IN THE EMS AGENCY QUALITY IMPROVEMENT PLAN (IN ACCORDANCE WITH TITLE 22 § 1000404).

THE AMBULANCE TRANSPORT CONTRACTORS FOR THE WEST SLOPE AND THE LAKE TAHOE BASIN INTERNALLY REVIEW 100% OF ALL DOCUMENTATION ASSOCIATED WITH PROVIDING AMBULANCE SERVICES. ADDITIONALLY, THE EMS AGENCY'S QUALITY IMPROVEMENT COORDINATOR REVIEWS ALL ELECTRONIC PREHOSPITAL CARE REPORTS (EPCR'S) AND CONDUCTS FIELD AUDITS TO VERIFY AMBULANCE TRANSPORT CONTRACTORS' FINDINGS AND ASSURE THAT APPROPRIATE PREHOSPITAL CARE IS BEING PROVIDED BY SYSTEM EMS PERSONNEL. ADDITIONALLY ALL ALS AGENCIES ARE ADHERING TO THE REQUIREMENT OUTLINED IN TITLE 22 § 1000402 BY SUBMITTING THEIR EMS QI PLAN TO THE EMS AGENCY FOR REVIEW AND APPROVAL.

BASE HOSPITAL MEDICAL DIRECTORS, AS IDENTIFIED IN THE BASE HOSPITAL CONTRACTS, ARE ALSO REQUIRED TO REVIEW PREHOSPITAL PATIENT CARE ON A CONCURRENT, RETROSPECTIVE AND CONTINUING BASIS. BASE HOSPITAL MEDICAL DIRECTORS ARE ALSO REQUIRED TO SUBMIT TO THE EMS AGENCY MONTHLY REPORTS OF ANY CALLS IDENTIFIED AS QUESTIONABLE BY THE EMERGENCY ROOM STAFF, BASE HOSPITAL DIRECTOR, AND/OR BASE HOSPITAL COORDINATOR. MARSHALL MEDICAL CENTER AND BARTON MEMORIAL HOSPITAL'S INTERNAL QUALITY REVIEW PROGRAM MEETS OR EXCEEDS ALL QA/QI REQUIREMENTS OUTLINED IN THE BASE HOSPITAL CONTRACTS.

DISPATCH QA IS ACCOMPLISHED AT THE AGENCY LEVEL THROUGH CASE AND STATISTICAL REVIEW, AS WELL AS THROUGH USE OF PROQA AND AQUA EMERGENCY MEDICAL DISPATCH (EMS) SOFTWARE PROGRAMS

NEED(S): THIS STANDARD AND RECOMMENDED GUIDELINE IS CLEARLY MET BY THE AMBULANCE TRANSPORT CONTRACTORS OPERATING IN THE COUNTY, MARSHALL MEDICAL CENTER, BARTON MEMORIAL HOSPITAL AND BOTH DISPATCH CENTERS. ADDITIONALLY, THIS AGENCY WILL CONTINUE TO FURTHER DEVELOP AND REFINE EXISTING QUALITY ASSURANCE/IMPROVEMENT PROGRAMS TO INCLUDE ALL EMS SYSTEM PARTICIPANTS, AND TO ENHANCE DATA COLLECTION CAPABILITIES TO QUANTIFY QA/QI OUTCOMES.

OBJECTIVE: CONTINUE POLICY DEVELOPMENT AND PERFORMANCE EVALUATION TO ENSURE SYSTEM-WIDE QUALITY ASSURANCE PROGRAM COMPLIANCE BY ALL SYSTEM PARTICIPANTS INCLUDING FIELD EMS PERSONNEL, MARSHALL MEDICAL CENTER, BARTON MEMORIAL HOSPITAL AND BOTH DISPATCH CENTERS.

TIME FRAME FOR MEETING OBJECTIVE:

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

System Assessment Forms

SYSTEM ORGANIZATION AND MANAGEMENT

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *(MEETS MINIMUM STANDARD)* THERE ARE NO ELIGIBLE PEDIATRIC FACILITIES IN EL DORADO COUNTY. EL DORADO COUNTY'S PEDIATRIC EMERGENCY MEDICAL AND CRITICAL CARE SYSTEM PLAN IS MET BY TRANSFERRING SERIOUSLY ILL OR INJURED CHILDREN TO A REGIONAL DESIGNATED PEDIATRIC INTENSIVE CARE CENTER. WE ARE ACTIVELY ENCOURAGING BOTH HOSPITALS TO PURSUE EMERGENCY DEPARTMENT APPROVED FOR PEDIATRICS (EDAP) CERTIFICATION.

NEED(S):MEETS STANDARD.

OBJECTIVE: CONTINUE TO REVIEW AND EVALUATE PEDIATRIC CRITICAL CARE. ENCOURAGE EDAP CERTIFICATION.

TIME FRAME FOR MEETING OBJECTIVE:

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

System Assessment Forms

SYSTEM ORGANIZATION AND MANAGEMENT

1.28 EOA PLAN

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *(MEETS MINIMUM STANDARD)* ALS AMBULANCE SERVICE IN THE SOUTH SHORE ZONE OF CSA #3 IS ACQUIRED THROUGH A COMPETITIVE PROCESS FOR THE ESTABLISHMENT OF AN EXCLUSIVE OPERATING AREA AND THE SELECTION OF A PROVIDER, PURSUANT TO CALIFORNIA HEALTH AND SAFETY CODE SECTION 1797.224. THE COUNTY'S CURRENT CONTRACTOR, THE CALIFORNIA TAHOE EMERGENCY SERVICES OPERATIONS AUTHORITY (CAL TAHOE), WAS SELECTED AS THE COUNTY'S CONTRACTOR FOR AMBULANCE TRANSPORT AND DISPATCH SERVICES FOLLOWING A FORMAL REQUEST FOR PROPOSAL (RFP) PROCESS CONDUCTED BY THE COUNTY IN 2001, 2011, 2018 AND AGAIN IN 2021. THE 2021 RFP RESULTED IN CAL TAHOE BEING CHOSEN AS THE CONTRACTOR. THE CURRENT CONTRACT WAS AWARDED FOR A 10-YEAR TERM. THE WEST SHORE ZONE OF CSA #3 IS A NON-EXCLUSIVE OPERATING AREA FOR ALL AMBULANCE TRANSPORT SERVICES. THE ONLY CURRENTLY PERMITTED CONTRACTOR IN THIS ZONE IS THE NORTH TAHOE FIRE PROTECTION DISTRICT.

COUNTY SERVICE AREA #7 IS AN EXCLUSIVE OPERATING AREA FOR ALL EMERGENCY (911) AMBULANCE SERVICES AND NON EMERGENCY INTERFACILITY TRANSPORTS THAT BEGIN AND TERMINATE WITHIN THE COUNTY LIMITS. THE COUNTY IS THE EXCLUSIVE PROVIDER FOR ALL SUCH SERVICES IN CSA #7, PURSUANT TO CALIFORNIA HEALTH AND SAFETY CODE SECTION 1797.224. THE COUNTY PROVIDES THE SERVICES EXCLUSIVELY THROUGH AN OPERATIONS CONTRACT WITH THE EL DORADO COUNTY EMERGENCY SERVICES JOINT POWERS AUTHORITY

NEED(S): MEETS STANDARD.

OBJECTIVE: CONTINUE TO REVIEW AND UPDATE PLAN FOR OPTIMAL SYSTEM DESIGN OF ALS AMBULANCE SERVICES.

TIME FRAME FOR MEETING OBJECTIVE:

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

System Assessment Forms

6.09 ALS AUDIT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *(MEETS MINIMUM STANDARD)* THE EMS AGENCY PRESENTLY CAPTURES AND AUDITS ACTIVITIES OF PREHOSPITAL ADVANCED LIFE SUPPORT CONTRACTORS AS WELL AS BASE AND RECEIVING HOSPITAL ACTIVITIES THROUGH THE USE OF TRAUMA ONE, IMAGE TREND FIELD ELITE, IMAGETREND HOSPITAL HUB SOFTWARE PROGRAMS AND FIRSTWATCH.

NEED(S): MEETS STANDARD AND RECOMMENDED GUIDELINE.

OBJECTIVE: CONTINUE TO AUDIT ALS TREATMENT AND EVALUATE ALL PREHOSPITAL ACTIVITIES.

TIME FRAME FOR MEETING OBJECTIVE:

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

System Assessment Forms

DISASTER MEDICAL RESPONSE

6.10 TRAUMA SYSTEM EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD* EL DORADO COUNTY HAS AN APPROVED TRAUMA PLAN THAT UTILIZES A TRAUMA REGISTRY PROGRAM (TRAUMA ONE) TO MEET THE ABOVE REQUIREMENTS.

NEED(S): MEETS STANDARD

OBJECTIVE: CONTINUE TO UPDATE THE TRAUMA PLAN AND ENSURE THAT ADEQUATE DATA IS BEING CAPTURED THROUGH THE USE OF TRAUMA ONE FOR TRAUMA SYSTEM EVALUATION.

TIME FRAME FOR MEETING OBJECTIVE:

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

System Assessment Forms

DISASTER MEDICAL RESPONSE

6.11 TRAUMA CENTER DATA

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *(MEETS MINIMUM STANDARD)* THE EMS AGENCY COLLECTS TRAUMA DATA FROM MARSHALL MEDICAL CENTER (LEVEL III TRAUMA CENTER) AND BARTON MEMORIAL HOSPITAL (LEVEL III TRAUMA CENTER) THROUGH THE TRAUMA REGISTRY AND THE IMAGETREND HOSPITAL HUB FOR QUALITY ASSURANCE/QUALITY IMPROVEMENT AND SYSTEM EVALUATION.

NEED(S): MEETS STANDARD AND RECOMMENDED GUIDELINE.

OBJECTIVE: CONTINUE TO MONITOR AND EVALUATE TRAUMA DATA TO IDENTIFY AND IMPLEMENT EMS SYSTEM IMPROVEMENT OPPORTUNITIES.

TIME FRAME FOR MEETING OBJECTIVE:

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

System Assessment Forms

DISASTER MEDICAL RESPONSE

REGIONAL MEDICAL DISASTER COORDINATION

MINIMUM STANDARDS:

Compliance with 1797.152 and 1797.153.

CURRENT STATUS: *MEETS MINIMUM STANDARD* EL DORADO COUNTY IS PART OF MUTUAL AID REGION IV. AS PART OF REGION IV, THE COUNTY COORDINATES THROUGH THE REGIONAL DISASTER MEDICAL HEALTH COORDINATOR PROGRAM CURRENTLY LEAD BY YOLO COUNTY EMERGENCY MEDICAL SERVICES AGENCY.

LOCALLY, THE MEDICAL HEALTH OPERATIONAL AREA COORDINATOR IS THE EMERGENCY MEDICAL SERVICES ADMINISTRATOR. THERE IS A CLOSE COMMUNICATION WITH THE LOCAL PUBLIC HEALTH OFFICER DURING UNUSUAL EVENTS OR EMERGENCY SYSTEM ACTIVATIONS. THE 17 FUNCTIONS OUTLINED IN 1797.153 ARE COVERED THROUGH A 24/7 DUTY OFFICER PROGRAM, WHICH ALSO INCLUDES INVOLVEMENT OF THE LOCAL PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM STAFF.

THE LOCAL MHOAC PROGRAM FOLLOWS ALL OF THE PROCESSES PRESCRIBED IN THE PUBLIC HEALTH AND MEDICAL EMERGENCY OPERATIONS MANUAL FOR COMMUNICATION AND RESOURCE REQUESTING (LOCAL, REGION, STATE, FEDERAL).

DURING LOCAL EMERGENCY OPERATIONS CENTER ACTIVATIONS, THE MHOAC RESIDES WITHIN ESF 8 – PUBLIC HEALTH & MEDICAL SERVICES OF THE LOCAL OFFICE OF EMERGENCY SERVICES' ORGANIZATIONAL STRUCTURE. ALL COMMUNICATION AND RESOURCE REQUESTING IS CENTRALIZED THROUGH THE EOC. ANY COMMUNICATIONS TO OR FROM THE FIELD MAY COME DIRECTLY FROM THE LEMSA OR FROM THE OPERATIONAL COORDINATOR IDENTIFIED FOR THAT INCIDENT.

NEED(S): MEETS STANDARD

OBJECTIVE: CONTINUE TO FOLLOW THE PROCESS PRESCRIBED IN THE PUBLIC HEALTH AND MEDICAL EMERGENCY OPERATIONS MANUAL FOR UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATIONS.

TIME FRAME FOR MEETING OBJECTIVE:

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

Progress Objective

El Dorado County

LEMSA:

EMS Agency

FY:2021-22

Standard	EMSA Requirement	Meets Min. Req.	Short Range (one year or less) OR Long Range (more than one year)	Progress	Objective
1.07	The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction	X	Long Range	Trauma plan has been submitted and approved by the EMS Authority.	Ensure Trauma Plan is updated to reflect the Level III Trauma services provided by both hospitals and represents an optimal design.
1.27	The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines: <ol style="list-style-type: none"> 1. the optimal system design for pediatric emergency medical and critical care in the EMS area, and 2. the process for assigning roles to system participants, including a process which allows all eligible facilities to apply. 	X	Long Range	Encouraging both base hospitals to seek EDAP certification	Continue to review and evaluate pediatric critical care. Work with both Base Hospitals to become certified Emergency Department Approved for Pediatrics (EDAP). Ensure transfer agreements are in place for all pediatric patients requiring a higher level of care.
5.10	Local EMS agencies that	X	Long Range	At this time, the current	Work with both Base Hospitals to become

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

1. the number and role of system participants, particularly of emergency departments,
2. the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
3. identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
4. identification of providers who are qualified to transport such patients to a designated facility,
5. identification of tertiary care centers for

system design supports the continued level of pediatric care through established transfer agreement for patients requiring a higher level of care.

certified Emergency Department Approved for Pediatrics (EDAP).

	<p>pediatric critical care and pediatric trauma,</p> <p>6. the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and</p> <p>7. a plan for monitoring and evaluation of the system.</p>				
5.12	<p>In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.</p>	X	Long Range	<p>We are encouraging both Acute Hospitals to become certified Emergency Department Approved for Pediatrics (EDAP).</p>	<p>Work with both Base Hospitals, prehospital agencies and consumers to assist in EDAP certification process.</p>
6.01	<p>The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize</p>	X	Long Range	<p>All ALS Agencies are adhering to the requirement outlined in Title 22 § 1000402 by submitting their EMS QI plan to the EMS Agency for review and approval. Additionally, the EMS Agency will be submitting a revised the Quality Improvement (QI) Plan required by Title 22 §100404</p>	<p>Continue to monitor and update QI measure to reflect system wide needs as determined by the Quality Improvement Committee.</p>

	state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.				
6.06	The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.	X	Short Range	The EMS system undergoes yearly evaluation through the use of the Continuous Quality Improvement Committee, Medical Advisory Committee, and performance based contracts with the contracted service agencies.	Continue to monitor and update the EMS System Design Evaluation to reflect system wide changes.
6.10	The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and	X	Short Range	The Agency has an approved Trauma Plan that utilizes a Trauma Registry Program (Trauma One) to meet this requirement.	Continue to update the Trauma Plan and ensure that adequate data is being captured through the use Trauma One for Trauma System Evaluation.

operation.					

EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:

County of El Dorado EMS Agency

Area or Subarea (Zone) Name or Title:

County Service Area No. 3 – South Shore Area

Name of Current Service Agency:

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Transport services have been contracted, after a competitive request for proposal process, to the Cal Tahoe Emergency Services Operations Authority (Joint Powers Authority comprised of South Lake Tahoe Fire Department, Fallen Leaf Lake and Lake Valley Fire Protection District). Cal Tahoe has been under contract to provide transport services since 2001.

Area or Subarea (Zone) Geographic Description:

County Service Area No. 3 (CSA #3) – South Shore Area as set forth in official records of El Dorado County – eastern portion of El Dorado County including City of South Lake Tahoe; excluding Tahoe West Shore Area (Meeks Bay).

Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Exclusive Operating Area. In February 2019, a competitive bidding process was conducted. On March 12, 2019, the Board of Supervisors selected Cal Tahoe as the transport and dispatch contractor and authorized staff to initiate contract negotiations. As result of the Stipulated Settlement Agreement (July 2019), the County conducted a competitive bidding process to select a provider. There was one respondent to the RFP and a contract was awarded to the Cal Tahoe JPA for the term of 9/1/21-8/31/31, with the option of a 5 year extension.

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.).

All Emergency and Non-Emergency ground ambulance service.

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.

In February 2019, a competitive bidding process was conducted to select a provider. On March 12, 2019, the Board of Supervisors selected Cal Tahoe as the transport and dispatch contractor and authorized staff to initiate contract negotiations. As result of the Stipulated Settlement Agreement (July 2019), the County conducted a competitive bidding process to select a provider. There was one respondent to the RFP and a contract was awarded to the Cal Tahoe JPA for the term of 9/1/21-8/31/31, with the option of a 5 year extension.

EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: County of El Dorado EMS Agency
Area or Subarea (Zone) Name or Title: County Service Area No. 3 – Tahoe West Shore Area (Meeks Bay area)
Name of Current Service Agency: Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Transport services are contracted to North Tahoe Fire Protection District (out-of-county provider) which has been in operations in CSA No. 3 - Tahoe West Shore Area since prior to 1990.
Area or Subarea (Zone) Geographic Description: CSA No. 3 – Tahoe West Shore Area as set forth in official records of El Dorado County – northeastern portion of El Dorado County (Meeks Bay Area) excluding South Lake Tahoe Area.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive - County reserves right to allow other ambulances to cross zones of responsibility if deemed necessary for most efficient response.
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.). Not Applicable
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. Not Applicable

EXCLUSIVE OPERATING AREAS EMS PLAN - ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

<p>Local EMS Agency or County Name: County of El Dorado EMS Agency</p>
<p>Area or Subarea (Zone) Name or Title: County Service Area No. 7 – West Slope Area</p>
<p>Name of Current Service Agency: Include company name(s) and length of operation (uninterrupted) in specified area or subarea. The County contracts for transportation and dispatch services with the El Dorado County Emergency Services Authority (formerly known as the El Dorado County Regional Prehospital Emergency Services Operations Authority; also known as “West Slope JPA”).</p>
<p>Area or Subarea (Zone) Geographic Description: CSA #7- West Slope Area as set forth in official records of El Dorado County (western portion of El Dorado County)</p>
<p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive. The El Dorado County Board of Supervisors determined that the County met the grandfathering requirements in 1797.224 for all emergency ambulance services within County Service Area 7. This determination was affirmed by the State EMS Authority in the Settlement Agreement, OAH Case No. 2019010199, dated July 18, 2019, approved July 23, 2019 by Administrative Law Judge.</p>
<p>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.). This area is an exclusive operating area served by the County for 9-1-1 emergency and non-emergency ambulance transports, and ambulance interfacility transports that originate and terminate in the County. The County is the sole provider of these services and has provided ambulance service in the same manner and scope since prior to January 1, 1981 pursuant to Health and Safety Code § 1797.224.</p>
<p>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. The following facts are provided to identify the scope and manner of service for exclusivity: This area is an exclusive operating area served by the County for 9-1-1 emergency and non-emergency ambulance transports, and ambulance interfacility transports that originate and terminate in the County. The County is the sole provider of these services and has provided ambulance service in the same manner and scope since prior to January 1, 1981 pursuant to</p>

Health and Safety Code § 1797.224.

Since prior to January 1, 1981, and continuing without interruption through the present, the County has maintained full control over the provision of emergency medical services, inclusive of administration, finance, and billing of emergency medical services, separate and apart from County's role as the Emergency Medical Services Agency. At all times the County has provided funding, set transport fees, provided billing and collection services and billed under the County's own Medicare and Medi-Cal number. The County either itself employed ambulance staff, owned ambulances, provided dispatch, and purchased rolling stock or contractually arranged for the items through direct contract between the County and fire districts, or the joint powers authority created by the fire districts.

In 1999, the County's Board of Supervisors determined (i) that there were no other providers eligible to assert "grandfather" status pursuant to Health and Safety Code section 1797.224, (ii) that no fire district or city within El Dorado County CSA #7 was eligible to assert provider status pursuant to Health and Safety Code section 1797.201, and (iii) that the County could be "grandfathered" as the exclusive provider for CSA #7 for emergency ambulance transport services pursuant to Health and Safety Code section 1797.224. The State of California Emergency Medical Services Authority has acknowledged and agreed that pursuant to Health and Safety Code § 1797.224, the County qualifies as an entity that has provided emergency medical services and ambulance transport services in CSA No. 7 in the same manner and scope since January 1, 1981. (Settlement Agreement, OAH Case No. 2019010199, dated July 18, 2019, approved July 23, 2019 by Administrative Law Judge.)

No competitive process is required to select a provider under California Health and Safety Code section 1797.224 if the County's EMS Plan continues within the same manner and scope in which services have been provided without interruption since January 1, 1981.

2021-22 Data

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X	None		
1.02	LEMSA Mission		X	None		
1.03	Public Input		X	None		
1.04	Medical Director		X	None		
Planning Activities:						
1.05	System Plan		X	None		
1.06	Annual Plan Update		X	None		
1.07	Trauma Planning		X	X		X
1.08	ALS Planning		X	None		
1.09	Inventory of Resources		X	None		
1.10	Special Populations		X	X		
1.11	System Participants		X	X		
Regulatory Activities:						
1.12	Review & Monitoring		X	None		
1.13	Coordination		X	None		
1.14	Policy & Procedures Manual		X	None		
1.15	Compliance w/Policies		X	None		
System Finances:						
1.16	Funding Mechanism		X	None		X
Medical Direction:						
1.17	Medical Direction		X	None		
1.18	QA/QI		X	X		X
1.19	Policies, Procedures, Protocols		X	X		

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	None		
1.21	Determination of Death		X	None		
1.22	Reporting of Abuse		X	None		
1.23	Interfacility Transfer		X	None		
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	None		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X	None		X
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X	None		

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	None		
2.02	Approval of Training		X	None		
2.03	Personnel		X	None		
Dispatchers:						
2.04	Dispatch Training		X	X		
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X	None		
2.07	Medical Control		X	None		
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X	None		
2.10	Advanced Life Support		X	X		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X	None		
2.12	Early Defibrillation		X	None		
2.13	Base Hospital Personnel		X	None		

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		X
3.03	Interfacility Transfer		X	None		
3.04	Dispatch Center		X	None		
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X	None		
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X	None		
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

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	None		
4.04	Prescheduled Responses		X	None		
4.05	Response Time		X	X		
4.06	Staffing		X	None		
4.07	First Responder Agencies		X	None		
4.08	Medical & Rescue Aircraft		X	None		
4.09	Air Dispatch Center		X	None		
4.10	Aircraft Availability		X	None		
4.11	Specialty Vehicles		X	X		
4.12	Disaster Response		X	None		
4.13	Intercounty Response		X	X		
4.14	Incident Command System		X	None		
4.15	MCI Plans		X	None		
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	None		
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X	None		
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X	None		
4.20	"Grandfathering"		X	None		
4.21	Compliance		X	None		
4.22	Evaluation		X	None		

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	None		
5.03	Transfer Guidelines		X	None		
5.04	Specialty Care Facilities		X	None		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation		X	None		
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		X	None		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X	None		
5.09	Public Input		X	None		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X	None		X
5.11	Emergency Departments		X	N/A		
5.12	Public Input		X	None		X
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		N/A	None		
5.14	Public Input		X	None		

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		X
6.02	Prehospital Records		X	None		
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X	None		
6.05	Data Management System		X	N/A		
6.06	System Design Evaluation		X	None	X	
6.07	Provider Participation		X	None		
6.08	Reporting		X	None		
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	X		X
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X	None		X
6.11	Trauma Center Data		X	X	X	

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	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	X		

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	None		
8.02	Response Plans		X	X		
8.03	HazMat Training		X	None		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications		X	None		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		N/A	N/A		
8.10	Mutual Aid Agreements		X	None		
8.11	CCP Designation		X	None		
8.12	Establishment of CCPs		X	None		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	None		
8.16	Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X	None		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X	None		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X	None		

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: FY 2021-2022

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

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

County: El Dorado

- | | | |
|----|--------------------------------------|------|
| A. | Basic Life Support (BLS) | N/A |
| B. | Limited Advanced Life Support (LALS) | N/A |
| 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: County Chief Administrative Office

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: Deputy Chief Administrative Officer**

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

Implementation of exclusive operating areas (ambulance franchising)	_____X_____
Designation of trauma centers/trauma care system planning	_____X_____
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	_____X_____
Enforcement of ambulance service contracts	_____X_____
Operation of ambulance service	_____

Table 2 - System Organization and Management (cont.)

Continuing education	<u> X </u>
Personnel training	<u> X </u>
Operation of oversight of EMS dispatch center	<u> X </u>
Non-medical disaster planning	<u> X </u>
Administration of critical incident stress debriefing team (CISD)	<u> </u>
Administration of disaster medical assistance team (DMAT)	<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> X </u>
Other: _____	
Other: _____	
Other: _____	

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$	517,286.00
Contract Services (e.g. medical director)		85,300.00
Operations (e.g. copying, postage, facilities)		11,925.00
Travel		12,500.00
Indirect expenses (overhead)		170,819.00
Ambulance subsidy		_____
EMS Fund payments to physicians/hospital		340,000.00
Dispatch center operations (non-staff)		_____
Training program operations		
Other: GEMT QAF Fee		0
Other: EMT Certification Fee		25,000.00
Other: _____		_____
TOTAL EXPENSES		\$1,162,830.00

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	\$	_____
Office of Traffic Safety (OTS)		_____
State general fund		_____
County general fund		_____
Other local tax funds (e.g., EMS district)		_____
County contracts (e.g. multi-county agencies)		_____
Certification fees		<u>30,000.00</u>
Training program approval fees		_____
Training program tuition/Average daily attendance funds (ADA)		_____
Job Training Partnership ACT (JTPA) funds/other payments		_____
Base hospital application fees		_____
Trauma center application fees		_____
Trauma center designation fees		_____
Pediatric facility approval fees		_____
Pediatric facility designation fees		_____
Other critical care center application fees		_____
Type: _____		
Other critical care center designation fees		_____
Type: _____		
Ambulance service/vehicle fees		_____
Contributions		_____
EMS Fund (SB 12/612) (excludes revenue retained as fund balance)		350,000.00
Other grants: _____		_____
Other fees: Records Requests & Misc.		2000.00
Other (specify): Interest		
Other: Ground Emergency Medical Transport (GEMT)		\$153,000.00
Other: Misc Revenue (prior year refund)		
Other (specify): County Service Areas (Fees, District Taxes, Property Taxes)		627,830.00
TOTAL REVENUE		\$1,162,830

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

Table 2 - System Organization & Management (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$25.00
EMS dispatcher certification	N/A
EMT-I certification	\$100.00
EMT-I recertification	\$62.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	N/A
AEMT recertification	N/A
EMT-P accreditation	\$35.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	\$48.00
MICN/ARN recertification	\$48.00
EMT-I training program approval	\$529.00
AEMT training program approval	N/A
EMT-P training program approval	N/A
MICN/ARN training program approval	\$0
Base hospital application	\$0
Base hospital designation	\$0
Trauma center application	\$0
Trauma center designation	\$1,001.00
Pediatric facility approval	N/A
Pediatric facility designation	N/A
Other critical care center application Type: _____	
Ambulance service licence	\$ 397.00
Ambulance vehicle permits	\$ 189.00
Other: <u>Contract Application Fee</u>	<u>\$ 397.00</u>
Other: <u>Contractor Ambulance Inspection</u>	<u>\$ 189.00</u>
Other: <u>Wheelchair - G/V Permit Application Fee</u>	<u>\$ 255.00</u>
Other: <u>Wheelchair - G/V Vehicle Inspection</u>	<u>\$ 36.00</u>

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Manager of Emergency Medical Services and Emergency Preparedness & Response	1.0	67.74	24.84%	
Asst. Admin./Admin. Asst./Admin. Mgr.	N/A				
ALS Coord./Field Coord./ Training Coordinator	N/A				
Program Coordinator/ Field Liaison (Non-clinical)	N/A				
Trauma Coordinator	N/A				
Medical Director	EMS Agency Medical Director	0.5	\$111.99	19.52%	
Other MD/Medical Consult/ Training Medical Director	N/A				
Disaster Medical Planner	N/A				

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	N/A				
Medical Planner	N/A				
Data Evaluator/Analyst					
QA/QI Coordinator	EMS Specialist	1.00	\$36.32	19.52%	
Public Info. & Education Coordinator	N/A				
Executive Secretary	N/A				
Other Clerical	Administrative Technician	1.00	33.00	58.38%	
Data Entry Clerk	N/A				
Other	Emergency Medical Services and Emergency Preparedness Supervisor	1.00	45.64	19.52%	

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management
El Dorado County Organizational Chart



Table 2 - System Organization & Management
El Dorado County EMS Agency Organizational Chart

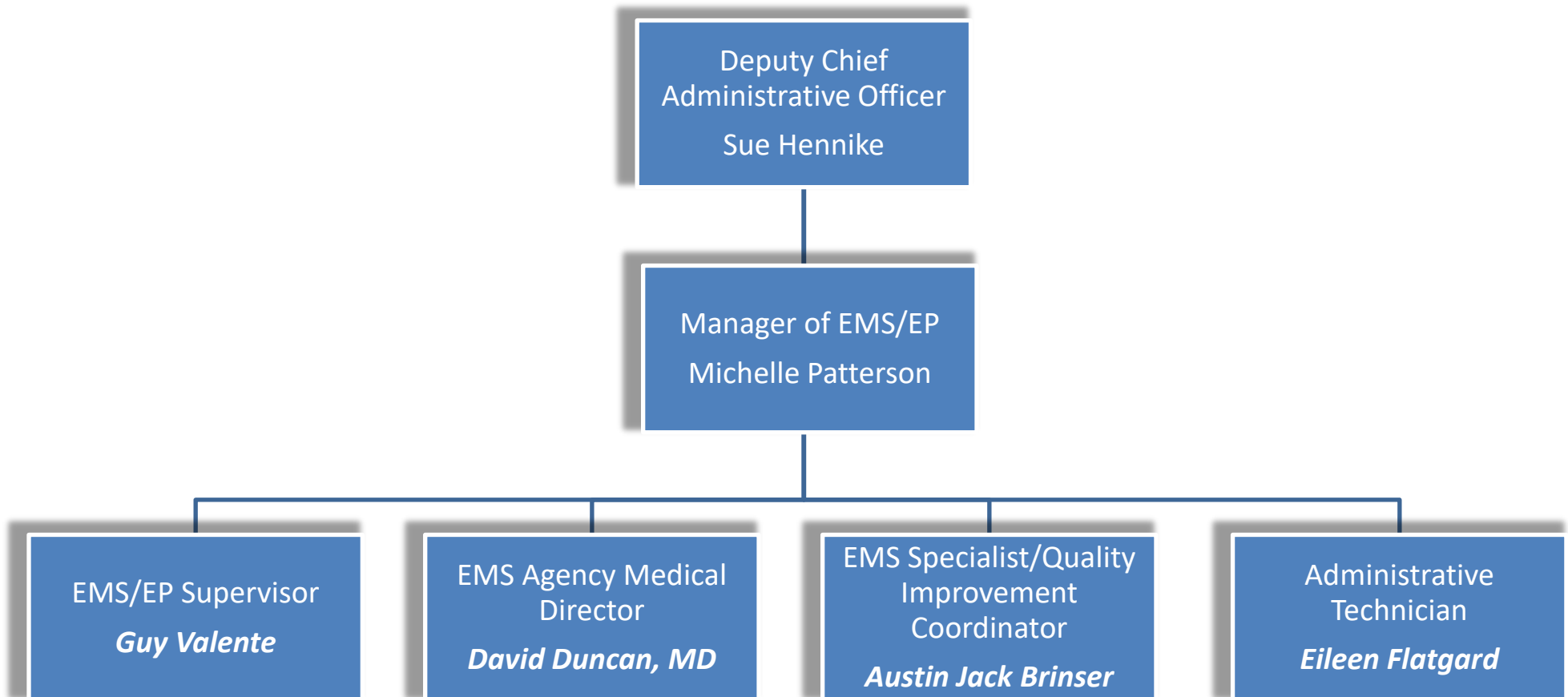


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: FY 2021-22

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	559	N/A		70
Number newly certified this year	86	N/A		18
Number recertified this year	296	N/A		16
Total number of accredited personnel on July 1 of the reporting year	177	N/A	238	
Number of certification reviews resulting in:				
a) formal investigations	6	N/A		0
b) probation	8	N/A	0	0
c) suspensions	0	N/A	0	0
d) revocations	0	N/A		0
e) denials	0	N/A		0
f) denials of renewal	0	N/A		0
g) no action taken	0	N/A	0	0

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

b) Number of public safety (defib) certified (non-EMT-I)

160 Approx.
Unknown

2. Do you have an EMR training program

yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

Note: Table 4 is to be answered for each county.

County: El Dorado

Reporting Year: FY 2021-22

- | | |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP) | 2 |
| 2. Number of secondary PSAPs | 1 |
| 3. Number of dispatch centers directly dispatching ambulances | 3 |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | 3 |
| 5. Number of designated dispatch centers for EMS Aircraft | 2 |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
Camino ECC (CalFire), South Lake Tahoe Police Department, and Grass Valley ECC (CalFire) | |
| 7. Who is your primary dispatch agency for a disaster?
Camino ECC (CalFire), South Lake Tahoe Police Department, and Grass Valley ECC (CalFire) | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>CLEMARS 1 (154.920)</u> | |
| b. Other methods <u>CLEMARS 2 (154.935), CALCORD (156.075)</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input type="checkbox"/> Yes <input checked="" 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 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: FY 2021-22

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

- Number of EMT-Defibrillation providers 16

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	N/A	No Standard
Early defibrillation responder	N/A	N/A	N/A	No Standard
Advanced life support responder	N/A	N/A	N/A	No Standard
Transport Ambulance	11 minutes	16-24 minutes	90 minutes	N/A

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

Reporting Year: FY 2021-22

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>1204</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>62</u>
3. Number of major trauma patients transferred to a trauma center	<u>92</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>0</u>

Emergency Departments

Total number of emergency departments	<u>02</u>
1. Number of referral emergency services	<u>N/A</u>
2. Number of standby emergency services	<u>N/A</u>
3. Number of basic emergency services	<u>01</u>
4. Number of comprehensive emergency services	<u>01</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>N/A</u>
2. Number of base hospitals with written agreements	<u>02</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: FY 2021-22

County: EL DORADO

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Several sites county wide
 - b. How are they staffed? Volunteers & county employees, CERT, MRC
 - 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? First Responder Operations
 - 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? 03
3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No
4. List all counties with which you have a written medical mutual aid agreement.
None
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 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? Deputy Chief Administrative Officer
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: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2021-22

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

County: EL DORADO **Service Agency:** CALSTAR is authorized by LEMSA to provide non-exclusive air ambulance services within the County. **Response Zone:** County Service Area No. 7 and 3. (The entire County)

Address: 1901 Airport Blvd. #112 **Number of Ambulance Vehicles in Fleet:** 1
South Lake Tahoe, CA 96150

Phone Number: (530) 544-2338 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2021-22

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the Cal Tahoe Emergency Services Operations Authority (AKA East Slope JPA) **Response Zone:** County Service Area No. 3 Tahoe South Shore Area

Address: P.O. Box 8917 **Number of Ambulance Vehicles in Fleet:** 6
South Lake Tahoe, CA 96158

Phone Number: (530) 577-3737 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>JPA</u>	<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>3014</u>	Total number of responses	<u>2867</u>	Total number of transports
<u>3014</u>	Number of emergency responses	<u>2867</u>	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2021-22

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

County: EL DORADO **Service Agency:** Fallen Leaf Lake Fire Protection District **Response Zone:** County Service Area No. 3
Tahoe South Shore Area

Address: 241 Fallen Leaf Road **Number of Ambulance Vehicles in Fleet:** 0
South Lake Tahoe, CA 96150

Phone Number: (530) 542-1343 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2020-2021

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

County: EL DORADO **Service Agency:** Lake Valley Fire Protection District **Response Zone:** County Service Area No. 3 Tahoe West Shore Area

Address: 1286 Golden Bear Trail **Number of Ambulance Vehicles in Fleet:** 0
South Lake Tahoe, CA 96150

Phone Number: (530) 577-3737 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2020-2021

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

County: EL DORADO **Service Agency:** South Lake Tahoe Fire Rescue **Response Zone:** County Service Area No. 3
Tahoe West Shore Area

Address: 2101 Lake Tahoe Blvd **Number of Ambulance Vehicles in Fleet:** 0
South Lake Tahoe, CA 96150

Phone Number: (530) 542-6160 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2020-2021

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the North Tahoe Fire Protection District. **Response Zone:** County Service Area No. 3 Tahoe West Shore Area

Address: 222 Fairway Drive **Number of Ambulance Vehicles in Fleet:** 6
Tahoe City, CA 96145

Phone Number: (530) 583-6911 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 7

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <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

<u>92</u> Total number of responses	<u>92</u> Total number of transports
<u>92</u> Number of emergency responses	<u>92</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2021-22

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the **El Dorado County Emergency Services Authority** (AKA West Slope JPA) **Response Zone:** County Service Area No. 7 West Slope Area

Address: 480 Locust Road
Diamond Springs, CA 95619

Number of Ambulance Vehicles in Fleet: 21

Phone Number: (530) 642-0622

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 8

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

12480 Total number of responses
12480 Number of emergency responses
 Number of non-emergency responses

12480 Total number of transports
12480 Number of emergency transports
 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2020-2021

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

County: EL DORADO **Service Agency:** CALFIRE (Mt. Danaher) DISPATCH Amador-El Dorado Unit **Response Zone:** County Service Area No. 7 West Slope Area

Address: 2840 Mt. Danaher Road **Number of Ambulance Vehicles in Fleet:** 0
Camino, CA 95709

Phone Number: (530) 647-5227 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2020-2021

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

County: EL DORADO **Service Agency:** Cameron Park Fire Protection District **Response Zone:** County Service Area No. 7 West Slope Area

Address: 3200 Country Club Drive **Number of Ambulance Vehicles in Fleet:** 0
Cameron Park, CA 95682

Phone Number: (530) 677-6190 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2020-2021

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

County: EL DORADO **Service Agency:** Diamond Springs-El Dorado Fire Protection District **Response Zone:** County Service Area No. 7 West Slope Area

Address: 501 Pleasant Valley Road **Number of Ambulance Vehicles in Fleet:** 0
Diamond Springs, CA 95619

Phone Number: (530) 626-3190 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2020-2021

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

County: EL DORADO **Service Agency:** Garden Valley Fire Protection District **Response Zone:** County Service Area No. 7 West Slope Area

Address: 4860 Marshall Road **Number of Ambulance Vehicles in Fleet:** 0
Garden Valley, CA 95633

Phone Number: (530) 333-1240 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2020-2021

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

County: EL DORADO **Service Agency:** Georgetown Fire Protection District **Response Zone:** County Service Area No. 7 West Slope Area

Address: 6281 Main Street **Number of Ambulance Vehicles in Fleet:** 0
Georgetown, CA 95633

Phone Number: (530) 333-4111 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2020-2021

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

County: EL DORADO **Service Agency:** Pioneer Fire Protection District **Response Zone:** County Service Area No. 7 West Slope Area

Address: 7061 Mt. Aukum Road **Number of Ambulance Vehicles in Fleet:** 0
Somerset, CA 95684

Phone Number: (530) 620-4444 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2020-2021

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

County: EL DORADO **Service Agency:** Rescue Fire Protection District **Response Zone:** County Service Area No. 7 West Slope Area

Address: 5221 Green Valley Road **Number of Ambulance Vehicles in Fleet:** 0
Rescue, CA 95672

Phone Number: (530) 677-1868 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2020-2021

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

County: EL DORADO **Service Agency:** Rescue Fire Protection District **Response Zone:** County Service Area No. 7 West Slope Area

Address: 5221 Green Valley Road **Number of Ambulance Vehicles in Fleet:** 0
Rescue, CA 95672

Phone Number: (530) 677-1868 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2020-2021

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

County: EL DORADO **Service Agency:** AlphaOne Ambulance Medical Services, Inc. **Response Zone:** County Service Area No. 7 West Slope Area

Address: 10461 Old Placerville Road **Number of Ambulance Vehicles in Fleet:** 19
Sacramento, CA 95827

Phone Number: (916) 635-1111 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 19

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

1,101 Total number of responses
 Number of emergency responses
1,101 Number of non-emergency responses

1,101 Total number of transports
 Number of emergency transports
1,101 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2020-2021

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

County: EL DORADO **Service Agency:** Bay Medic Ambulance **Response Zone:** County Service Area No. 7 West Slope Area

Address: 959 Detroit Ave
Concord, CA 94518 **Number of Ambulance Vehicles in Fleet:** 3 (available to El Dorado from Sac area)

Phone Number: 925-689-9000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

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

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

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

Air Ambulance Services

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

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

Table 9: Resources Directory

Facilities

County: EL DORADO

Note: Complete information for each facility by county. Make copies as needed.

Facility: Marshall Medical Center Telephone Number: (530) 622-1441
Address: 1100 Marshall Way
Placerville, CA 95667

<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 type="checkbox"/> Standby Emergency <input checked="" 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
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Pediatric Critical Care Center¹ EDAP² PICU³	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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: Resources Directory

Facilities

County: EL DORADO

Note: Complete information for each facility by county. Make copies as needed.

Facility: Barton Memorial Hospital
 Address: 2170 South Avenue
South Lake Tahoe, CA 96150

Telephone Number: (530) 541-3420

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input 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
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
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⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 10: RESOURCES DIRECTORY --- Approved Training Programs

County: EL DORADO

Reporting Year: FY 2021-22

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed

Training Institution:	<u>Folsom Lake College</u>	Telephone Number:	<u>(916) 996-8601</u>
Address:	<u>10 College Parkway</u> <u>Folsom, CA 95630</u>		
Student Eligibility*:	<u>* Open to public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$1328.50</u>	Initial training:	<u>40</u>
Refresher:	<u>\$138.00</u>	Refresher:	<u>0</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>January 1, 2021</u>
		Number of courses:	<u>0</u>
		Initial training:	<u>2</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>N/A</u>

TABLE 10: RESOURCES DIRECTORY --- Approved Training Programs

County: EL DORADO

Reporting Year: FY 2021-22

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Marshall Medical Center</u>	Telephone Number:	<u>(530) 626-2770 Ext. 2246</u>
Address:	<u>Marshall Way</u> <u>Placerville, CA 95667</u>		
Student Eligibility*:	<u>Restricted to qualified RN's</u>	**Program Level	<u>MICN</u>
	Cost of Program:	Number of students completing training per year:	
	Basic: <u>\$650/Student</u>	Initial training:	<u>3</u>
	Refresher: <u>\$600/Instructor</u>	Refresher:	<u>40 every 2 years</u>
	Refresher: <u>N/A</u>	Continuing Education:	<u>4 hours annually</u>
		Expiration Date:	<u>2 years from start date</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>_____</u>
		Continuing Education:	<u>_____</u>
Training Institution:	<u>Lake Tahoe Community College</u>	Telephone Number:	<u>(530) 541-4660 ext. 285</u>
Address:	<u>1 College Drive</u> <u>South Lake Tahoe, CA 96150</u>		
Student Eligibility*:	<u>* Open to public</u>	**Program Level	<u>EMT</u>
	Cost of Program:	Number of students completing training per year:	
	Basic: <u>\$555.25</u>	Initial training:	<u>69</u>
	Refresher: <u>\$57.25</u>	Refresher:	<u>39</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>June 30, 2025</u>
		Number of courses:	
		Initial training:	<u>3</u>
		Refresher:	<u>3</u>
		Continuing Education:	<u>N/A</u>

TABLE 11: RESOURCES DIRECTORY --- Dispatch Agency

County: EL DORADO

Reporting Year: FY 2021-22

NOTE: Make copies to add pages as needed. Complete information for each service agency by county.

Name:	<u>CAL FIRE (California Department of Forestry)</u>		Primary Contact:	<u>Mike Bathom, Battalion Chief</u>	
Address:	<u>2840 Mt. Danaher Rd.</u>				
	<u>Camino, CA 95709</u>				
Telephone Number:	<u>(530) 644-2345</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>18</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: <u>CAL FIRE</u>			

Name:	<u>South Lake Tahoe Police Department</u>		Primary Contact:	<u>Jillian Gard, Dispatch Supervisor</u>	
Address:	<u>1420 Johnson Blvd.</u>				
	<u>South Lake Tahoe, CA 96150</u>				
Telephone Number:	<u>(530) 542-6110</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>11</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input checked="" type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: <u> </u>			

2020-21 Data

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X	None		
1.02	LEMSA Mission		X	None		
1.03	Public Input		X	None		
1.04	Medical Director		X	None		
Planning Activities:						
1.05	System Plan		X	None		
1.06	Annual Plan Update		X	None		
1.07	Trauma Planning		X	X		X
1.08	ALS Planning		X	None		
1.09	Inventory of Resources		X	None		
1.10	Special Populations		X	X		
1.11	System Participants		X	X		
Regulatory Activities:						
1.12	Review & Monitoring		X	None		
1.13	Coordination		X	None		
1.14	Policy & Procedures Manual		X	None		
1.15	Compliance w/Policies		X	None		
System Finances:						
1.16	Funding Mechanism		X	None		X
Medical Direction:						
1.17	Medical Direction		X	None		
1.18	QA/QI		X	X		X
1.19	Policies, Procedures, Protocols		X	X		

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	None		
1.21	Determination of Death		X	None		
1.22	Reporting of Abuse		X	None		
1.23	Interfacility Transfer		X	None		
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	None		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X	None		X
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X	None		

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	None		
2.02	Approval of Training		X	None		
2.03	Personnel		X	None		
Dispatchers:						
2.04	Dispatch Training		X	X		
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X	None		
2.07	Medical Control		X	None		
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X	None		
2.10	Advanced Life Support		X	X		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X	None		
2.12	Early Defibrillation		X	None		
2.13	Base Hospital Personnel		X	None		

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		X
3.03	Interfacility Transfer		X	None		
3.04	Dispatch Center		X	None		
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X	None		
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X	None		
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

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	None		
4.04	Prescheduled Responses		X	None		
4.05	Response Time		X	X		
4.06	Staffing		X	None		
4.07	First Responder Agencies		X	None		
4.08	Medical & Rescue Aircraft		X	None		
4.09	Air Dispatch Center		X	None		
4.10	Aircraft Availability		X	None		
4.11	Specialty Vehicles		X	X		
4.12	Disaster Response		X	None		
4.13	Intercounty Response		X	X		
4.14	Incident Command System		X	None		
4.15	MCI Plans		X	None		
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	None		
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X	None		
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X	None		
4.20	“Grandfathering”		X	None		
4.21	Compliance		X	None		
4.22	Evaluation		X	None		

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	None		
5.03	Transfer Guidelines		X	None		
5.04	Specialty Care Facilities		X	None		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation		X	None		
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		X	None		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X	None		
5.09	Public Input		X	None		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X	None		X
5.11	Emergency Departments		X	N/A		
5.12	Public Input		X	None		X
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		N/A	None		
5.14	Public Input		X	None		

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		X
6.02	Prehospital Records		X	None		
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X	None		
6.05	Data Management System		X	N/A		
6.06	System Design Evaluation		X	None	X	
6.07	Provider Participation		X	None		
6.08	Reporting		X	None		
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	X		X
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X	None		X
6.11	Trauma Center Data		X	X	X	

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	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	X		

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	None		
8.02	Response Plans		X	X		
8.03	HazMat Training		X	None		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications		X	None		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		N/A	N/A		
8.10	Mutual Aid Agreements		X	None		
8.11	CCP Designation		X	None		
8.12	Establishment of CCPs		X	None		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	None		
8.16	Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X	None		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X	None		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X	None		

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: FY 2021-2022

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

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

County: El Dorado

- | | |
|---|------|
| A. Basic Life Support (BLS) | N/A |
| B. Limited Advanced Life Support (LALS) | N/A |
| 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: County Chief Administrative Office

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: Deputy Chief Administrative Officer**

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

Implementation of exclusive operating areas (ambulance franchising)	<u> X </u>
Designation of trauma centers/trauma care system planning	<u> X </u>
Designation/approval of pediatric facilities	<u> </u>
Designation of other critical care centers	<u> </u>
Development of transfer agreements	<u> </u>
Enforcement of local ambulance ordinance	<u> X </u>
Enforcement of ambulance service contracts	<u> X </u>
Operation of ambulance service	<u> </u>

Table 2 - System Organization and Management (cont.)

Continuing education	<u> X </u>
Personnel training	<u> X </u>
Operation of oversight of EMS dispatch center	<u> X </u>
Non-medical disaster planning	<u> X </u>
Administration of critical incident stress debriefing team (CISD)	<u> </u>
Administration of disaster medical assistance team (DMAT)	<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> X </u>
Other: _____	
Other: _____	
Other: _____	

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$	517,286.00
Contract Services (e.g. medical director)		85,300.00
Operations (e.g. copying, postage, facilities)		11,925.00
Travel		12,500.00
Indirect expenses (overhead)		170,819.00
Ambulance subsidy		_____
EMS Fund payments to physicians/hospital		340,000.00
Dispatch center operations (non-staff)		_____
Training program operations		
Other: GEMT QAF Fee		0
Other: EMT Certification Fee		25,000.00
Other: _____		_____
TOTAL EXPENSES		\$1,162,830.00

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	\$	_____
Office of Traffic Safety (OTS)		_____
State general fund		_____
County general fund		_____
Other local tax funds (e.g., EMS district)		_____
County contracts (e.g. multi-county agencies)		_____
Certification fees		<u>30,000.00</u>
Training program approval fees		_____
Training program tuition/Average daily attendance funds (ADA)		_____
Job Training Partnership ACT (JTPA) funds/other payments		_____
Base hospital application fees		_____
Trauma center application fees		_____
Trauma center designation fees		_____
Pediatric facility approval fees		_____
Pediatric facility designation fees		_____
Other critical care center application fees		_____
Type: _____		
Other critical care center designation fees		_____
Type: _____		
Ambulance service/vehicle fees		_____
Contributions		_____
EMS Fund (SB 12/612) (excludes revenue retained as fund balance)		350,000.00
Other grants: _____		_____
Other fees: Records Requests & Misc.		2000.00
Other (specify): Interest		
Other: Ground Emergency Medical Transport (GEMT)		\$153,000.00
Other: Misc Revenue (prior year refund)		
Other (specify): County Service Areas (Fees, District Taxes, Property Taxes)		627,830.00
TOTAL REVENUE		\$1,162,830

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

Table 2 - System Organization & Management (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$25.00
EMS dispatcher certification	N/A
EMT-I certification	\$100.00
EMT-I recertification	\$62.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	N/A
AEMT recertification	N/A
EMT-P accreditation	\$35.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	\$48.00
MICN/ARN recertification	\$48.00
EMT-I training program approval	\$529.00
AEMT training program approval	N/A
EMT-P training program approval	N/A
MICN/ARN training program approval	\$0
Base hospital application	\$0
Base hospital designation	\$0
Trauma center application	\$0
Trauma center designation	\$1,001.00
Pediatric facility approval	N/A
Pediatric facility designation	N/A
Other critical care center application Type: _____	
Ambulance service licence	\$ 397.00
Ambulance vehicle permits	\$ 189.00
Other: <u>Contract Application Fee</u>	<u>\$ 397.00</u>
Other: <u>Contractor Ambulance Inspection</u>	<u>\$ 189.00</u>
Other: <u>Wheelchair - G/V Permit Application Fee</u>	<u>\$ 255.00</u>
Other: <u>Wheelchair - G/V Vehicle Inspection</u>	<u>\$ 36.00</u>

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Manager of Emergency Medical Services and Emergency Preparedness & Response	1.0	67.74	24.84%	
Asst. Admin./Admin. Asst./Admin. Mgr.	N/A				
ALS Coord./Field Coord./ Training Coordinator	N/A				
Program Coordinator/ Field Liaison (Non-clinical)	N/A				
Trauma Coordinator	N/A				
Medical Director	EMS Agency Medical Director	0.5	\$111.99	19.52%	
Other MD/Medical Consult/ Training Medical Director	N/A				
Disaster Medical Planner	N/A				

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	N/A				
Medical Planner	N/A				
Data Evaluator/Analyst					
QA/QI Coordinator	EMS Specialist	1.00	\$36.32	19.52%	
Public Info. & Education Coordinator	N/A				
Executive Secretary	N/A				
Other Clerical	Administrative Technician	1.00	33.00	58.38%	
Data Entry Clerk	N/A				
Other	Emergency Medical Services and Emergency Preparedness Supervisor	1.00	45.64	19.52%	

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management
El Dorado County Organizational Chart



Table 2 - System Organization & Management
El Dorado County EMS Agency Organizational Chart

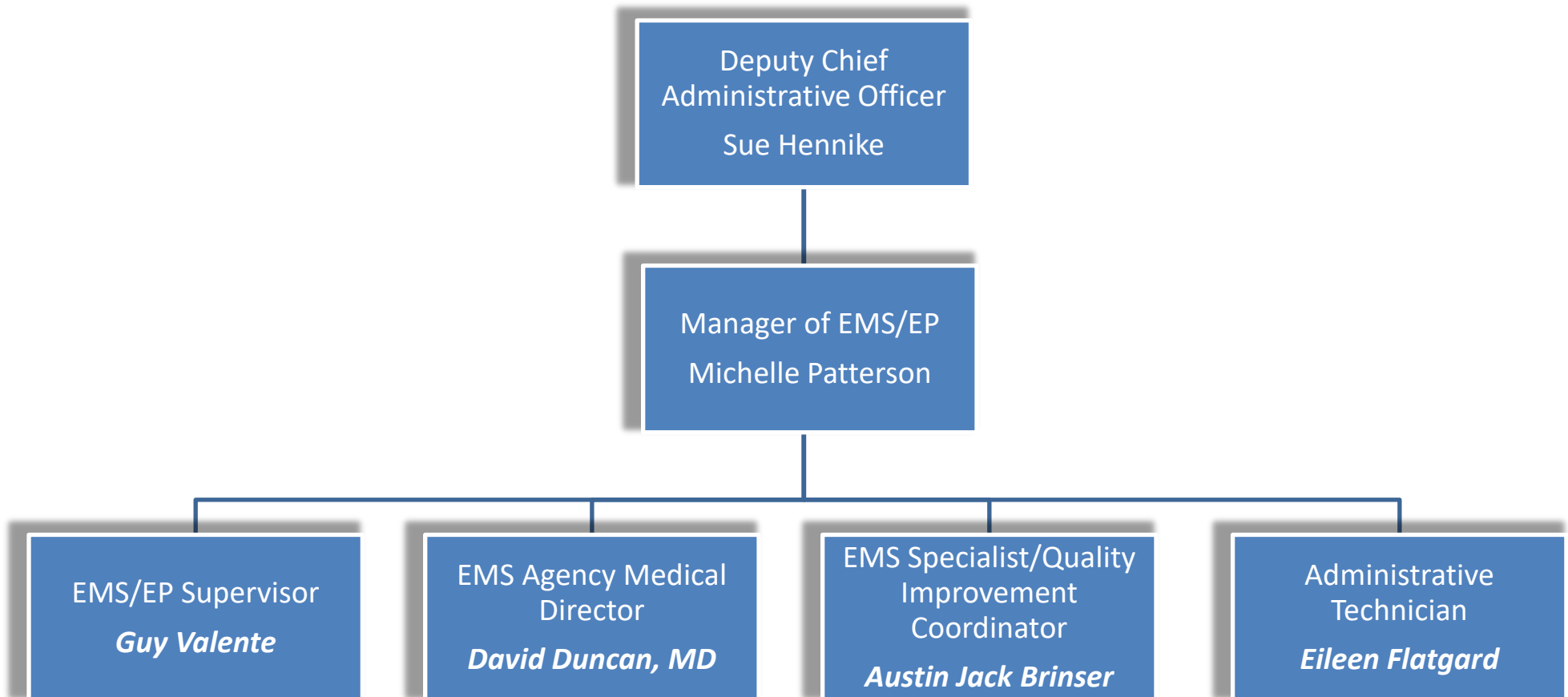


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: FY 2021-22

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	559	N/A		70
Number newly certified this year	86	N/A		18
Number recertified this year	296	N/A		16
Total number of accredited personnel on July 1 of the reporting year	177	N/A	238	
Number of certification reviews resulting in:				
a) formal investigations	6	N/A		0
b) probation	8	N/A	0	0
c) suspensions	0	N/A	0	0
d) revocations	0	N/A		0
e) denials	0	N/A		0
f) denials of renewal	0	N/A		0
g) no action taken	0	N/A	0	0

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

b) Number of public safety (defib) certified (non-EMT-I)

160 Approx.
Unknown

2. Do you have an EMR training program

yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

Note: Table 4 is to be answered for each county.

County: El Dorado

Reporting Year: FY 2021-22

- | | |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>2</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>3</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>3</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>2</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
Camino ECC (CalFire), South Lake Tahoe Police Department, and Grass Valley ECC (CalFire) | |
| 7. Who is your primary dispatch agency for a disaster?
Camino ECC (CalFire), South Lake Tahoe Police Department, and Grass Valley ECC (CalFire) | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>CLEMARS 1 (154.920)</u> | |
| b. Other methods <u>CLEMARS 2 (154.935), CALCORD (156.075)</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input type="checkbox"/> Yes <input checked="" 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 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: FY 2021-22

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 16

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	N/A	No Standard
Early defibrillation responder	N/A	N/A	N/A	No Standard
Advanced life support responder	N/A	N/A	N/A	No Standard
Transport Ambulance	11 minutes	16-24 minutes	90 minutes	N/A

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

Reporting Year: FY 2021-22

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>1204</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>62</u>
3. Number of major trauma patients transferred to a trauma center	<u>226</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>0</u>

Emergency Departments

Total number of emergency departments	<u>02</u>
1. Number of referral emergency services	<u>N/A</u>
2. Number of standby emergency services	<u>N/A</u>
3. Number of basic emergency services	<u>01</u>
4. Number of comprehensive emergency services	<u>01</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>N/A</u>
2. Number of base hospitals with written agreements	<u>02</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: FY 2021-22

County: EL DORADO

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Several sites county wide
 - b. How are they staffed? Volunteers & county employees, CERT, MRC
 - 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? First Responder Operations
 - 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? 03
3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No
4. List all counties with which you have a written medical mutual aid agreement.
None
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 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? Deputy Chief Administrative Officer
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: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2021-22

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

County: EL DORADO **Service Agency:** CALSTAR is authorized by LEMSA to provide non-exclusive air ambulance services within the County. **Response Zone:** County Service Area No. 7 and 3. (The entire County)

Address: 1901 Airport Blvd. #112 **Number of Ambulance Vehicles in Fleet:** 1
South Lake Tahoe, CA 96150

Phone Number: (530) 544-2338 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

Transporting Agencies

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

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

Air Ambulance Services

455 Total number of responses
259 Number of emergency responses
196 Number of non-emergency responses

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2021-22

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the Cal Tahoe Emergency Services Operations Authority. **Response Zone:** County Service Area No. 3 Tahoe South Shore Area

Address: P.O. Box 8917
South Lake Tahoe, CA 96158

Number of Ambulance Vehicles in Fleet: 6

Phone Number: (530) 577-3737

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

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

Transporting Agencies

3014 Total number of responses
3014 Number of emergency responses
 Number of non-emergency responses

2867 Total number of transports
2867 Number of emergency transports
 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2020-2021

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the North Tahoe Fire Protection District. **Response Zone:** County Service Area No. 3 Tahoe West Shore Area

Address: 222 Fairway Drive **Number of Ambulance Vehicles in Fleet:** 6
Tahoe City, CA 96145

Phone Number: (530) 583-6911 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 7

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <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
--	--	---	---	--

Transporting Agencies

<u>92</u> Total number of responses	<u>92</u> Total number of transports
<u>92</u> Number of emergency responses	<u>92</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2021-22

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the **El Dorado County Emergency Services Authority.** **Response Zone:** County Service Area No. 7 West Slope Area

Address: 480 Locust Road
Diamond Springs, CA 95619

Number of Ambulance Vehicles in Fleet: 21

Phone Number: (530) 642-0622

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 8

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

Transporting Agencies

12480 Total number of responses
12480 Number of emergency responses
 Number of non-emergency responses

12480 Total number of transports
12480 Number of emergency transports
 Number of non-emergency transports

Air Ambulance Services

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

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

Table 9: Resources Directory

Facilities

County: EL DORADO

Note: Complete information for each facility by county. Make copies as needed.

Facility: Marshall Medical Center
 Address: 1100 Marshall Way
Placerville, CA 95667

Telephone Number: (530) 622-1441

<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 type="checkbox"/> Standby Emergency <input checked="" 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	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

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: Resources Directory

Facilities

County: EL DORADO

Note: Complete information for each facility by county. Make copies as needed.

Facility: Barton Memorial Hospital
 Address: 2170 South Avenue
South Lake Tahoe, CA 96150

Telephone Number: (530) 541-3420

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

Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 10: RESOURCES DIRECTORY --- Approved Training Programs

County: EL DORADO

Reporting Year: FY 2021-22

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed

Training Institution:	<u>Folsom Lake College</u>	Telephone Number:	<u>(916) 996-8601</u>
Address:	<u>10 College Parkway</u> <u>Folsom, CA 95630</u>		
Student Eligibility*:	<u>* Open to public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$1328.50</u>	Initial training:	<u>40</u>
Refresher:	<u>\$138.00</u>	Refresher:	<u>0</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>January 1, 2021</u>
		Number of courses:	<u>0</u>
		Initial training:	<u>2</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>N/A</u>

TABLE 10: RESOURCES DIRECTORY --- Approved Training Programs

County: EL DORADO

Reporting Year: FY 2021-22

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Marshall Medical Center</u>	Telephone Number:	<u>(530) 626-2770 Ext. 2246</u>
Address:	<u>Marshall Way</u> <u>Placerville, CA 95667</u>		
Student Eligibility*:	<u>Restricted to qualified RN's</u>	**Program Level	<u>MICN</u>
	Cost of Program:	Number of students completing training per year:	
	Basic: <u>\$650/Student</u>	Initial training:	<u>3</u>
	Refresher: <u>\$600/Instructor</u>	Refresher:	<u>40 every 2 years</u>
	Refresher: <u>N/A</u>	Continuing Education:	<u>4 hours annually</u>
		Expiration Date:	<u>2 years from start date</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>_____</u>
		Continuing Education:	<u>_____</u>
Training Institution:	<u>Lake Tahoe Community College</u>	Telephone Number:	<u>(530) 541-4660 ext. 285</u>
Address:	<u>1 College Drive</u> <u>South Lake Tahoe, CA 96150</u>		
Student Eligibility*:	<u>* Open to public</u>	**Program Level	<u>EMT</u>
	Cost of Program:	Number of students completing training per year:	
	Basic: <u>\$555.25</u>	Initial training:	<u>69</u>
	Refresher: <u>\$57.25</u>	Refresher:	<u>39</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>June 30, 2025</u>
		Number of courses:	
		Initial training:	<u>3</u>
		Refresher:	<u>3</u>
		Continuing Education:	<u>N/A</u>

TABLE 11: RESOURCES DIRECTORY --- Dispatch Agency

County: EL DORADO

Reporting Year: FY 2021-22

NOTE: Make copies to add pages as needed. Complete information for each service agency by county.

Name:	<u>CAL FIRE (California Department of Forestry)</u>		Primary Contact:	<u>Mike Bathom, Battalion Chief</u>	
Address:	<u>2840 Mt. Danaher Rd.</u>				
	<u>Camino, CA 95709</u>				
Telephone Number:	<u>(530) 644-2345</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>18</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: <u>CAL FIRE</u>			

Name:	<u>South Lake Tahoe Police Department</u>		Primary Contact:	<u>Jillian Gard, Dispatch Supervisor</u>	
Address:	<u>1420 Johnson Blvd.</u>				
	<u>South Lake Tahoe, CA 96150</u>				
Telephone Number:	<u>(530) 542-6110</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>11</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input checked="" type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: <u> </u>			

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: EL DORADO

Reporting Year: FY 2021-22

NOTE: Make copies to add pages as needed. Complete information for each service agency by county.

Name:	<u>Grass Valley Dispatch (CAL FIRE)</u>	Primary Contact:	<u>Tim Person, Battalion Chief</u>	
Address:	<u>13120 Loma Rica Drive</u> <u>Grass Valley, CA 95945</u>			
Telephone Number:	<u>(530) 477-0641</u>			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>20</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
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: <u>CAL FIRE</u>		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Name:	_____	Primary Contact:	_____	
Address:	_____ _____			
Telephone Number:	_____			
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
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	

2019-2020 Data

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X	None		
1.02	LEMSA Mission		X	None		
1.03	Public Input		X	None		
1.04	Medical Director		X	None		
Planning Activities:						
1.05	System Plan		X	None		
1.06	Annual Plan Update		X	None		
1.07	Trauma Planning		X	X		X
1.08	ALS Planning		X	None		
1.09	Inventory of Resources		X	None		
1.10	Special Populations		X	X		
1.11	System Participants		X	X		
Regulatory Activities:						
1.12	Review & Monitoring		X	None		
1.13	Coordination		X	None		
1.14	Policy & Procedures Manual		X	None		
1.15	Compliance w/Policies		X	None		
System Finances:						
1.16	Funding Mechanism		X	None		X
Medical Direction:						
1.17	Medical Direction		X	None		
1.18	QA/QI		X	X		X
1.19	Policies, Procedures, Protocols		X	X		

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	None		
1.21	Determination of Death		X	None		
1.22	Reporting of Abuse		X	None		
1.23	Interfacility Transfer		X	None		
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	None		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X	None		X
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X	None		

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	None		
2.02	Approval of Training		X	None		
2.03	Personnel		X	None		
Dispatchers:						
2.04	Dispatch Training		X	X		
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X	None		
2.07	Medical Control		X	None		
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X	None		
2.10	Advanced Life Support		X	X		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X	None		
2.12	Early Defibrillation		X	None		
2.13	Base Hospital Personnel		X	None		

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		X
3.03	Interfacility Transfer		X	None		
3.04	Dispatch Center		X	None		
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X	None		
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X	None		
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

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	None		
4.04	Prescheduled Responses		X	None		
4.05	Response Time		X	X		
4.06	Staffing		X	None		
4.07	First Responder Agencies		X	None		
4.08	Medical & Rescue Aircraft		X	None		
4.09	Air Dispatch Center		X	None		
4.10	Aircraft Availability		X	None		
4.11	Specialty Vehicles		X	X		
4.12	Disaster Response		X	None		
4.13	Intercounty Response		X	X		
4.14	Incident Command System		X	None		
4.15	MCI Plans		X	None		
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	None		
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X	None		
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X	None		
4.20	"Grandfathering"		X	None		
4.21	Compliance		X	None		
4.22	Evaluation		X	None		

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	None		
5.03	Transfer Guidelines		X	None		
5.04	Specialty Care Facilities		X	None		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation		X	None		
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		X	None		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X	None		
5.09	Public Input		X	None		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X	None		X
5.11	Emergency Departments		X	N/A		
5.12	Public Input		X	None		X
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		N/A	None		
5.14	Public Input		X	None		

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		X
6.02	Prehospital Records		X	None		
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X	None		
6.05	Data Management System		X	N/A		
6.06	System Design Evaluation		X	None	X	
6.07	Provider Participation		X	None		
6.08	Reporting		X	None		
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	X		X
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X	None		X
6.11	Trauma Center Data		X	X	X	

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	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	X		

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	None		
8.02	Response Plans		X	X		
8.03	HazMat Training		X	None		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications		X	None		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		N/A	N/A		
8.10	Mutual Aid Agreements		X	None		
8.11	CCP Designation		X	None		
8.12	Establishment of CCPs		X	None		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	None		
8.16	Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X	None		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X	None		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X	None		

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: FY 2019-2020

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: El Dorado

- | | |
|---|------|
| A. Basic Life Support (BLS) | N/A |
| B. Limited Advanced Life Support (LALS) | N/A |
| 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: County Chief Administrative Office

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: Deputy Chief Administrative Officer**

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

Implementation of exclusive operating areas (ambulance franchising)	_____
Designation of trauma centers/trauma care system planning	_____ <u>X</u> _____
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	_____ <u>X</u> _____
Enforcement of ambulance service contracts	_____ <u>X</u> _____
Operation of ambulance service	_____

Table 2 - System Organization and Management (cont.)

Continuing education	<u> X </u>
Personnel training	<u> X </u>
Operation of oversight of EMS dispatch center	<u> X </u>
Non-medical disaster planning	<u> X </u>
Administration of critical incident stress debriefing team (CISD)	<u> </u>
Administration of disaster medical assistance team (DMAT)	<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> X </u>
Other: _____	
Other: _____	
Other: _____	

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$	261,021.51
Contract Services (e.g. medical director)		_____
Operations (e.g. copying, postage, facilities)		132,523.18
Travel		82,272.86
Indirect expenses (overhead)		247,333.11
Ambulance subsidy		_____
EMS Fund payments to physicians/hospital		116,445.26
Dispatch center operations (non-staff)		_____
Training program operations		_____
Other: GEMT QAF Fee		258,442.92
Other: EMT Certification Fee		14,743.00
Other: _____		_____
TOTAL EXPENSES		\$1,032,781.84

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	\$	_____
Office of Traffic Safety (OTS)		_____
State general fund		_____
County general fund		_____
Other local tax funds (e.g., EMS district)		_____
County contracts (e.g. multi-county agencies)		_____
Certification fees		<u>30,072.00</u>
Training program approval fees		_____
Training program tuition/Average daily attendance funds (ADA)		_____
Job Training Partnership ACT (JTPA) funds/other payments		_____
Base hospital application fees		_____
Trauma center application fees		_____
Trauma center designation fees		_____
Pediatric facility approval fees		_____
Pediatric facility designation fees		_____
Other critical care center application fees		_____
Type: _____		
Other critical care center designation fees		_____
Type: _____		
Ambulance service/vehicle fees		_____
Contributions		_____
EMS Fund (SB 12/612) (excludes revenue retained as fund balance)		116,445.26
Other grants: _____		_____
Other fees: Records Requests & Misc.		837.00
Other (specify): Interest		855.58
Other: Ground Emergency Medical Transport (GEMT)		160,325.01
Other: Misc Revenue (prior year refund)		1,817.75
Other (specify): County Service Areas (Fees, District Taxes, Property Taxes)		726,837.74
TOTAL REVENUE		\$1,032,781.84

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

Table 2 - System Organization & Management (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$25.00
EMS dispatcher certification	N/A
EMT-I certification	\$100.00
EMT-I recertification	\$62.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	N/A
AEMT recertification	N/A
EMT-P accreditation	\$35.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	\$48.00
MICN/ARN recertification	\$48.00
EMT-I training program approval	\$529.00
AEMT training program approval	N/A
EMT-P training program approval	N/A
MICN/ARN training program approval	\$0
Base hospital application	\$0
Base hospital designation	\$0
Trauma center application	\$0
Trauma center designation	\$1,001.00
Pediatric facility approval	N/A
Pediatric facility designation	N/A
Other critical care center application Type: _____	
Ambulance service licence	\$ 397.00
Ambulance vehicle permits	\$ 189.00
Other: <u>Contract Application Fee</u>	<u>\$ 397.00</u>
Other: <u>Contractor Ambulance Inspection</u>	<u>\$ 189.00</u>
Other: <u>Wheelchair - G/V Permit Application Fee</u>	<u>\$ 255.00</u>
Other: <u>Wheelchair - G/V Vehicle Inspection</u>	<u>\$ 36.00</u>

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Manager of Emergency Medical Services and Emergency Preparedness & Response	1.0	59.74	24.84%	
Asst. Admin./Admin. Asst./Admin. Mgr.	N/A				
ALS Coord./Field Coord./ Training Coordinator	N/A				
Program Coordinator/ Field Liaison (Non-clinical)	N/A				
Trauma Coordinator	N/A				
Medical Director	EMS Agency Medical Director	0.4	\$102.03	19.52%	
Other MD/Medical Consult/ Training Medical Director	N/A				
Disaster Medical Planner	N/A				

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	N/A				
Medical Planner	N/A				
Data Evaluator/Analyst					
QA/QI Coordinator	Quality Improvement Coordinator	.75	\$33.09	19.52%	
Public Info. & Education Coordinator	N/A				
Executive Secretary	N/A				
Other Clerical	Administrative Technician	1	32.31	58.38%	
Data Entry Clerk	N/A				
Other	Emergency Medical Services and Emergency Preparedness Supervisor	1	41.56	19.52%	

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management
El Dorado County Organizational Chart



Table 2 - System Organization & Management
El Dorado County EMS Agency Organizational Chart

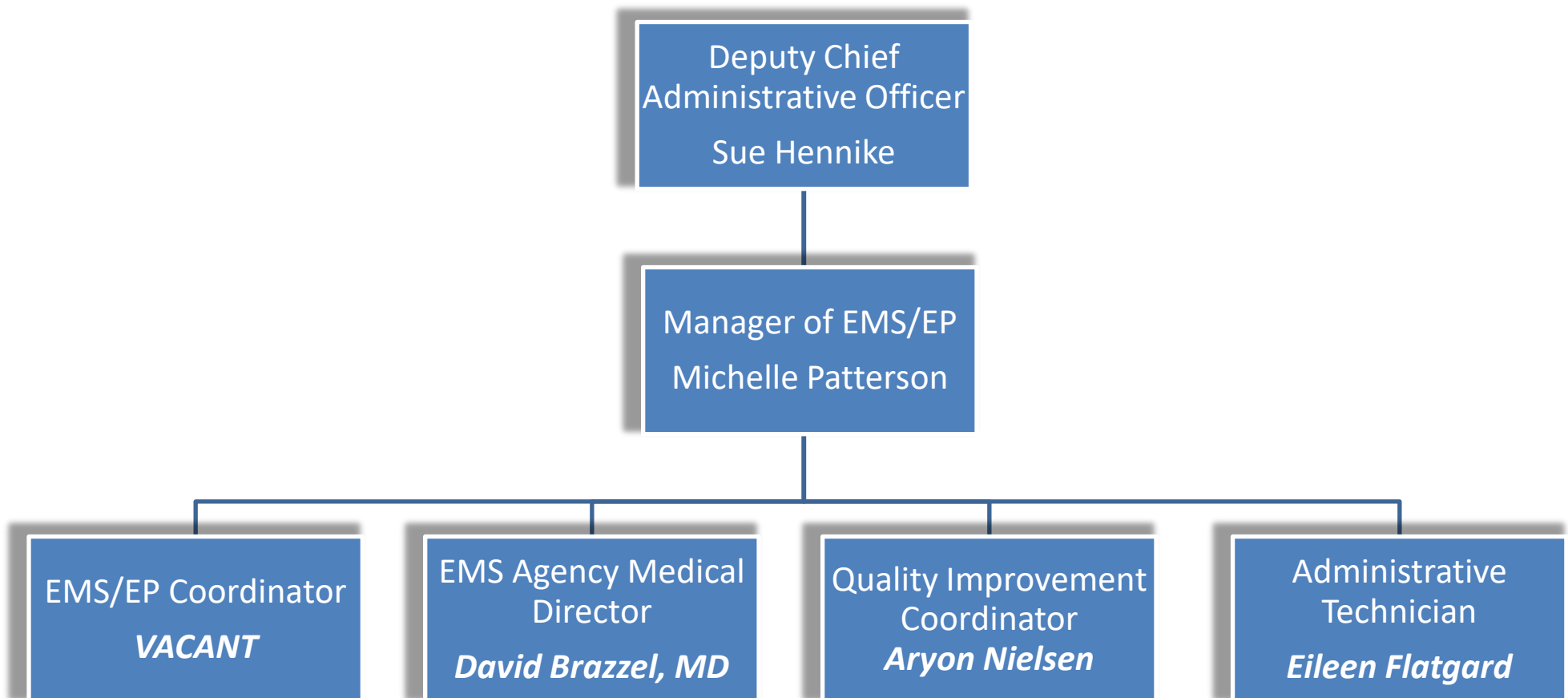


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: FY 2019-2020

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	390	N/A		62
Number newly certified this year	74	N/A		6
Number recertified this year	247	N/A		7
Total number of accredited personnel on July 1 of the reporting year	69	N/A	124	0
Number of certification reviews resulting in:				
a) formal investigations	6	N/A		0
b) probation	5	N/A	0	0
c) suspensions	0	N/A	0	0
d) revocations	0	N/A		0
e) denials		N/A		0
f) denials of renewal	0	N/A		0
g) no action taken	1	N/A	0	0

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

b) Number of public safety (defib) certified (non-EMT-I)

160 Approx.
Unknown

2. Do you have an EMR training program

yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

Note: Table 4 is to be answered for each county.

County: El Dorado

Reporting Year: FY 2019-2020

- | | |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP) | 2 |
| 2. Number of secondary PSAPs | 1 |
| 3. Number of dispatch centers directly dispatching ambulances | 3 |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | 3 |
| 5. Number of designated dispatch centers for EMS Aircraft | 2 |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
Camino ECC (CalFire), South Lake Tahoe Police Department, and Grass Valley ECC (CalFire) | |
| 7. Who is your primary dispatch agency for a disaster?
Camino ECC (CalFire), South Lake Tahoe Police Department, and Grass Valley ECC (CalFire) | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>CLEMARS 1 (154.920)</u> | |
| b. Other methods <u>CLEMARS 2 (154.935), CALCORD (156.075)</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input type="checkbox"/> Yes <input checked="" 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 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: FY 2019-2020

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 16

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	N/A	No Standard
Early defibrillation responder	N/A	N/A	N/A	No Standard
Advanced life support responder	N/A	N/A	N/A	No Standard
Transport Ambulance	11 minutes	16-24 minutes	90 minutes	N/A

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

Reporting Year: FY 2019-2020

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>1710</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>554</u>
3. Number of major trauma patients transferred to a trauma center	<u>0*</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>0</u>

Emergency Departments

Total number of emergency departments	<u>02</u>
1. Number of referral emergency services	<u>N/A</u>
2. Number of standby emergency services	<u>N/A</u>
3. Number of basic emergency services	<u>01</u>
4. Number of comprehensive emergency services	<u>01</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>N/A</u>
2. Number of base hospitals with written agreements	<u>02</u>

*125 patients were transferred to a higher level trauma center from local trauma designated hospitals.

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: FY 2019-2020

County: EL DORADO

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Several sites county wide
 - b. How are they staffed? Volunteers & county employees, CERT, MRC
 - 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? First Responder Operations
 - 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? 03
3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No
4. List all counties with which you have a written medical mutual aid agreement.
None
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 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? Deputy Chief Administrative Officer
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: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2019-2020

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

County: EL DORADO **Service Agency:** CALSTAR is authorized by LEMSA to provide non-exclusive air ambulance services within the County. **Response Zone:** County Service Area No. 7 and 3. (The entire County)

Address: 1901 Airport Blvd. #112 **Number of Ambulance Vehicles in Fleet:** 1
South Lake Tahoe, CA 96150

Phone Number: (530) 544-2338 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input 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 checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	--	--	---

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2019-2020

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the Cal Tahoe Emergency Services Operations Authority. **Response Zone:** County Service Area No. 3 Tahoe South Shore Area

Address: P.O. Box 8917 **Number of Ambulance Vehicles in Fleet:** 6
South Lake Tahoe, CA 96158

Phone Number: (530) 577-3737 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

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

Transporting Agencies

<u>3318</u> Total number of responses	<u>2689</u> Total number of transports
<u>3318</u> Number of emergency responses	<u>2123</u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u>566</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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the **El Dorado County Emergency Services Authority.** **Response Zone:** County Service Area No. 7 West Slope Area

Address: 480 Locust Road
Diamond Springs, CA 95619 **Number of Ambulance Vehicles in Fleet:** 21

Phone Number: (530) 642-0622 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 8

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"/> Non-Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
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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: <u>JPA</u>	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>12884</u> Total number of responses	<u>11841</u> Total number of transports
<u>9212</u> Number of emergency responses	<u>9969</u> Number of emergency transports
<u>3672</u> Number of non-emergency responses	<u>1872</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

Table 9: Resources Directory

Facilities

County: EL DORADO

Note: Complete information for each facility by county. Make copies as needed.

Facility: Marshall Medical Center Telephone Number: (530) 622-1441
 Address: 1100 Marshall Way
Placerville, CA 95667

<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 type="checkbox"/> Basic Emergency <input checked="" 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	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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: Resources Directory

Facilities

County: EL DORADO

Note: Complete information for each facility by county. Make copies as needed.

Facility: Barton Memorial Hospital
 Address: 2170 South Avenue
South Lake Tahoe, CA 96150

Telephone Number: (530) 541-3420

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

Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶	<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>	<u>If Trauma Center what level:</u>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 10: RESOURCES DIRECTORY --- Approved Training Programs

County: EL DORADO

Reporting Year: FY 2019-2020

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed

Training Institution:	<u>El Dorado County Training Officers</u>	Telephone Number:	<u>(530) 306-8101</u>
Address:	<u>501 Main Street</u> <u>Diamond Springs, CA 95619</u>		
Student Eligibility*:	<u>* Open to public</u>	**Program Level	<u>EMT</u>
Cost of Program:	Basic: <u>\$1000</u> Refresher: <u>\$150</u>	Number of students completing training per year:	
		Initial training:	<u>40</u>
		Refresher:	<u>16</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>January 1, 2021</u>
		Number of courses:	<u>3</u>
		Initial training:	<u>2</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>N/A</u>

Training Institution:	<u>El Dorado County Training Officers</u>	Telephone Number:	<u>(530) 306-8101</u>
Address:	<u>501 Main Street</u> <u>Diamond Springs, CA 95619</u>		
Student Eligibility*:	<u>* Open to public</u>	**Program Level	<u>Emergency Medical Responder (EMR)</u>
Cost of Program:	Basic: <u>\$0</u> Refresher: <u>\$0</u>	Number of students completing training per year:	
		Initial training:	<u>20</u>
		Refresher:	<u>50</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>January 1, 2021</u>
		Number of courses:	<u>9</u>
		Initial training:	<u>3</u>
		Refresher:	<u>6</u>
		Continuing Education:	<u>N/A</u>

TABLE 10: RESOURCES DIRECTORY --- Approved Training Programs

County: EL DORADO

Reporting Year: FY 2019-2020

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Marshall Medical Center</u>	Telephone Number:	<u>(530) 626-2770 Ext. 2246</u>
Address:	<u>Marshall Way</u> <u>Placerville, CA 95667</u>		
Student Eligibility*:	<u>Restricted to qualified RN's</u>	**Program Level	<u>MICN</u>
	Cost of Program:	Number of students completing training per year:	
	Basic: <u>\$650/Student</u>	Initial training:	<u>10-12</u>
	Refresher: <u>\$600/Instructor</u>	Refresher:	<u>40 every 2 years</u>
	Refresher: <u>N/A</u>	Continuing Education:	<u>4 hours annually</u>
		Expiration Date:	<u>2 years from start date</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>_____</u>
		Continuing Education:	<u>_____</u>

Training Institution:	<u>Lake Tahoe Community College</u>	Telephone Number:	<u>(530) 541-4660 ext. 285</u>
Address:	<u>1 College Drive</u> <u>South Lake Tahoe, CA 96150</u>		
Student Eligibility*:	<u>* Open to public</u>	**Program Level	<u>EMT</u>
	Cost of Program:	Number of students completing training per year:	
	Basic: <u>\$333.25</u>	Initial training:	<u>63</u>
	Refresher: <u>\$54.25</u>	Refresher:	<u>23</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>September 30th 2021</u>
		Number of courses:	
		Initial training:	<u>3</u>
		Refresher:	<u>3</u>
		Continuing Education:	<u>N/A</u>

TABLE 11: RESOURCES DIRECTORY --- Dispatch Agency

County: EL DORADO

Reporting Year: FY 2019-2020

NOTE: Make copies to add pages as needed. Complete information for each service agency by county.

Name:	<u>CAL FIRE (California Department of Forestry)</u>		Primary Contact:	<u>Brian Newman, Battalion Chief</u>	
Address:	<u>2840 Mt. Danaher Rd.</u>				
	<u>Camino, CA 95709</u>				
Telephone Number:	<u>(530) 644-2345</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>18</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: <u>CAL FIRE</u>			

Name:	<u>South Lake Tahoe Police Department</u>		Primary Contact:	<u>Melissa Dube, Dispatch Supervisor</u>	
Address:	<u>1420 Johnson Blvd.</u>				
	<u>South Lake Tahoe, CA 96150</u>				
Telephone Number:	<u>(530) 542-6110</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>11</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input checked="" type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: <u> </u>			

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: EL DORADO

Reporting Year: FY 2019-2020

NOTE: Make copies to add pages as needed. Complete information for each service agency by county.

Name:	<u>Grass Valley Dispatch (CAL FIRE)</u>	Primary Contact:	<u>Tim Person, Battalion Chief</u>	
Address:	<u>13120 Loma Rica Drive</u> <u>Grass Valley, CA 95945</u>			
Telephone Number:	<u>(530) 477-0641</u>			
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>20</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
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: <u>CAL FIRE</u>	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name:		Primary Contact:		
Address:	_____			
Telephone Number:	_____			
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
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		

2018-2019 Data

A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
1.01	LEMSA Structure	X	None		
1.02	LEMSA Mission	X	None		
1.03	Public Input	X	None		
1.04	Medical Director	X	None		
Planning Activities:					
1.05	System Plan	X	None		
1.06	Annual Plan Update	X	None		
1.07	Trauma Planning	X	X		X
1.08	ALS Planning	X	None		
1.09	Inventory of Resources	X	None		
1.10	Special Populations	X	X		
1.11	System Participants	X	X		
Regulatory Activities:					
1.12	Review & Monitoring	X	None		
1.13	Coordination	X	None		
1.14	Policy & Procedures Manual	X	None		
1.15	Compliance w/Policies	X	None		
System Finances:					
1.16	Funding Mechanism	X	None		X
Medical Direction:					
1.17	Medical Direction	X	None		
1.18	QA/QI	X	X		X
1.19	Policies, Procedures, Protocols	X	X		

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	None		
1.21	Determination of Death		X	None		
1.22	Reporting of Abuse		X	None		
1.23	Interfacility Transfer		X	None		
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	None		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X	None		X
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X	None		

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	None		
2.02	Approval of Training		X	None		
2.03	Personnel		X	None		
Dispatchers:						
2.04	Dispatch Training		X	X		
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X	None		
2.07	Medical Control		X	None		
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X	None		
2.10	Advanced Life Support		X	X		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X	None		
2.12	Early Defibrillation		X	None		
2.13	Base Hospital Personnel		X	None		

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		X
3.03	Interfacility Transfer		X	None		
3.04	Dispatch Center		X	None		
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X	None		
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X	None		
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

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	None		
4.04	Prescheduled Responses		X	None		
4.05	Response Time		X	X		
4.06	Staffing		X	None		
4.07	First Responder Agencies		X	None		
4.08	Medical & Rescue Aircraft		X	None		
4.09	Air Dispatch Center		X	None		
4.10	Aircraft Availability		X	None		
4.11	Specialty Vehicles		X	X		
4.12	Disaster Response		X	None		
4.13	Intercounty Response		X	X		
4.14	Incident Command System		X	None		
4.15	MCI Plans		X	None		
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	None		
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X	None		
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X	None		
4.20	"Grandfathering"		X	None		
4.21	Compliance		X	None		
4.22	Evaluation		X	None		

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	None		
5.03	Transfer Guidelines		X	None		
5.04	Specialty Care Facilities		X	None		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation		X	None		
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		X	None		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X	None		
5.09	Public Input		X	None		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X	None		X
5.11	Emergency Departments		X	N/A		
5.12	Public Input		X	None		X
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		N/A	None		
5.14	Public Input		X	None		

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		X
6.02	Prehospital Records		X	None		
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X	None		
6.05	Data Management System		X	N/A		
6.06	System Design Evaluation		X	None	X	
6.07	Provider Participation		X	None		
6.08	Reporting		X	None		
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	X		X
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X	None		X
6.11	Trauma Center Data		X	X	X	

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	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	X		

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	None		
8.02	Response Plans		X	X		
8.03	HazMat Training		X	None		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications		X	None		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		N/A	N/A		
8.10	Mutual Aid Agreements		X	None		
8.11	CCP Designation		X	None		
8.12	Establishment of CCPs		X	None		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	None		
8.16	Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X	None		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X	None		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X	None		

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: FY 2017-18

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: El Dorado

- | | |
|---|------|
| A. Basic Life Support (BLS) | N/A |
| B. Limited Advanced Life Support (LALS) | N/A |
| 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: County Chief Administrative Office

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: Deputy Chief Administrative Officer**

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

Implementation of exclusive operating areas (ambulance franchising)	_____
Designation of trauma centers/trauma care system planning	_____X_____
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	_____X_____
Enforcement of ambulance service contracts	_____X_____
Operation of ambulance service	_____

Table 2 - System Organization and Management (cont.)

Continuing education	<u> X </u>
Personnel training	<u> X </u>
Operation of oversight of EMS dispatch center	<u> X </u>
Non-medical disaster planning	<u> X </u>
Administration of critical incident stress debriefing team (CISD)	<u> </u>
Administration of disaster medical assistance team (DMAT)	<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> X </u>
Other: _____	
Other: _____	
Other: _____	

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$	437,715.04
Contract Services (e.g. medical director)		_____
Operations (e.g. copying, postage, facilities)		300,645.25
Travel		5,984.95
Indirect expenses (overhead)		168,343.94
Ambulance subsidy		_____
EMS Fund payments to physicians/hospital		238,265.80
Dispatch center operations (non-staff)		_____
Training program operations		_____
Other: _____		_____
Other: _____		_____
Other: _____		_____
TOTAL EXPENSES		\$1,148,954.98

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	\$	_____
Office of Traffic Safety (OTS)		_____
State general fund		_____
County general fund		_____
Other local tax funds (e.g., EMS district)		_____
County contracts (e.g. multi-county agencies)		_____
Certification fees		<u>80,409.22</u>
Training program approval fees		_____
Training program tuition/Average daily attendance funds (ADA)		_____
Job Training Partnership ACT (JTPA) funds/other payments		_____
Base hospital application fees		_____
Trauma center application fees		_____
Trauma center designation fees		_____
Pediatric facility approval fees		_____
Pediatric facility designation fees		_____
Other critical care center application fees		_____
Type: _____		
Other critical care center designation fees		_____
Type: _____		
Ambulance service/vehicle fees		_____
Contributions		_____
EMS Fund (SB 12/612)		<u>282,052.09</u>
Other grants: _____		_____
Other fees: Medical Marijuana Identification Card Program		<u>1,850.00</u>
Other (specify): Interest _____		<u>5,098.61</u>
Other: Ground Emergency Medical Transport (GEMT)		<u>498,216.88</u>
TOTAL REVENUE	\$	<u>867,626.80*</u>

***Use of GEMT Fund Balance: \$281,328.18**

TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.

IF THEY DON'T, PLEASE EXPLAIN.

Table 2 - System Organization & Management (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$25.00
EMS dispatcher certification	N/A
EMT-I certification	\$100.00
EMT-I recertification	\$62.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	N/A
AEMT recertification	N/A
EMT-P accreditation	\$35.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	\$48.00
MICN/ARN recertification	\$48.00
EMT-I training program approval	\$529.00
AEMT training program approval	N/A
EMT-P training program approval	N/A
MICN/ARN training program approval	\$0
Base hospital application	\$0
Base hospital designation	\$0
Trauma center application	\$0
Trauma center designation	\$1,001.00
Pediatric facility approval	N/A
Pediatric facility designation	N/A
Other critical care center application Type: _____	
Ambulance service licence	\$ 397.00
Ambulance vehicle permits	\$ 189.00
Other: <u>Contract Application Fee</u>	<u>\$ 397.00</u>
Other: <u>Contractor Ambulance Inspection</u>	<u>\$ 189.00</u>
Other: <u>Wheelchair - G/V Permit Application Fee</u>	<u>\$ 255.00</u>
Other: <u>Wheelchair - G/V Vehicle Inspection</u>	<u>\$ 36.00</u>

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	48.16	28.85%	
Asst. Admin./Admin. Asst./Admin. Mgr.	N/A				
ALS Coord./Field Coord./ Training Coordinator	N/A				
Program Coordinator/ Field Liaison (Non-clinical)	N/A				
Trauma Coordinator	N/A				
Medical Director	EMS Agency Medical Director	0.4	\$102.03	1.45%	
Other MD/Medical Consult/ Training Medical Director	N/A				
Disaster Medical Planner	N/A				

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	N/A				
Medical Planner	N/A				
Data Evaluator/Analyst	Health Program Specialist	1.0	\$27.04	22.11%	
QA/QI Coordinator	Quality Improvement Coordinator	.75	\$33.09	1.45%	
Public Info. & Education Coordinator	N/A				
Executive Secretary	N/A				
Other Clerical	Administrative Technician	1	\$30.06	53.36%	
Data Entry Clerk	N/A				
Other	N/A				

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management
El Dorado County Organizational Chart



Table 2 - System Organization & Management
El Dorado County EMS Agency Organizational Chart

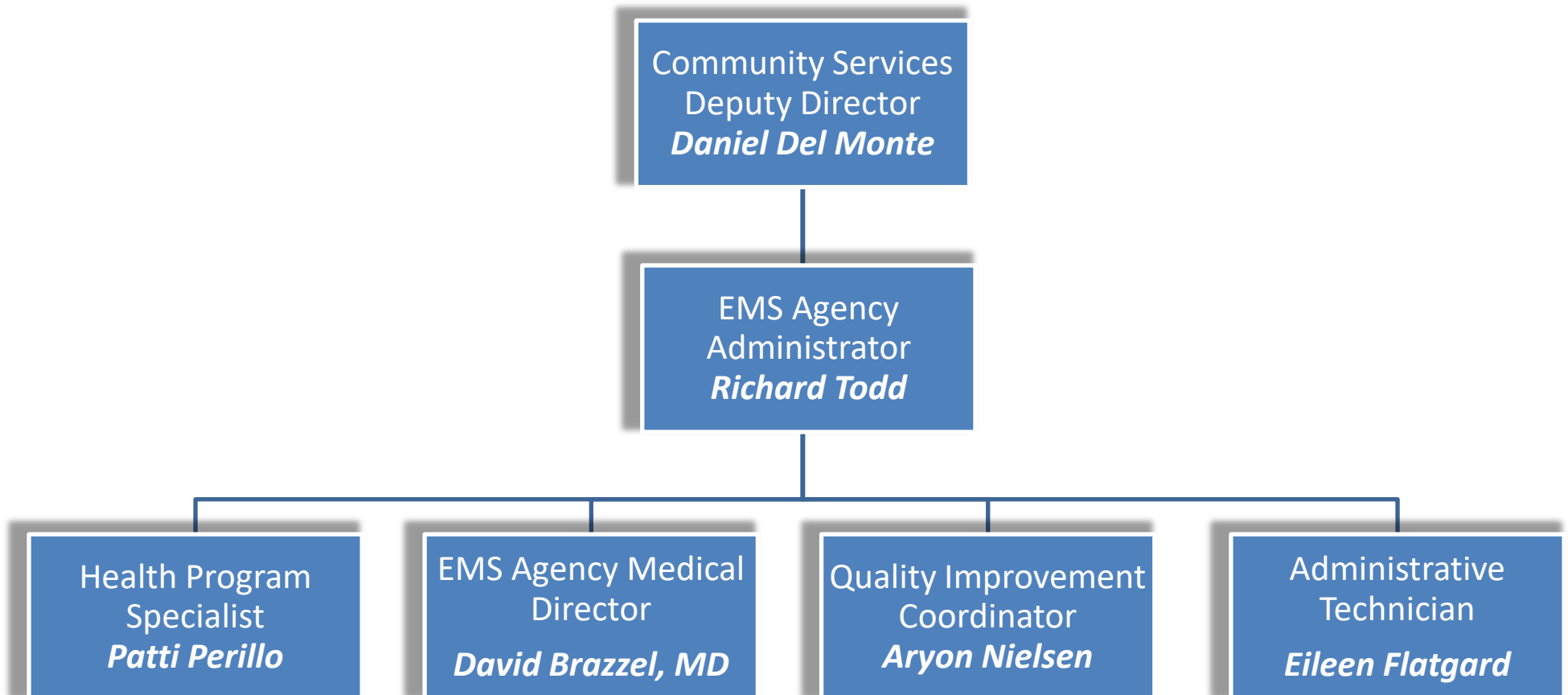


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: FY 2018-19

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	319	N/A		62
Number newly certified this year	75	N/A		25
Number recertified this year	316	N/A		37
Total number of accredited personnel on July 1 of the reporting year	88	N/A	114	0
Number of certification reviews resulting in:				
a) formal investigations	6	N/A		0
b) probation	1	N/A	0	0
c) suspensions	0	N/A	0	0
d) revocations	0	N/A		0
e) denials	1	N/A		0
f) denials of renewal	0	N/A		0
g) no action taken	4	N/A	0	0

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

b) Number of public safety (defib) certified (non-EMT-I)

160 Approx.
Unknown

2. Do you have an EMR training program

yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

Note: Table 4 is to be answered for each county.

County: El Dorado

Reporting Year: FY 2018-19

- | | |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP) | 2 |
| 2. Number of secondary PSAPs | 1 |
| 3. Number of dispatch centers directly dispatching ambulances | 3 |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | 3 |
| 5. Number of designated dispatch centers for EMS Aircraft | 2 |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
Camino ECC (CalFire), South Lake Tahoe Police Department, and Grass Valley ECC (CalFire) | |
| 7. Who is your primary dispatch agency for a disaster?
Camino ECC (CalFire), South Lake Tahoe Police Department, and Grass Valley ECC (CalFire) | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>CLEMARS 1 (154.920)</u> | |
| b. Other methods <u>CLEMARS 2 (154.935), CALCORD (156.075)</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input type="checkbox"/> Yes <input checked="" 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 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: FY 2018-19

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 16

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	N/A	No Standard
Early defibrillation responder	N/A	N/A	N/A	No Standard
Advanced life support responder	N/A	N/A	N/A	No Standard
Transport Ambulance	11 minutes	16-24 minutes	90 minutes	N/A

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

Reporting Year: FY 2018-19

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>1500*</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>600*</u>
3. Number of major trauma patients transferred to a trauma center	<u>0</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>0</u>

Emergency Departments

Total number of emergency departments	<u>02</u>
1. Number of referral emergency services	<u>N/A</u>
2. Number of standby emergency services	<u>N/A</u>
3. Number of basic emergency services	<u>01</u>
4. Number of comprehensive emergency services	<u>01</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>N/A</u>
2. Number of base hospitals with written agreements	<u>02</u>

* Estimated numbers based on limited access to Trauma Data during this update.

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: FY 2018-19

County: EL DORADO

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Several sites county wide
 - b. How are they staffed? Volunteers & county employees, CERT, MRC
 - 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? First Responder Operations
 - 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? 03
3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No
4. List all counties with which you have a written medical mutual aid agreement.
None
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 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? Chief Administrative Officer
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: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2018-19

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

County: EL DORADO **Service Agency:** CALSTAR is authorized by LEMSA to provide non-exclusive air ambulance services within the County. **Response Zone:** County Service Area No. 7 and 3. (The entire County)

Address: 1901 Airport Blvd. #112 **Number of Ambulance Vehicles in Fleet:** 1
South Lake Tahoe, CA 96150

Phone Number: (530) 544-2338 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input 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 checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	--	--	---

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2018-19

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the Cal Tahoe Emergency Services Operations Authority. **Response Zone:** County Service Area No. 3 Tahoe South Shore Area

Address: P.O. Box 8917 **Number of Ambulance Vehicles in Fleet:** 6
South Lake Tahoe, CA 96158

Phone Number: (530) 577-3737 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

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

Transporting Agencies

<u>3,188</u>	Total number of responses	<u>2,692</u>	Total number of transports
<u>3,188</u>	Number of emergency responses	<u>2,105</u>	Number of emergency transports
_____	Number of non-emergency responses	<u>587</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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2018-19

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the North Tahoe Fire Protection District. **Response Zone:** County Service Area No. 3 Tahoe West Shore Area

Address: 222 Fairway Drive **Number of Ambulance Vehicles in Fleet:** 8
Tahoe City, CA 96145

Phone Number: (530) 583-6911 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 7

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <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
--	--	---	---	--

Transporting Agencies

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

58 Total number of transports
57 Number of emergency transports
1 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2017-18

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the **El Dorado County Emergency Services Authority.** **Response Zone:** County Service Area No. 7 West Slope Area

Address: 480 Locust Road **Number of Ambulance Vehicles in Fleet:** 21
Diamond Springs, CA 95619

Phone Number: (530) 642-0622 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 8

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

Transporting Agencies

<u>15,444</u>	Total number of responses	<u>11,403</u>	Total number of transports
<u>11,030</u>	Number of emergency responses	<u>1,278</u>	Number of emergency transports
<u>4,414</u>	Number of non-emergency responses	<u>10,125</u>	Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses _____ Total number of transports

_____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Number of emergency transports
 _____ Number of non-emergency transports

Table 9: Resources Directory

Facilities

County: EL DORADO

Note: Complete information for each facility by county. Make copies as needed.

Facility: Marshall Medical Center Telephone Number: (530) 622-1441
Address: 1100 Marshall Way
Placerville, CA 95667

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

<p>Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
--	--	--

<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	--

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: Resources Directory

Facilities

County: EL DORADO

Note: Complete information for each facility by county. Make copies as needed.

Facility: Barton Memorial Hospital
 Address: 2170 South Avenue
South Lake Tahoe, CA 96150

Telephone Number: (530) 541-3420

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

Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: RESOURCES DIRECTORY --- Approved Training Programs

County: EL DORADO

Reporting Year: FY 2017-18

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed

Training Institution:	<u>El Dorado County Training Officers</u>	Telephone Number:	<u>(530) 306-8101</u>
Address:	<u>501 Main Street Diamond Springs, CA 95619</u>		
Student Eligibility*:	<u>* Open to public</u>	**Program Level	<u>EMT</u>
Cost of Program:	Basic: <u>\$322</u> Refresher: <u>\$69</u>	Number of students completing training per year:	
		Initial training:	<u>125</u>
		Refresher:	<u>150</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>January 1, 2021</u>
		Number of courses:	<u>10</u>
		Initial training:	<u>2</u>
		Refresher:	<u>8</u>
		Continuing Education:	<u>N/A</u>

Training Institution:	<u>El Dorado County Training Officers</u>	Telephone Number:	<u>(530) 306-8101</u>
Address:	<u>501 Main Street Diamond Springs, CA 95619</u>		
Student Eligibility*:	<u>* Open to public</u>	**Program Level	<u>Emergency Medical Responder (EMR)</u>
Cost of Program:	Basic: <u>\$0</u> Refresher: <u>\$0</u>	Number of students completing training per year:	
		Initial training:	<u>20</u>
		Refresher:	<u>50</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>January 1, 2021</u>
		Number of courses:	<u>9</u>
		Initial training:	<u>3</u>
		Refresher:	<u>6</u>
		Continuing Education:	<u>N/A</u>

TABLE 10: RESOURCES DIRECTORY --- Approved Training Programs

County: EL DORADO

Reporting Year: FY 2017-18

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Marshall Medical Center</u>	Telephone Number:	<u>(530) 626-2770 Ext. 2246</u>
Address:	<u>Marshall Way</u> <u>Placerville, CA 95667</u>		
Student Eligibility*:	<u>Restricted to qualified RN's</u>	**Program Level	<u>MICN</u>
Cost of Program:	Basic: <u>\$650/Student</u> \$600/Instructor	Number of students completing training per year:	
Refresher:	<u>N/A</u>	Initial training:	<u>10-12</u>
		Refresher:	<u>40 every 2 years</u>
		Continuing Education:	<u>4 hours annually</u>
		Expiration Date:	<u>2 years from start date</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>_____</u>
		Continuing Education:	<u>_____</u>
Training Institution:	<u>Lake Tahoe Community College</u>	Telephone Number:	<u>(530) 541-4660 ext. 285</u>
Address:	<u>1 College Drive</u> <u>South Lake Tahoe, CA 96150</u>		
Student Eligibility*:	<u>* Open to public</u>	**Program Level	<u>EMT</u>
Cost of Program:	Basic: <u>\$333.25</u> Refresher: <u>\$131.75</u>	Number of students completing training per year:	
		Initial training:	<u>76</u>
		Refresher:	<u>47</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>September 30th 2021</u>
		Number of courses:	
		Initial training:	<u>3</u>
		Refresher:	<u>3</u>
		Continuing Education:	<u>N/A</u>

TABLE 11: RESOURCES DIRECTORY --- Dispatch Agency

County: EL DORADO

Reporting Year: FY 2017-18

NOTE: Make copies to add pages as needed. Complete information for each service agency by county.

Name:	<u>CAL FIRE (California Department of Forestry)</u>		Primary Contact:	<u>Bryan Newman, Battalion Chief</u>	
Address:	<u>2840 Mt. Danaher Rd.</u>				
	<u>Camino, CA 95709</u>				
Telephone Number:	<u>(530) 644-2345</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>18</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: <u>CAL FIRE</u>			

Name:	<u>South Lake Tahoe Police Department</u>		Primary Contact:	<u>Melissa Dube, Dispatch Supervisor</u>	
Address:	<u>1420 Johnson Blvd.</u>				
	<u>South Lake Tahoe, CA 96150</u>				
Telephone Number:	<u>(530) 542-6110</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>11</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input checked="" type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: <u> </u>			

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: EL DORADO

Reporting Year: FY 2017-18

NOTE: Make copies to add pages as needed. Complete information for each service agency by county.

Name:	<u>Grass Valley Dispatch (CAL FIRE)</u>		Primary Contact:	<u>Tim Person, Battalion Chief</u>	
Address:	<u>13120 Loma Rica Drive</u>				
	<u>Grass Valley, CA 95945</u>				
Telephone Number:	<u>(530) 477-0641</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>20</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire			
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: <u>CAL FIRE</u>			

Name:	_____		Primary Contact:	_____	
Address:	_____				

Telephone Number:	_____				
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire			
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: _____			

2017-18 Data

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X	None		
1.02	LEMSA Mission		X	None		
1.03	Public Input		X	None		
1.04	Medical Director		X	None		
Planning Activities:						
1.05	System Plan		X	None		
1.06	Annual Plan Update		X	None		
1.07	Trauma Planning		X	X		X
1.08	ALS Planning		X	None		
1.09	Inventory of Resources		X	None		
1.10	Special Populations		X	X		
1.11	System Participants		X	X		
Regulatory Activities:						
1.12	Review & Monitoring		X	None		
1.13	Coordination		X	None		
1.14	Policy & Procedures Manual		X	None		
1.15	Compliance w/Policies		X	None		
System Finances:						
1.16	Funding Mechanism		X	None		X
Medical Direction:						
1.17	Medical Direction		X	None		
1.18	QA/QI		X	X		X
1.19	Policies, Procedures, Protocols		X	X		

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	None		
1.21	Determination of Death		X	None		
1.22	Reporting of Abuse		X	None		
1.23	Interfacility Transfer		X	None		
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	None		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X	None		X
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X	None		

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	None		
2.02	Approval of Training		X	None		
2.03	Personnel		X	None		
Dispatchers:						
2.04	Dispatch Training		X	X		
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X	None		
2.07	Medical Control		X	None		
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X	None		
2.10	Advanced Life Support		X	X		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X	None		
2.12	Early Defibrillation		X	None		
2.13	Base Hospital Personnel		X	None		

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		X
3.03	Interfacility Transfer		X	None		
3.04	Dispatch Center		X	None		
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X	None		
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X	None		
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

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	None	
4.04	Prescheduled Responses		X	None	
4.05	Response Time		X	X	
4.06	Staffing		X	None	
4.07	First Responder Agencies		X	None	
4.08	Medical & Rescue Aircraft		X	None	
4.09	Air Dispatch Center		X	None	
4.10	Aircraft Availability		X	None	
4.11	Specialty Vehicles		X	X	
4.12	Disaster Response		X	None	
4.13	Intercounty Response		X	X	
4.14	Incident Command System		X	None	
4.15	MCI Plans		X	None	
Enhanced Level: Advanced Life Support:					
4.16	ALS Staffing		X	X	
4.17	ALS Equipment		X	None	
Enhanced Level: Ambulance Regulation:					
4.18	Compliance		X	None	
Enhanced Level: Exclusive Operating Permits:					
4.19	Transportation Plan		X	None	
4.20	"Grandfathering"		X	None	
4.21	Compliance		X	None	
4.22	Evaluation		X	None	

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	None		
5.03	Transfer Guidelines		X	None		
5.04	Specialty Care Facilities		X	None		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation		X	None		
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		X	None		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X	None		
5.09	Public Input		X	None		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X	None		X
5.11	Emergency Departments		X	N/A		
5.12	Public Input		X	None		X
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		N/A	None		
5.14	Public Input		X	None		

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		X
6.02	Prehospital Records		X	None		
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X	None		
6.05	Data Management System		X	N/A		
6.06	System Design Evaluation		X	None	X	
6.07	Provider Participation		X	None		
6.08	Reporting		X	None		
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	X		X
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X	None		X
6.11	Trauma Center Data		X	X	X	

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	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	X		

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	None		
8.02	Response Plans		X	X		
8.03	HazMat Training		X	None		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications		X	None		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		N/A	N/A		
8.10	Mutual Aid Agreements		X	None		
8.11	CCP Designation		X	None		
8.12	Establishment of CCPs		X	None		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	None		
8.16	Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X	None		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X	None		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X	None		

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: FY 2017-18

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: El Dorado

- | | | |
|----|--------------------------------------|------|
| A. | Basic Life Support (BLS) | N/A |
| B. | Limited Advanced Life Support (LALS) | N/A |
| 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: Community Services Deputy Director**

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

Implementation of exclusive operating areas (ambulance franchising)	_____
Designation of trauma centers/trauma care system planning	_____X_____
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	_____X_____
Enforcement of ambulance service contracts	_____X_____
Operation of ambulance service	_____X_____

Table 2 - System Organization and Management (cont.)

Continuing education	<u>X</u>
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	<u>X</u>
Non-medical disaster planning	<u> </u>
Administration of critical incident stress debriefing team (CISD)	<u> </u>
Administration of disaster medical assistance team (DMAT)	<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>X</u>
Other: _____	
Other: _____	
Other: _____	

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$	437,715.04
Contract Services (e.g. medical director)		_____
Operations (e.g. copying, postage, facilities)		300,645.25
Travel		5,984.95
Indirect expenses (overhead)		168,343.94
Ambulance subsidy		_____
EMS Fund payments to physicians/hospital		238,265.80
Dispatch center operations (non-staff)		_____
Training program operations		_____
Other: _____		_____
Other: _____		_____
Other: _____		_____
TOTAL EXPENSES		\$1,148,954.98

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	\$	_____
Office of Traffic Safety (OTS)		_____
State general fund		_____
County general fund		_____
Other local tax funds (e.g., EMS district)		_____
County contracts (e.g. multi-county agencies)		_____
Certification fees		<u>80,409.22</u>
Training program approval fees		_____
Training program tuition/Average daily attendance funds (ADA)		_____
Job Training Partnership ACT (JTPA) funds/other payments		_____
Base hospital application fees		_____
Trauma center application fees		_____
Trauma center designation fees		_____
Pediatric facility approval fees		_____
Pediatric facility designation fees		_____
Other critical care center application fees		_____
Type: _____		
Other critical care center designation fees		_____
Type: _____		
Ambulance service/vehicle fees		_____
Contributions		_____
EMS Fund (SB 12/612)		<u>282,052.09</u>
Other grants: _____		_____
Other fees: Medical Marijuana Identification Card Program		<u>1,850.00</u>
Other (specify): Interest _____		<u>5,098.61</u>
Other: Ground Emergency Medical Transport (GEMT)		<u>498,216.88</u>
TOTAL REVENUE	\$	<u>867,626.80*</u>

***Use of GEMT Fund Balance: \$281,328.18**

TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.

IF THEY DON'T, PLEASE EXPLAIN.

Table 2 - System Organization & Management (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$25.00
EMS dispatcher certification	N/A
EMT-I certification	\$100.00
EMT-I recertification	\$62.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	N/A
AEMT recertification	N/A
EMT-P accreditation	\$35.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	\$48.00
MICN/ARN recertification	\$48.00
EMT-I training program approval	\$529.00
AEMT training program approval	N/A
EMT-P training program approval	N/A
MICN/ARN training program approval	\$0
Base hospital application	\$0
Base hospital designation	\$0
Trauma center application	\$0
Trauma center designation	\$1,001.00
Pediatric facility approval	N/A
Pediatric facility designation	N/A
Other critical care center application Type: _____	
Ambulance service licence	\$ 397.00
Ambulance vehicle permits	\$ 189.00
Other: <u>Contract Application Fee</u>	<u>\$ 397.00</u>
Other: <u>Contractor Ambulance Inspection</u>	<u>\$ 189.00</u>
Other: <u>Wheelchair - G/V Permit Application Fee</u>	<u>\$ 255.00</u>
Other: <u>Wheelchair - G/V Vehicle Inspection</u>	<u>\$ 36.00</u>

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Agency Administrator	1.0	\$48.16	28.85%	
Asst. Admin./Admin. Asst./Admin. Mgr.	N/A				
ALS Coord./Field Coord./ Training Coordinator	N/A				
Program Coordinator/ Field Liaison (Non-clinical)	N/A				
Trauma Coordinator	N/A				
Medical Director	EMS Agency Medical Director	0.4	\$102.03	1.45%	
Other MD/Medical Consult/ Training Medical Director	N/A				
Disaster Medical Planner	N/A				

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	N/A				
Medical Planner	N/A				
Data Evaluator/Analyst	Health Program Specialist	1.0	\$27.04	22.11%	
QA/QI Coordinator	QA Coordinator	0.5	\$33.09	1.45%	
Public Info. & Education Coordinator	N/A				
Executive Secretary	N/A				
Other Clerical	Administrative Technician	0.5	\$30.06	53.36%	
Data Entry Clerk	N/A				
Other	N/A				

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management
El Dorado County Organizational Chart



Table 2 - System Organization & Management
El Dorado County EMS Agency Organizational Chart

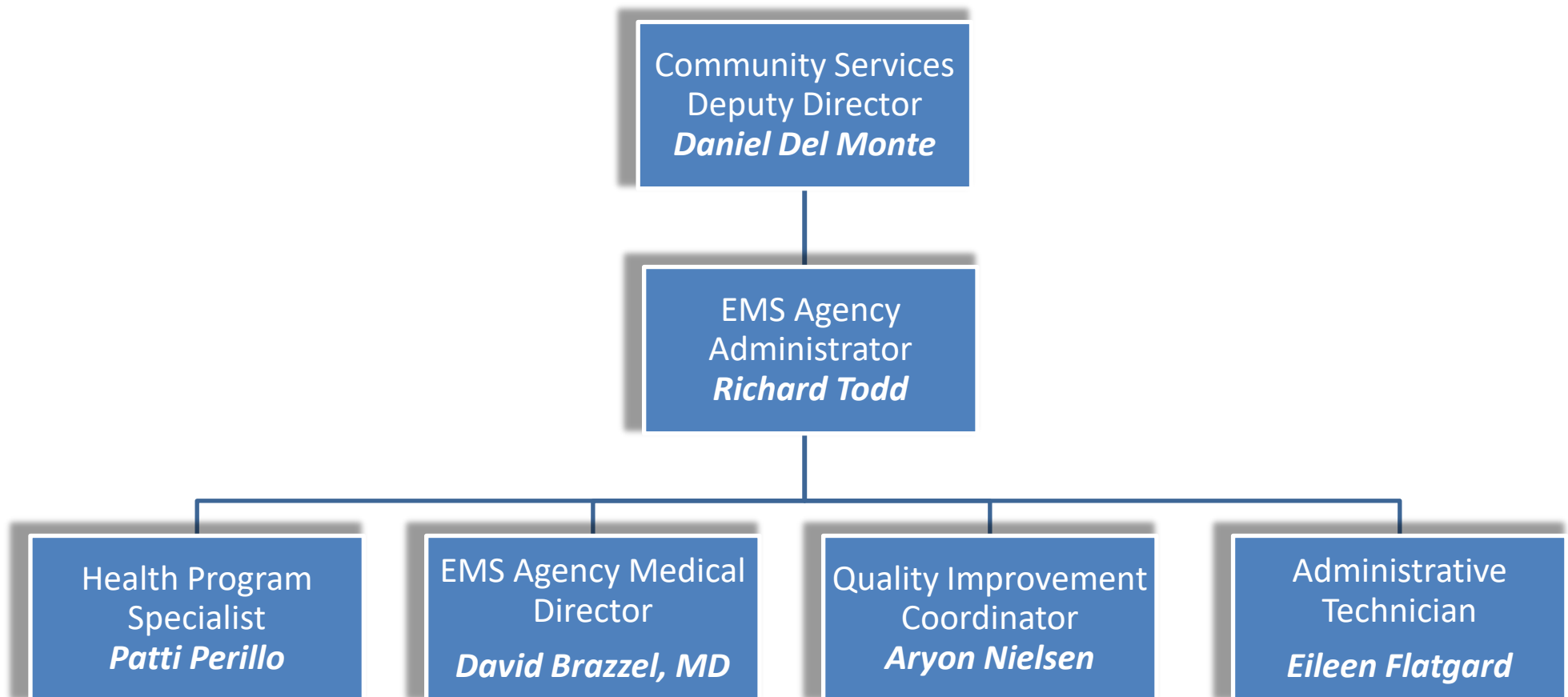


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: FY 2017-18

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	319	N/A		62
Number newly certified this year	75	N/A		25
Number recertified this year	316	N/A		37
Total number of accredited personnel on July 1 of the reporting year	88	N/A	114	0
Number of certification reviews resulting in:				
a) formal investigations	6	N/A		0
b) probation	1	N/A	0	0
c) suspensions	0	N/A	0	0
d) revocations	0	N/A		0
e) denials	1	N/A		0
f) denials of renewal	0	N/A		0
g) no action taken	4	N/A	0	0

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

b) Number of public safety (defib) certified (non-EMT-I)

160 Approx.
Unknown

2. Do you have an EMR training program

yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

Note: Table 4 is to be answered for each county.

County: El Dorado

Reporting Year: FY 2017-18

- | | | |
|----|--|---|
| 1. | Number of primary Public Service Answering Points (PSAP) | <u>2</u> |
| 2. | Number of secondary PSAPs | <u>1</u> |
| 3. | Number of dispatch centers directly dispatching ambulances | <u>3</u> |
| 4. | Number of EMS dispatch agencies utilizing EMD guidelines | <u>3</u> |
| 5. | Number of designated dispatch centers for EMS Aircraft | <u>2</u> |
| 6. | Who is your primary dispatch agency for day-to-day emergencies?
Camino ECC (CalFire), South Lake Tahoe Police Department, and Grass Valley ECC (CalFire) | |
| 7. | Who is your primary dispatch agency for a disaster?
Camino ECC (CalFire), South Lake Tahoe Police Department, and Grass Valley ECC (CalFire) | |
| 8. | Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | a. Radio primary frequency <u>CLEMARS 1 (154.920)</u> | |
| | b. Other methods <u>CLEMARS 2 (154.935), CALCORD (156.075)</u> | |
| | c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input type="checkbox"/> Yes <input checked="" 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 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: FY 2017-18

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 16

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	N/A	No Standard
Early defibrillation responder	N/A	N/A	N/A	No Standard
Advanced life support responder	N/A	N/A	N/A	No Standard
Transport Ambulance	11 minutes	16-24 minutes	90 minutes	N/A

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

Reporting Year: FY 2017-18

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>1500*</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>600*</u>
3. Number of major trauma patients transferred to a trauma center	<u>0</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>0</u>

Emergency Departments

Total number of emergency departments	<u>02</u>
1. Number of referral emergency services	<u>N/A</u>
2. Number of standby emergency services	<u>N/A</u>
3. Number of basic emergency services	<u>01</u>
4. Number of comprehensive emergency services	<u>01</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>N/A</u>
2. Number of base hospitals with written agreements	<u>02</u>

* Estimated numbers based on limited access to Trauma Data during this update.

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: FY 2017-18

County: EL DORADO

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Several sites county wide
 - b. How are they staffed? Volunteers & county employees, CERT, MRC
 - 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? First Responder Operations
 - 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? 02
3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No
4. List all counties with which you have a written medical mutual aid agreement.
None
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 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 and Human Services Director
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
 Yes No

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2017-18

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

County: EL DORADO **Service Agency:** CALSTAR is authorized by LEMSA to provide non-exclusive air ambulance services within the County. County does not provide air ambulance. **Response Zone:** County Service Area No. 7 and 3. (The entire County)

Address: 1901 Airport Blvd. #112 **Number of Ambulance Vehicles in Fleet:** 1
South Lake Tahoe, CA 96150

Phone Number: (530) 544-2338 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2017-18

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the Cal Tahoe Emergency Services Operations Authority. **Response Zone:** County Service Area No. 3 Tahoe South Shore Area

Address: P.O. Box 8917 **Number of Ambulance Vehicles in Fleet:** 6
South Lake Tahoe, CA 96158

Phone Number: (530) 577-3737 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>JPA</u>	<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>3,188</u>	Total number of responses	<u>2,692</u>	Total number of transports
<u>3,188</u>	Number of emergency responses	<u>2,105</u>	Number of emergency transports
_____	Number of non-emergency responses	<u>587</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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2017-18

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the North Tahoe Fire Protection District. **Response Zone:** County Service Area No. 3 Tahoe West Shore Area

Address: 222 Fairway Drive **Number of Ambulance Vehicles in Fleet:** 8
Tahoe City, CA 96145

Phone Number: (530) 583-6911 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 7

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <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

<u>78</u> Total number of responses	<u>58</u> Total number of transports
<u>78</u> Number of emergency responses	<u>57</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>1</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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2017-18

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the **El Dorado County Emergency Services Authority.** **Response Zone:** County Service Area No. 7 West Slope Area

Address: 480 Locust Road
Diamond Springs, CA 95619

Number of Ambulance Vehicles in Fleet: 21

Phone Number: (530) 642-0622

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 8

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

15,444 Total number of responses
11,030 Number of emergency responses
4,414 Number of non-emergency responses

11,403 Total number of transports
1,278 Number of emergency transports
10,125 Number of non-emergency transports

Air Ambulance Services

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

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

Table 9: Resources Directory

Facilities

County: EL DORADO

Note: Complete information for each facility by county. Make copies as needed.

Facility: Marshall Medical Center Telephone Number: (530) 622-1441
 Address: 1100 Marshall Way
Placerville, CA 95667

<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 type="checkbox"/> Basic Emergency <input checked="" 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	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

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: Resources Directory

Facilities

County: EL DORADO

Note: Complete information for each facility by county. Make copies as needed.

Facility: Barton Memorial Hospital
 Address: 2170 South Avenue
South Lake Tahoe, CA 96150

Telephone Number: (530) 541-3420

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 10: RESOURCES DIRECTORY --- Approved Training ProgramsCounty: EL DORADOReporting Year: FY 2017-18**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed

Training Institution:	<u>El Dorado County Training Officers</u>	Telephone Number:	<u>(530) 306-8101</u>
Address:	<u>501 Main Street</u> <u>Diamond Springs, CA 95619</u>		
Student Eligibility*:	<u>* Open to public</u>	**Program Level	<u>EMT</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$322</u>	Initial training:	<u>125</u>
Refresher:	<u>\$69</u>	Refresher:	<u>150</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>January 1, 2021</u>
		Number of courses:	<u>10</u>
		Initial training:	<u>2</u>
		Refresher:	<u>8</u>
		Continuing Education:	<u>N/A</u>

Training Institution:	<u>El Dorado County Training Officers</u>	Telephone Number:	<u>(530) 306-8101</u>
Address:	<u>501 Main Street</u> <u>Diamond Springs, CA 95619</u>		
Student Eligibility*:		**Program Level	<u>Emergency Medical Responder (EMR)</u>
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$0</u>	Initial training:	<u>20</u>
Refresher:	<u>\$0</u>	Refresher:	<u>50</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>January 1, 2021</u>
		Number of courses:	<u>9</u>
		Initial training:	<u>3</u>
		Refresher:	<u>6</u>
		Continuing Education:	<u>N/A</u>

TABLE 10: RESOURCES DIRECTORY --- Approved Training Programs

County: EL DORADO

Reporting Year: FY 2017-18

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Marshall Medical Center</u>	Telephone Number:	<u>(530) 626-2770 Ext. 2246</u>
Address:	<u>Marshall Way</u> <u>Placerville, CA 95667</u>		
Student Eligibility*:	<u>Restricted to qualified RN's</u>	**Program Level	<u>MICN</u>
	Cost of Program:	Number of students completing training per year:	
	Basic: <u>\$650/Student</u>	Initial training:	<u>10-12</u>
	Refresher: <u>\$600/Instructor</u>	Refresher:	<u>40 every 2 years</u>
	Refresher: <u>N/A</u>	Continuing Education:	<u>4 hours annually</u>
		Expiration Date:	<u>2 years from start date</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>_____</u>
		Continuing Education:	<u>_____</u>
Training Institution:	<u>Lake Tahoe Community College</u>	Telephone Number:	<u>(530) 541-4660 ext. 285</u>
Address:	<u>1 College Drive</u> <u>South Lake Tahoe, CA 96150</u>		
Student Eligibility*:	<u>* Open to public</u>	**Program Level	<u>EMT</u>
	Cost of Program:	Number of students completing training per year:	
	Basic: <u>\$333.25</u>	Initial training:	<u>76</u>
	Refresher: <u>\$131.75</u>	Refresher:	<u>47</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>September 30th 2021</u>
		Number of courses:	
		Initial training:	<u>3</u>
		Refresher:	<u>3</u>
		Continuing Education:	<u>N/A</u>

TABLE 11: RESOURCES DIRECTORY --- Dispatch Agency

County: EL DORADO

Reporting Year: FY 2017-18

NOTE: Make copies to add pages as needed. Complete information for each service agency by county.

Name:	<u>CAL FIRE (California Department of Forestry)</u>		Primary Contact:	<u>Bryan Newman, Battalion Chief</u>	
Address:	<u>2840 Mt. Danaher Rd.</u>				
	<u>Camino, CA 95709</u>				
Telephone Number:	<u>(530) 644-2345</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>18</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire				
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u>CAL FIRE</u>				

Name:	<u>South Lake Tahoe Police Department</u>		Primary Contact:	<u>Melissa Dube, Dispatch Supervisor</u>	
Address:	<u>1420 Johnson Blvd.</u>				
	<u>South Lake Tahoe, CA 96150</u>				
Telephone Number:	<u>(530) 542-6110</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>11</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire				
	<input checked="" type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u> </u>				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: EL DORADO

Reporting Year: FY 2017-18

NOTE: Make copies to add pages as needed. Complete information for each service agency by county.

Name:	<u>Grass Valley Dispatch (CAL FIRE)</u>		Primary Contact:	<u>Tim Person, Battalion Chief</u>	
Address:	<u>13120 Loma Rica Drive</u>				
	<u>Grass Valley, CA 95945</u>				
Telephone Number:	<u>(530) 477-0641</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>20</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire		<input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u>CAL FIRE</u>				

Name:	_____		Primary Contact:	_____	
Address:	_____				

Telephone Number:	_____				
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public:		
<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire		<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: _____				

2016-2017 Data

A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
1.01	LEMSA Structure	X	None		
1.02	LEMSA Mission	X	None		
1.03	Public Input	X	None		
1.04	Medical Director	X	None		
Planning Activities:					
1.05	System Plan	X	None		
1.06	Annual Plan Update	X	None		
1.07	Trauma Planning	X	X		X
1.08	ALS Planning	X	None		
1.09	Inventory of Resources	X	None		
1.10	Special Populations	X	X		
1.11	System Participants	X	X		
Regulatory Activities:					
1.12	Review & Monitoring	X	None		
1.13	Coordination	X	None		
1.14	Policy & Procedures Manual	X	None		
1.15	Compliance w/Policies	X	None		
System Finances:					
1.16	Funding Mechanism	X	None		
Medical Direction:					
1.17	Medical Direction	X	None		
1.18	QA/QI	X	X		
1.19	Policies, Procedures, Protocols	X	X		

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	None		
1.21	Determination of Death		X	None		
1.22	Reporting of Abuse		X	None		
1.23	Interfacility Transfer		X	None		
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	None		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X	None		X
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X	None		

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	None		
2.02	Approval of Training		X	None		
2.03	Personnel		X	None		
Dispatchers:						
2.04	Dispatch Training		X	X		
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X	None		
2.07	Medical Control		X	None		
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X	None		
2.10	Advanced Life Support		X	X		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X	None		
2.12	Early Defibrillation		X	None		
2.13	Base Hospital Personnel		X	None		

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		X
3.03	Interfacility Transfer		X	None		
3.04	Dispatch Center		X	None		
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X	None		
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X	None		
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

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	None		
4.04	Prescheduled Responses		X	None		
4.05	Response Time		X	X		
4.06	Staffing		X	None		
4.07	First Responder Agencies		X	None		
4.08	Medical & Rescue Aircraft		X	None		
4.09	Air Dispatch Center		X	None		
4.10	Aircraft Availability		X	None		
4.11	Specialty Vehicles		X	X		
4.12	Disaster Response		X	None		
4.13	Intercounty Response		X	X		
4.14	Incident Command System		X	None		
4.15	MCI Plans		X	None		
		Enhanced Level: Advanced Life Support:				
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	None		
		Enhanced Level: Ambulance Regulation:				
4.18	Compliance		X	None		
		Enhanced Level: Exclusive Operating Permits:				
4.19	Transportation Plan		X	None		
4.20	"Grandfathering"		X	None		
4.21	Compliance		X	None		
4.22	Evaluation		X	None		

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	None		
5.03	Transfer Guidelines		X	None		
5.04	Specialty Care Facilities		X	None		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation		X	None		
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		X	None		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X	None		
5.09	Public Input		X	None		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X	None		X
5.11	Emergency Departments		X	N/A		
5.12	Public Input		X	None		X
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		N/A	None		
5.14	Public Input		X	None		

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		X
6.02	Prehospital Records		X	None		
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X	None		
6.05	Data Management System		X	N/A		
6.06	System Design Evaluation		X	None	X	
6.07	Provider Participation		X	None		
6.08	Reporting		X	None		
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	X		
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X	None	X	
6.11	Trauma Center Data		X	X		

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	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	X		

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	None		
8.02	Response Plans		X	X		
8.03	HazMat Training		X	None		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications		X	None		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		N/A	N/A		
8.10	Mutual Aid Agreements		X	None		
8.11	CCP Designation		X	None		
8.12	Establishment of CCPs		X	None		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	None		
8.16	Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X	None		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X	None		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X	None		

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: FY 2016-17

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: El Dorado

- | | |
|---|------|
| A. Basic Life Support (BLS) | N/A |
| B. Limited Advanced Life Support (LALS) | N/A |
| 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: Health Services Program Manager II**

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

Implementation of exclusive operating areas (ambulance franchising)	_____
Designation of trauma centers/trauma care system planning	<u> X </u>
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	<u> X </u>
Enforcement of ambulance service contracts	<u> X </u>
Operation of ambulance service	<u> X </u>

Table 2 - System Organization & Management (cont.)

Continuing education	<u> X </u>
Personnel training	<u> X </u>
Operation of oversight of EMS dispatch center	<u> X </u>
Non-medical disaster planning	<u> </u>
Administration of critical incident stress debriefing team (CISD)	<u> </u>
Administration of disaster medical assistance team (DMAT)	<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> X </u>
Other: _____	
Other: _____	
Other: _____	

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ 413,762.42
Contract Services (e.g. medical director)	_____
Operations (e.g. copying, postage, facilities)	48,417.00
Travel	4,035.00
	Fixed
	assets
Indirect expenses (overhead)	164,114.00
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	292,729.00
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$ 842,086.00

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	\$	_____
Office of Traffic Safety (OTS)		_____
State general fund		_____
County general fund		<u>471,194.00</u>
Other local tax funds (e.g., EMS district)		_____
County contracts (e.g. multi-county agencies)		_____
Certification fees		<u>17,122.00</u>
Training program approval fees		_____
Training program tuition/Average daily attendance funds (ADA)		_____
Job Training Partnership ACT (JTPA) funds/other payments		_____
Base hospital application fees		_____
Trauma center application fees		_____
Trauma center designation fees		_____
Pediatric facility approval fees		_____
Pediatric facility designation fees		_____
Other critical care center application fees		_____
Type: _____		
Other critical care center designation fees		_____
Type: _____		
Ambulance service/vehicle fees		_____
Contributions		_____
EMS Fund (SB 12/612)		<u>368,567.00</u>
Other grants: _____		_____
Other fees: Medical Marijuana IDentificaiton Card Program		<u>2,850.00</u>
Other (specify): Interest_____		_____
Other: Ground Emergency Medical Transport (GEMT)		<u>971,076.00</u>
TOTAL REVENUE	\$	<u>1,832,087.00</u>

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

Table 2 - System Organization & Management (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$25.00
EMS dispatcher certification	N/A
EMT-I certification	\$100.00
EMT-I recertification	\$62.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	N/A
AEMT recertification	N/A
EMT-P accreditation	\$35.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	\$48.00
MICN/ARN recertification	\$48.00
EMT-I training program approval	\$0
AEMT training program approval	N/A
EMT-P training program approval	N/A
MICN/ARN training program approval	\$0
Base hospital application	\$0
Base hospital designation	\$0
Trauma center application	\$0
Trauma center designation	\$1,001.00
Pediatric facility approval	N/A
Pediatric facility designation	N/A
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	\$ 397.00
Ambulance vehicle permits	\$ 189.00
Other: <u>Contract Application Fee</u>	<u>\$ 397.00</u>
Other: <u>Contractor Ambulance Inspection</u>	<u>\$ 189.00</u>
Other: <u>Wheelchair - G/V Permit Application Fee</u>	<u>\$ 255.00</u>
Other: <u>Wheelchair - G/V Vehicle Inspection</u>	<u>\$ 36.00</u>

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Agency Administrator	1.0	\$45.87	28.85%	
Asst. Admin./Admin. Asst./Admin. Mgr.	N/A				
ALS Coord./Field Coord./ Training Coordinator	N/A				
Program Coordinator/ Field Liaison (Non-clinical)	N/A				
Trauma Coordinator	N/A				
Medical Director	EMS Agency Medical Director	0.4	\$96.20	1.45%	
Other MD/Medical Consult/ Training Medical Director	N/A				
Disaster Medical Planner	N/A				

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	N/A				
Medical Planner	N/A				
Data Evaluator/Analyst	Health Program Specialist	1.0	\$28.04	22.11%	
QA/QI Coordinator	QA Coordinator	0.5	\$32.77	1.45%	
Public Info. & Education Coordinator	N/A				
Executive Secretary	N/A				
Other Clerical	Administrative Technician	0.5	\$29.77	53.36%	
Data Entry Clerk	N/A				
Other	N/A				

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: FY 2016-17

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	288	N/A		8
Number newly certified this year	66	N/A		3
Number recertified this year	222	N/A		5
Total number of accredited personnel on July 1 of the reporting year	68	N/A	109	0
Number of certification reviews resulting in:				
a) formal investigations	6	N/A		0
b) probation	1	N/A	0	0
c) suspensions	0	N/A	0	0
d) revocations	0	N/A		0
e) denials	1	N/A		0
f) denials of renewal	0	N/A		0
g) no action taken	4	N/A	0	0

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

Note: Table 4 is to be answered for each county.

County: El Dorado

Reporting Year: FY 2016-17

- | | |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>2</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>3</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>3</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>2</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
Camino ECC (CalFire), South Lake Tahoe Police Department, and Grass Valley ECC (CalFire) | |
| 7. Who is your primary dispatch agency for a disaster?
Camino ECC (CalFire), South Lake Tahoe Police Department, and Grass Valley ECC (CalFire) | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>CLEMARS 1 (154.920)</u> | |
| b. Other methods <u>CLEMARS 2 (154.935), CALCORD (156.075)</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input type="checkbox"/> Yes <input checked="" 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 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: FY 2016-17

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 16

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	N/A	No Standard
Early defibrillation responder	N/A	N/A	N/A	No Standard
Advanced life support responder	N/A	N/A	N/A	No Standard
Transport Ambulance	11 minutes	16-24 minutes	90 minutes	N/A

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

Reporting Year: FY 2016-17

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>1383</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>52</u>
3. Number of major trauma patients transferred to a trauma center	<u>0</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>0</u>

Emergency Departments

Total number of emergency departments	<u>02</u>
1. Number of referral emergency services	<u>N/A</u>
2. Number of standby emergency services	<u>N/A</u>
3. Number of basic emergency services	<u>02</u>
4. Number of comprehensive emergency services	<u>N/A</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>N/A</u>
2. Number of base hospitals with written agreements	<u>02</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: FY 2016-17

County: EL DORADO

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Several sites county wide
 - b. How are they staffed? Volunteers & county employees, CERT, MRC
 - 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? First Responder Operations
 - 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? 02
3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No
4. List all counties with which you have a written medical mutual aid agreement.
None
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 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 and Human Services Director
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
 Yes No

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2016-17

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

County: EL DORADO **Service Agency:** CALSTAR is authorized by LEMSA to provide non-exclusive air ambulance services within the County. County does not provide air ambulance. **Response Zone:** County Service Area No. 7 and 3. (The entire County)

Address: 1901 Airport Blvd.
South Lake Tahoe, CA 96150 **Number of Ambulance Vehicles in Fleet:** 1

Phone Number: (530) 544-2338 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input 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 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

<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

Air Ambulance Services

<u>528</u> Total number of responses	<u>246</u> Total number of transports
<u>528</u> Number of emergency responses	<u>246</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2016-17

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the Cal Tahoe Emergency Services Operations Authority. **Response Zone:** County Service Area No. 3 Tahoe South Shore Area

Address: P.O. Box 8917 **Number of Ambulance Vehicles in Fleet:** 6
South Lake Tahoe, CA 96158

Phone Number: (530) 577-3737 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>JPA</u>	<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>3477</u> Total number of responses	<u>3447</u> Total number of transports
<u> </u> Number of emergency responses	<u>2777</u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u>700</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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2016-17

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the North Tahoe Fire Protection District. **Response Zone:** County Service Area No. 3 Tahoe West Shore Area

Address: 222 Fairway Drive **Number of Ambulance Vehicles in Fleet:** 8
Tahoe City, CA 96145

Phone Number: (530) 583-6913 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 7

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <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

<u>86</u> Total number of responses <u>86</u> Number of emergency responses <u>0</u> Number of non-emergency responses	<u>86</u> Total number of transports <u>42</u> Number of emergency transports <u>44</u> Number of non-emergency transports
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Air Ambulance Services

_____ Total number of responses _____ Number of emergency responses _____ Number of non-emergency responses	_____ Total number of transports _____ Number of emergency transports _____ Number of non-emergency transports
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Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2016-17

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the **El Dorado County Emergency Services Authority.** **Response Zone:** County Service Area No. 7 West Slope Area

Address: 480 Locust Road
Diamond Springs, CA 95619

Number of Ambulance Vehicles in Fleet: 16

Phone Number: (530) 642-0622

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 8

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

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: <u>JPA</u>	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

14724 Total number of responses
12444 Number of emergency responses
2280 Number of non-emergency responses

11870 Total number of transports
1128 Number of emergency transports
10742 Number of non-emergency transports

Air Ambulance Services

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

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

Table 9: Resources Directory

Facilities

County: EL DORADO

Note: Complete information for each facility by county. Make copies as needed.

Facility: Marshall Medical Center
Address: 1100 Marshall Way
Placerville, CA 95667

Telephone Number: (530) 622-1441

<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 type="checkbox"/> Standby Emergency <input checked="" 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
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Pediatric Critical Care Center¹ EDAP² PICU³ <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<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
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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: Resources Directory

Facilities

County: EL DORADO

Note: Complete information for each facility by county. Make copies as needed.

Facility: Barton Memorial Hospital Telephone Number: (530) 541-3420
Address: 2170 South Avenue
South Lake Tahoe, CA 96150

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 10: RESOURCES DIRECTORY --- Approved Training Programs

County: EL DORADO

Reporting Year: FY 2016-17

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>El Dorado County Training Officers</u>	Telephone Number:	<u>(530) 306-8102</u>
Address:	<u>501 Main Street Diamond Springs, CA 95619</u>		
Student Eligibility*:	<u>* Open to public</u>	Cost of Program:	
		Basic:	<u>\$322</u>
		Refresher:	<u>\$69</u>
		**Program Level	<u>EMT</u>
		Number of students completing training per year:	
		Initial training:	<u>125</u>
		Refresher:	<u>150</u>
		Continuing Education:	<u>150</u>
		Expiration Date:	<u>March 31, 2020</u>
		Number of courses:	<u>14</u>
		Initial training:	<u>6</u>
		Refresher:	<u>8</u>
		Continuing Education:	<u>N/A</u>
Training Institution:	<u>El Dorado County Training Officers</u>	Telephone Number:	<u>(530) 306-8102</u>
Address:	<u>501 Main Street Diamond Springs, CA 95619</u>		
Student Eligibility*:	<u>* Open to public</u>	Cost of Program:	
		Basic:	<u>\$0</u>
		Refresher:	<u>\$0</u>
		**Program Level	<u>First Responder</u>
		Number of students completing training per year:	
		Initial training:	<u>20</u>
		Refresher:	<u>40</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>March 31, 2020</u>
		Number of courses:	<u>4</u>
		Initial training:	<u>2</u>
		Refresher:	<u>4</u>
		Continuing Education:	<u>N/A</u>

*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: RESOURCES DIRECTORY --- Approved Training Programs

County: EL DORADO

Reporting Year: FY 2016-17

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Marshall Medical Center</u>	Telephone Number:	<u>(530) 626-2770 Ext. 2246</u>
Address:	<u>Marshall Way</u> <u>Placerville, CA 95667</u>		
Student Eligibility*:	<u>Restricted to qualified RN's</u>	**Program Level	<u>MICN</u>
Cost of Program:	Basic: <u>\$650/Student</u> <u>\$600/Instructor</u>	Number of students completing training per year:	
Refresher:	<u>N/A</u>	Initial training:	<u>10-12</u>
		Refresher:	<u>40 every 2 years</u>
		Continuing Education:	<u>4 hours annually</u>
		Expiration Date:	<u>2 years from start date</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u> </u>
		Continuing Education:	<u> </u>

Training Institution:	<u>Lake Tahoe Community College</u>	Telephone Number:	<u>(530) 541-4660 ext. 583</u>
Address:	<u>1 College Drive</u> <u>South Lake Tahoe, CA 96150</u>		
Student Eligibility*:	<u>* Open to public</u>	**Program Level	<u>EMT</u>
Cost of Program:	Basic: <u>\$333.25</u> Refresher: <u>\$131.75</u>	Number of students completing training per year:	
		Initial training:	<u>68</u>
		Refresher:	<u>47</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>September 30th 2020</u>
		Number of courses:	
		Initial training:	<u>5</u>
		Refresher:	<u>3</u>
		Continuing Education:	<u>N/A</u>

*Open to general public or restricted to certain personnel only. ** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR

TABLE 11: RESOURCES DIRECTORY --- Dispatch Agency

County: EL DORADO

Reporting Year: FY 2016-17

NOTE: Make copies to add pages as needed. Complete information for each service agency by county.

Name:	<u>CAL FIRE (California Department of Forestry)</u>		Primary Contact:	<u>Dave Wood, Battalion Chief</u>	
Address:	<u>2840 Mt. Danaher Rd.</u>				
	<u>Camino, CA 95709</u>				
Telephone Number:	<u>(530) 647-2345</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>21</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire		<input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u>CAL FIRE</u>				

Name:	<u>South Lake Tahoe Police Department</u>		Primary Contact:	<u>Jill Broadfoot, Dispatch Supervisor</u>	
Address:	<u>1420 Johnson Blvd.</u>				
	<u>South Lake Tahoe, CA 96150</u>				
Telephone Number:	<u>(530) 542-6110</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>9</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire		<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
	<input checked="" type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u> </u>				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: EL DORADO

Reporting Year: FY 2016-17

NOTE: Make copies to add pages as needed. Complete information for each service agency by county.

Name:	<u>Grass Valley Dispatch (CAL FIRE)</u>	Primary Contact:	<u>Tim Person, Battalion Chief</u>		
Address:	<u>13120 Loma Rica Drive</u> <u>Grass Valley, CA 95945</u>				
Telephone Number:	<u>(530) 477-0641</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>17</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other			
		Explain: <u>CAL FIRE</u>			

Name:	_____	Primary Contact:	_____		
Address:	_____ _____				
Telephone Number:	_____				
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other			
		Explain: _____			

2014-2015 Data

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X	None		
1.02	LEMSA Mission		X	None		
1.03	Public Input		X	None		
1.04	Medical Director		X	None		
Planning Activities:						
1.05	System Plan		X	None		
1.06	Annual Plan Update		X	None		
1.07	Trauma Planning		X	X		X
1.08	ALS Planning		X	None		
1.09	Inventory of Resources		X	None		
1.10	Special Populations		X	X		
1.11	System Participants		X	X		
Regulatory Activities:						
1.12	Review & Monitoring		X	None		
1.13	Coordination		X	None		
1.14	Policy & Procedures Manual		X	None		
1.15	Compliance w/Policies		X	None		
System Finances:						
1.16	Funding Mechanism		X	None		
Medical Direction:						
1.17	Medical Direction		X	None		
1.18	QA/QI		X	X		
1.19	Policies, Procedures, Protocols		X	X		

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	None		
1.21	Determination of Death		X	None		
1.22	Reporting of Abuse		X	None		
1.23	Interfacility Transfer		X	None		
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	None		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X	None		X
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X	None		

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	None		
2.02	Approval of Training		X	None		
2.03	Personnel		X	None		
Dispatchers:						
2.04	Dispatch Training		X	X		
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X	None		
2.07	Medical Control		X	None		
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X	None		
2.10	Advanced Life Support		X	X		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X	None		
2.12	Early Defibrillation		X	None		
2.13	Base Hospital Personnel		X	None		

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		X
3.03	Interfacility Transfer		X	None		
3.04	Dispatch Center		X	None		
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X	None		
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X	None		
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

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	None		
4.04	Prescheduled Responses		X	None		
4.05	Response Time		X	X		
4.06	Staffing		X	None		
4.07	First Responder Agencies		X	None		
4.08	Medical & Rescue Aircraft		X	None		
4.09	Air Dispatch Center		X	None		
4.10	Aircraft Availability		X	None		
4.11	Specialty Vehicles		X	X		
4.12	Disaster Response		X	None		
4.13	Intercounty Response		X	X		
4.14	Incident Command System		X	None		
4.15	MCI Plans		X	None		
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	None		
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X	None		
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X	None		
4.20	“Grandfathering”		X	None		
4.21	Compliance		X	None		
4.22	Evaluation		X	None		

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	None		
5.03	Transfer Guidelines		X	None		
5.04	Specialty Care Facilities		X	None		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation		X	None		
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		X	None		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X	None		
5.09	Public Input		X	None		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X	None		X
5.11	Emergency Departments		X	N/A		
5.12	Public Input		X	None		X
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		N/A	None		
5.14	Public Input		X	None		

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		X
6.02	Prehospital Records		X	None		
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X	None		
6.05	Data Management System		X	N/A		
6.06	System Design Evaluation		X	None	X	
6.07	Provider Participation		X	None		
6.08	Reporting		X	None		
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	X		
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X	None	X	
6.11	Trauma Center Data		X	X		

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	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	X		

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	None		
8.02	Response Plans		X	X		
8.03	HazMat Training		X	None		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications		X	None		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		N/A	N/A		
8.10	Mutual Aid Agreements		X	None		
8.11	CCP Designation		X	None		
8.12	Establishment of CCPs		X	None		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	None		
8.16	Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X	None		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X	None		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X	None		

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: FY 2014-15

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: El Dorado

- A. Basic Life Support (BLS) N/A
- B. Limited Advanced Life Support (LALS) N/A
- 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: Health Services Program Manager II**

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

Implementation of exclusive operating areas (ambulance franchising)	_____
Designation of trauma centers/trauma care system planning	_____X_____
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	_____X_____
Enforcement of ambulance service contracts	_____X_____
Operation of ambulance service	_____X_____

Table 2 - System Organization & Management (cont.)

Continuing education	<u> X </u>
Personnel training	<u> X </u>
Operation of oversight of EMS dispatch center	<u> X </u>
Non-medical disaster planning	<u> </u>
Administration of critical incident stress debriefing team (CISD)	<u> </u>
Administration of disaster medical assistance team (DMAT)	<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> X </u>
Other: _____	
Other: _____	
Other: _____	

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$	332,791.00
Contract Services (e.g. medical director)		_____
Operations (e.g. copying, postage, facilities)		48,417.00
Travel		4,035.00
	assets	
Indirect expenses (overhead)		164,114.00
Ambulance subsidy		_____
EMS Fund payments to physicians/hospital		292,729.00
Dispatch center operations (non-staff)		_____
Training program operations		_____
Other: _____		_____
Other: _____		_____
Other: _____		_____
TOTAL EXPENSES	\$	842,086.00

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	\$	_____
Office of Traffic Safety (OTS)		_____
State general fund		_____
County general fund		<u>471,194.00</u>
Other local tax funds (e.g., EMS district)		_____
County contracts (e.g. multi-county agencies)		_____
Certification fees		<u>17,122.00</u>
Training program approval fees		_____
Training program tuition/Average daily attendance funds (ADA)		_____
Job Training Partnership ACT (JTPA) funds/other payments		_____
Base hospital application fees		_____
Trauma center application fees		_____
Trauma center designation fees		_____
Pediatric facility approval fees		_____
Pediatric facility designation fees		_____
Other critical care center application fees		_____
Type: _____		
Other critical care center designation fees		_____
Type: _____		
Ambulance service/vehicle fees		_____
Contributions		_____
EMS Fund (SB 12/612)		<u>368,567.00</u>
Other grants: _____		_____
Other fees: Medical Marijuana IDentificaiton Card Program		<u>2,850.00</u>
Other (specify): Interest_____		_____
Other: Ground Emergency Medical Transport (GEMT)		<u>971,076.00</u>
TOTAL REVENUE	\$	<u>1,832,087.00</u>

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

Table 2 - System Organization & Management (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$10.00
EMS dispatcher certification	N/A
EMT-I certification	\$10.00
EMT-I recertification	\$10.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	N/A
AEMT recertification	N/A
EMT-P accreditation	\$10.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	\$10.00
MICN/ARN recertification	\$10.00
EMT-I training program approval	\$0
AEMT training program approval	N/A
EMT-P training program approval	N/A
MICN/ARN training program approval	\$0
Base hospital application	\$0
Base hospital designation	\$0
Trauma center application	\$0
Trauma center designation	\$0
Pediatric facility approval	N/A
Pediatric facility designation	N/A
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	N/A
Ambulance vehicle permits	\$ 295.00
Other: <u>Contract Application Fee</u>	<u>\$ 500.00</u>
Other: <u>Wheelchair - G/V Application Fee</u>	<u>\$ 250.00</u>
Other: <u>Wheelchair - G/V Permit Fee</u>	<u>\$ 45.00</u>

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Agency Administrator	1.0	\$45.87	28.85%	
Asst. Admin./Admin. Asst./Admin. Mgr.	N/A				
ALS Coord./Field Coord./ Training Coordinator	N/A				
Program Coordinator/ Field Liaison (Non-clinical)	N/A				
Trauma Coordinator	N/A				
Medical Director	EMS Agency Medical Director	0.4	\$96.20	1.45%	
Other MD/Medical Consult/ Training Medical Director	N/A				
Disaster Medical Planner	N/A				

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	N/A				
Medical Planner	N/A				
Data Evaluator/Analyst	Health Program Specialist	1.0	\$28.04	22.11%	
QA/QI Coordinator	QA Coordinator	0.5	\$32.77	1.45%	
Public Info. & Education Coordinator	N/A				
Executive Secretary	N/A				
Other Clerical	Administrative Technician	0.5	\$29.77	53.36%	
Data Entry Clerk	N/A				
Other	N/A				

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: FY 2014-15

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	270	N/A		11
Number newly certified this year	48	N/A		5
Number recertified this year	222	N/A		6
Total number of accredited personnel on July 1 of the reporting year	0	N/A	194	0
Number of certification reviews resulting in:				
a) formal investigations	3	N/A		0
b) probation	2	N/A	0	0
c) suspensions	0	N/A	0	0
d) revocations	0	N/A		0
e) denials	0	N/A		0
f) denials of renewal	0	N/A		0
g) no action taken	0	N/A	0	0

1. Early defibrillation:

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

160 Approx.
Unknown

2. Do you have an EMR training program

yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

Note: Table 4 is to be answered for each county.

County: El Dorado

Reporting Year: FY 2014-15

- | | |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>2</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>3</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>3</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>2</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
Camino ECC (CalFire), South Lake Tahoe Police Department, and Grass Valley ECC (CalFire) | |
| 7. Who is your primary dispatch agency for a disaster?
Camino ECC (CalFire), South Lake Tahoe Police Department, and Grass Valley ECC (CalFire) | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>CLEMARS 1 (154.920)</u> | |
| b. Other methods <u>CLEMARS 2 (154.935), CALCORD (156.075)</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input type="checkbox"/> Yes <input checked="" 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 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: FY 2014-15

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 16

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	N/A	No Standard
Early defibrillation responder	N/A	N/A	N/A	No Standard
Advanced life support responder	N/A	N/A	N/A	No Standard
Transport Ambulance	11 minutes	16-24 minutes	90 minutes	N/A

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care**

Reporting Year: FY 2014-15

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>874</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>636</u>
3. Number of major trauma patients transferred to a trauma center	<u>874</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>0</u>

Emergency Departments

Total number of emergency departments	<u>02</u>
1. Number of referral emergency services	<u>N/A</u>
2. Number of standby emergency services	<u>N/A</u>
3. Number of basic emergency services	<u>02</u>
4. Number of comprehensive emergency services	<u>N/A</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>N/A</u>
2. Number of base hospitals with written agreements	<u>02</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: FY 2014-15

County: EL DORADO

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Several sites county wide
 - b. How are they staffed? Volunteers & county employees, CERT, MRC
 - 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? First Responder Operations
 - 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? 02
3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No
4. List all counties with which you have a written medical mutual aid agreement.
None
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 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 and Human Services Director
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
 Yes No

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2014-15

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

County: EL DORADO **Service Agency:** CALSTAR is authorized by LEMSA to provide non-exclusive air ambulance services within the County. County does not provide air ambulance. **Response Zone:** County Service Area No. 7 and 3. (The entire County)

Address: 1901 Airport Blvd.
South Lake Tahoe, CA 96150

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (530) 544-2338

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

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 checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	--	---	--	--

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2014-15

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the Cal Tahoe Emergency Services Operations Authority. **Response Zone:** County Service Area No. 3 Tahoe South Shore Area

Address: P.O. Box 8917 **Number of Ambulance Vehicles in Fleet:** 6
South Lake Tahoe, CA 96158

Phone Number: (530) 577-3737 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

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

Transporting Agencies

<u>2684</u> Total number of responses	<u>2459</u> Total number of transports
<u> </u> Number of emergency responses	<u>2459</u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u>225</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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2014-15

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the **North Tahoe Fire Protection District.** **Response Zone:** County Service Area No. 3
Tahoe West Shore Area

Address: 222 Fairway Drive
Tahoe City, CA 96145 **Number of Ambulance Vehicles in Fleet:** 8

Phone Number: (530) 583-6913 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 7

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 type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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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

<u>86</u> Total number of responses	<u>86</u> Total number of transports
<u>86</u> Number of emergency responses	<u>42</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>44</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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2014-15

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the **El Dorado County Emergency Services Authority.** **Response Zone:** County Service Area No. 7 West Slope Area

Address: 480 Locust Road
Diamond Springs, CA 95619

Number of Ambulance Vehicles in Fleet: 16

Phone Number: (530) 642-0622

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 8

Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input 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 type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u>JPA</u>	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

16468 Total number of responses
13561 Number of emergency responses
2907 Number of non-emergency responses

9908 Total number of transports
9908 Number of emergency transports
Number of non-emergency transports

Air Ambulance Services

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

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

Table 9: Resources Directory

Facilities

County: EL DORADO

Note: Complete information for each facility by county. Make copies as needed.

Facility: Marshall Medical Center
Address: 1100 Marshall Way
Placerville, CA 95667

Telephone Number: (530) 622-1441

<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 type="checkbox"/> Standby Emergency <input checked="" 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 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level II <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
--	---

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: Resources Directory

Facilities

County: EL DORADO

Note: Complete information for each facility by county. Make copies as needed.

Facility: Barton Memorial Hospital Telephone Number: (530) 541-3420
Address: 2170 South Avenue
South Lake Tahoe, CA 96150

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

Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 10: RESOURCES DIRECTORY --- Approved Training Programs

County: EL DORADO

Reporting Year: FY 2014-15

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>El Dorado County Training Officers</u>	Telephone Number:	<u>(530) 306-8102</u>
Address:	<u>501 Main Street Diamond Springs, CA 95619</u>		
Student Eligibility*:	<u>* Open to public</u>	**Program Level	<u>EMT</u>
Cost of Program:	Basic: <u>\$350</u> Refresher: <u>\$75</u>	Number of students completing training per year:	
		Initial training:	<u>125</u>
		Refresher:	<u>150</u>
		Continuing Education:	<u>150</u>
		Expiration Date:	<u>March 31, 2018</u>
		Number of courses:	<u>14</u>
		Initial training:	<u>6</u>
		Refresher:	<u>8</u>
		Continuing Education:	<u>N/A</u>

Training Institution:	<u>El Dorado County Training Officers</u>	Telephone Number:	<u>(530) 306-8102</u>
Address:	<u>501 Main Street Diamond Springs, CA 95619</u>		
Student Eligibility*:	<u>* Open to public</u>	**Program Level	<u>First Responder</u>
Cost of Program:	Basic: <u>\$0</u> Refresher: <u>\$0</u>	Number of students completing training per year:	
		Initial training:	<u>20</u>
		Refresher:	<u>40</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>March 31, 2018</u>
		Number of courses:	<u>4</u>
		Initial training:	<u>2</u>
		Refresher:	<u>4</u>
		Continuing Education:	<u>N/A</u>

*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: RESOURCES DIRECTORY --- Approved Training Programs

County: EL DORADO

Reporting Year: FY 2014-15

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Marshall Medical Center</u>	Telephone Number:	<u>(530) 626-2770 Ext. 2246</u>
Address:	<u>Marshall Way</u> <u>Placerville, CA 95667</u>		
Student Eligibility*:	<u>Restricted to qualified RN's</u>	**Program Level	<u>MICN</u>
Cost of Program:	Basic: <u>\$400/Student</u> <u>\$1000/Instructor</u> Refresher: <u>\$400/MICN</u>	Number of students completing training per year:	
		Initial training:	<u>9</u>
		Refresher:	<u>49</u>
		Continuing Education:	<u>49</u>
		Expiration Date:	<u>August 31, 2017</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>1</u>

Training Institution:	<u>Lake Tahoe Community College</u>	Telephone Number:	<u>(530) 541-4660 ext. 583</u>
Address:	<u>1 College Drive</u> <u>South Lake Tahoe, CA 96150</u>		
Student Eligibility*:	<u>* Open to public</u>	**Program Level	<u>EMT</u>
Cost of Program:	Basic: <u>\$302.25</u> Refresher: <u>\$100.75</u>	Number of students completing training per year:	
		Initial training:	<u>68</u>
		Refresher:	<u>47</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>September 30th 2017</u>
		Number of courses:	
		Initial training:	<u>5</u>
		Refresher:	<u>3</u>
		Continuing Education:	<u>N/A</u>

*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: RESOURCES DIRECTORY --- Dispatch Agency

County: EL DORADO

Reporting Year: FY 2014-15

NOTE: Make copies to add pages as needed. Complete information for each service agency by county.

Name:	<u>CAL FIRE (California Department of Forestry)</u>		Primary Contact:	<u>Dave Wood, Battalion Chief</u>	
Address:	<u>2840 Mt. Danaher Rd.</u>				
	<u>Camino, CA 95709</u>				
Telephone Number:	<u>(530) 647-2345</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>21</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire		<input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u>CAL FIRE</u>				

Name:	<u>South Lake Tahoe Police Department</u>		Primary Contact:	<u>Susan Keast, Dispatch Supervisor</u>	
Address:	<u>1420 Johnson Blvd.</u>				
	<u>South Lake Tahoe, CA 96150</u>				
Telephone Number:	<u>(530) 542-6110</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>9</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire		<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
	<input checked="" type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u> </u>				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: EL DORADO

Reporting Year: FY 2014-15

NOTE: Make copies to add pages as needed. Complete information for each service agency by county.

Name:	<u>Grass Valley Dispatch (CAL FIRE)</u>		Primary Contact:	<u>Anale Burlew, Battalion Chief</u>	
Address:	<u>13120 Loma Rica Drive</u>				
	<u>Grass Valley, CA 95945</u>				
Telephone Number:	<u>(530) 477-0641</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>22</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire		<input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u>CAL FIRE</u>				

Name:	_____		Primary Contact:	_____	
Address:	_____				

Telephone Number:	_____				
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public:		
<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire		<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: _____				

2013-2014 Data

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X	None		
1.02	LEMSA Mission		X	None		
1.03	Public Input		X	None		
1.04	Medical Director		X	None		
Planning Activities:						
1.05	System Plan		X	None		
1.06	Annual Plan Update		X	None		
1.07	Trauma Planning		X	X		X
1.08	ALS Planning		X	None		
1.09	Inventory of Resources		X	None		
1.10	Special Populations		X	X		
1.11	System Participants		X	X		
Regulatory Activities:						
1.12	Review & Monitoring		X	None		
1.13	Coordination		X	None		
1.14	Policy & Procedures Manual		X	None		
1.15	Compliance w/Policies		X	None		
System Finances:						
1.16	Funding Mechanism		X	None		
Medical Direction:						
1.17	Medical Direction		X	None		
1.18	QA/QI		X	X		
1.19	Policies, Procedures, Protocols		X	X		

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	None		
1.21	Determination of Death		X	None		
1.22	Reporting of Abuse		X	None		
1.23	Interfacility Transfer		X	None		
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	None		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X	None		X
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X	None		

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	None		
2.02	Approval of Training		X	None		
2.03	Personnel		X	None		
Dispatchers:						
2.04	Dispatch Training		X	X		
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X	None		
2.07	Medical Control		X	None		
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X	None		
2.10	Advanced Life Support		X	X		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X	None		
2.12	Early Defibrillation		X	None		
2.13	Base Hospital Personnel		X	None		

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		X
3.03	Interfacility Transfer		X	None		
3.04	Dispatch Center		X	None		
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X	None		
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X	None		
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

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	None		
4.04	Prescheduled Responses		X	None		
4.05	Response Time		X	X		
4.06	Staffing		X	None		
4.07	First Responder Agencies		X	None		
4.08	Medical & Rescue Aircraft		X	None		
4.09	Air Dispatch Center		X	None		
4.10	Aircraft Availability		X	None		
4.11	Specialty Vehicles		X	X		
4.12	Disaster Response		X	None		
4.13	Intercounty Response		X	X		
4.14	Incident Command System		X	None		
4.15	MCI Plans		X	None		
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	None		
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X	None		
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X	None		
4.20	“Grandfathering”		X	None		
4.21	Compliance		X	None		
4.22	Evaluation		X	None		

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	None		
5.03	Transfer Guidelines		X	None		
5.04	Specialty Care Facilities		X	None		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation		X	None		
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		X	None		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X	None		
5.09	Public Input		X	None		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X	None		X
5.11	Emergency Departments		X	N/A		
5.12	Public Input		X	None		X
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		N/A	None		
5.14	Public Input		X	None		

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		X
6.02	Prehospital Records		X	None		
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X	None		
6.05	Data Management System		X	N/A		
6.06	System Design Evaluation		X	None	X	
6.07	Provider Participation		X	None		
6.08	Reporting		X	None		
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	X		
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X	None	X	
6.11	Trauma Center Data		X	X		

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	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	X		

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	None		
8.02	Response Plans		X	X		
8.03	HazMat Training		X	None		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications		X	None		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		N/A	N/A		
8.10	Mutual Aid Agreements		X	None		
8.11	CCP Designation		X	None		
8.12	Establishment of CCPs		X	None		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	None		
8.16	Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X	None		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X	None		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X	None		

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: FY 2013-14

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: El Dorado

- A. Basic Life Support (BLS) N/A
- B. Limited Advanced Life Support (LALS) N/A
- 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: Health Services Program Manager II**

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

Implementation of exclusive operating areas (ambulance franchising)	_____
Designation of trauma centers/trauma care system planning	_____X_____
Designation/approval of pediatric facilities	_____
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	_____X_____
Enforcement of ambulance service contracts	_____X_____
Operation of ambulance service	_____X_____

Table 2 - System Organization & Management (cont.)

Continuing education	<u> X </u>
Personnel training	<u> X </u>
Operation of oversight of EMS dispatch center	<u> X </u>
Non-medical disaster planning	<u> </u>
Administration of critical incident stress debriefing team (CISD)	<u> </u>
Administration of disaster medical assistance team (DMAT)	<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> X </u>
Other: _____	
Other: _____	
Other: _____	

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$	336,624.90
Contract Services (e.g. medical director)		_____
Operations (e.g. copying, postage, facilities)		163,416.21
Travel		4605.00
Fixed assets		3500.00
Indirect expenses (overhead)		49,973.60
Ambulance subsidy		_____
EMS Fund payments to physicians/hospital		370,294.00
Dispatch center operations (non-staff)		_____
Training program operations		_____
Other: _____		_____
Other: _____		_____
Other: _____		_____
TOTAL EXPENSES	\$	921,913.71

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	\$	_____
Office of Traffic Safety (OTS)		_____
State general fund		_____
County general fund		547,914.71
Other local tax funds (e.g., EMS district)		_____
County contracts (e.g. multi-county agencies)		_____
Certification fees		3,705.00
Training program approval fees		_____
Training program tuition/Average daily attendance funds (ADA)		_____
Job Training Partnership ACT (JTPA) funds/other payments		_____
Base hospital application fees		_____
Trauma center application fees		_____
Trauma center designation fees		_____
Pediatric facility approval fees		_____
Pediatric facility designation fees		_____
Other critical care center application fees		_____
Type: _____		
Other critical care center designation fees		_____
Type: _____		
Ambulance service/vehicle fees		_____
Contributions		_____
EMS Fund (SB 12/612)		370,294.00
Other grants: _____		_____
Other fees: _____		_____
Other (specify): _____		_____
TOTAL REVENUE	\$	921,913.71

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

Table 2 - System Organization & Management (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$10.00
EMS dispatcher certification	N/A
EMT-I certification	\$10.00
EMT-I recertification	\$10.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	N/A
AEMT recertification	N/A
EMT-P accreditation	\$10.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	\$10.00
MICN/ARN recertification	\$10.00
EMT-I training program approval	\$0
AEMT training program approval	N/A
EMT-P training program approval	N/A
MICN/ARN training program approval	\$0
Base hospital application	\$0
Base hospital designation	\$0
Trauma center application	\$0
Trauma center designation	\$0
Pediatric facility approval	N/A
Pediatric facility designation	N/A
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	N/A
Ambulance vehicle permits	\$ 295.00
Other: <u>Contract Application Fee</u>	<u>\$ 500.00</u>
Other: <u>Wheelchair - G/V Application Fee</u>	<u>\$ 250.00</u>
Other: <u>Wheelchair - G/V Permit Fee</u>	<u>\$ 45.00</u>

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Agency Administrator	1.0	\$54.57	24.91%	
Asst. Admin./Admin. Asst./Admin. Mgr.	N/A				
ALS Coord./Field Coord./ Training Coordinator	N/A				
Program Coordinator/ Field Liaison (Non-clinical)	N/A				
Trauma Coordinator	N/A				
Medical Director	EMS Agency Medical Director	0.5	\$93.77	2.35%	
Other MD/Medical Consult/ Training Medical Director	N/A				
Disaster Medical Planner	N/A				

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	N/A				
Medical Planner	N/A				
Data Evaluator/Analyst	Health Program Specialist	1.0	\$30.03	17.81%	
QA/QI Coordinator	QA Coordinator	0.5	\$32.37	3.71%	
Public Info. & Education Coordinator	N/A				
Executive Secretary	N/A				
Other Clerical	N/A				
Data Entry Clerk	N/A				
Other	N/A				

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Reporting Year: FY 2013-14

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	328	N/A		66
Number newly certified this year	70	N/A		9
Number recertified this year	258	N/A		57
Total number of accredited personnel on July 1 of the reporting year	0	N/A	164	0
Number of certification reviews resulting in:				
a) formal investigations	15	N/A		0
b) probation	10	N/A	0	0
c) suspensions	0	N/A	0	0
d) revocations	0	N/A		0
e) denials	3	N/A		0
f) denials of renewal	0	N/A		0
g) no action taken	10	N/A	0	0

1. Early defibrillation:

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

160 Approx.
Unknown

2. Do you have an EMR training program

yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

Note: Table 4 is to be answered for each county.

County: El Dorado

Reporting Year: FY 2013-14

- | | |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>2</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>3</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>3</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>2</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
Camino ECC (CalFire), South Lake Tahoe Police Department, and Grass Valley ECC (CalFire) | |
| 7. Who is your primary dispatch agency for a disaster?
Camino ECC (CalFire), South Lake Tahoe Police Department, and Grass Valley ECC (CalFire) | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>CLEMARS 1 (154.920)</u> | |
| b. Other methods <u>CLEMARS 2 (154.935), CALCORD (156.075)</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input type="checkbox"/> Yes <input checked="" 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 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: FY 2013-14

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

- Number of EMT-Defibrillation providers 16

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	N/A	No Standard
Early defibrillation responder	N/A	N/A	N/A	No Standard
Advanced life support responder	N/A	N/A	N/A	No Standard
Transport Ambulance	11 minutes	16-24 minutes	90 minutes	N/A

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

Reporting Year: FY 2013-14

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>874</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>636</u>
3. Number of major trauma patients transferred to a trauma center	<u>874</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>0</u>

Emergency Departments

Total number of emergency departments	<u>02</u>
1. Number of referral emergency services	<u>N/A</u>
2. Number of standby emergency services	<u>N/A</u>
3. Number of basic emergency services	<u>02</u>
4. Number of comprehensive emergency services	<u>N/A</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>N/A</u>
2. Number of base hospitals with written agreements	<u>02</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: FY 2013-14

County: EL DORADO

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Several sites county wide
 - b. How are they staffed? Volunteers & county employees, CERT, MRC
 - 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? First Responder Operations
 - 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? 03
3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No
4. List all counties with which you have a written medical mutual aid agreement.
None
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 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 and Human Services Director
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
 Yes No

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2013-14

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

County: EL DORADO **Service Agency:** CALSTAR is authorized by LEMSA to provide non-exclusive air ambulance services within the County. County does not provide air ambulance. **Response Zone:** County Service Area No. 7 and 3. (The entire County)

Address: 1901 Airport Blvd.
South Lake Tahoe, CA 96150 **Number of Ambulance Vehicles in Fleet:** 1

Phone Number: (530) 544-2338 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2013-14

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the Cal Tahoe Emergency Services Operations Authority. **Response Zone:** County Service Area No. 3 Tahoe South Shore Area

Address: P.O. Box 8917 **Number of Ambulance Vehicles in Fleet:** 5
South Lake Tahoe, CA 96158

Phone Number: (530) 577-3737 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>JPA</u>	<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> </u> Total number of responses	<u>2516</u>	Total number of transports
<u> </u> Number of emergency responses	<u>2102</u>	Number of emergency transports
<u> </u> Number of non-emergency responses	<u>414</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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2013-14

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the **North Tahoe Fire Protection District.** **Response Zone:** County Service Area No. 3
Tahoe West Shore Area

Address: 222 Fairway Drive
Tahoe City, CA 96145 **Number of Ambulance Vehicles in Fleet:** 8

Phone Number: (530) 583-6913 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 7

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory --- Response/Transportation/Service Agencies

Reporting Year: FY 2013-14

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

County: EL DORADO **Service Agency:** The County contracts for transportation and dispatch services with the **El Dorado County Emergency Services Authority.** **Response Zone:** County Service Area No. 7 West Slope Area

Address: 480 Locust Road
Diamond Springs, CA 95619

Number of Ambulance Vehicles in Fleet: 19

Phone Number: (530) 642-0622

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 8

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

12652 Total number of responses
10771 Number of emergency responses
1981 Number of non-emergency responses

10246 Total number of transports
8521 Number of emergency transports
1725 Number of non-emergency transports

Air Ambulance Services

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

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

Table 9: Resources Directory

Facilities

County: EL DORADO

Note: Complete information for each facility by county. Make copies as needed.

Facility: Marshall Medical Center Telephone Number: (530) 622-1441
Address: 1100 Marshall Way
Placerville, CA 95667

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

<p>Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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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: Resources Directory

Facilities

County: EL DORADO

Note: Complete information for each facility by county. Make copies as needed.

Facility: Barton Memorial Hospital Telephone Number: (530) 541-3420
Address: 2170 South Avenue
South Lake Tahoe, CA 96150

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 10: RESOURCES DIRECTORY --- Approved Training Programs

County: EL DORADO

Reporting Year: FY 2013-14

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>El Dorado County Training Officers</u>	Telephone Number:	<u>(530) 919 0516</u>
Address:	<u>1707 Karen Way</u> <u>Placerville, CA 95667</u>		
Student Eligibility*:	<u>* Open to public</u>	**Program Level	<u>EMT</u>
Cost of Program:	Basic: <u>\$350</u> Refresher: <u>\$75</u>	Number of students completing training per year:	
		Initial training:	<u>125</u>
		Refresher:	<u>150</u>
		Continuing Education:	<u>150</u>
		Expiration Date:	<u>November 15th 2014</u>
		Number of courses:	<u>14</u>
		Initial training:	<u>6</u>
		Refresher:	<u>8</u>
		Continuing Education:	<u>N/A</u>
Training Institution:	<u>El Dorado County Training Officers</u>	Telephone Number:	<u>(530) 919 0516</u>
Address:	<u>1707 Karen Way</u> <u>Placerville, CA 95667</u>		
Student Eligibility*:	<u>* Open to public</u>	**Program Level	<u>First Responder</u>
Cost of Program:	Basic: <u>\$0</u> Refresher: <u>\$0</u>	Number of students completing training per year:	
		Initial training:	<u>20</u>
		Refresher:	<u>40</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>November 15th 2014</u>
		Number of courses:	<u>4</u>
		Initial training:	<u>2</u>
		Refresher:	<u>4</u>
		Continuing Education:	<u>N/A</u>

*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: RESOURCES DIRECTORY --- Approved Training Programs

County: EL DORADO

Reporting Year: FY 2013-14

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Marshall Medical Center</u>	Telephone Number:	<u>(530) 626 2770 Ext. 2246</u>
Address:	<u>Marshall Way</u> <u>Placerville, CA 95667</u>		
Student Eligibility*:	<u>Restricted to qualified RN's</u>	**Program Level	<u>MICN</u>
Cost of Program:	Basic: <u>\$400/Student</u> <u>\$1000/Instructor</u>	Number of students completing training per year:	
	Refresher: <u>\$400/MICN</u>	Initial training:	<u>11</u>
		Refresher:	<u>45</u>
		Continuing Education:	<u>45</u>
		Expiration Date:	<u>October 31st 2014</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>1</u>
		Continuing Education:	<u>1</u>
Training Institution:	<u>Lake Tahoe Community College</u>	Telephone Number:	<u>(530) 541 4660</u>
Address:	<u>1 College Drive</u> <u>South Lake Tahoe, CA 96150</u>		
Student Eligibility*:	<u>* Open to public</u>	**Program Level	<u>EMT</u>
Cost of Program:	Basic: <u>\$302.25</u> Refresher: <u>\$104.75</u>	Number of students completing training per year:	
		Initial training:	<u>125</u>
		Refresher:	<u>40</u>
		Continuing Education:	<u>N/A</u>
		Expiration Date:	<u>September 30th 2017</u>
		Number of courses:	
		Initial training:	<u>5</u>
		Refresher:	<u>3</u>
		Continuing Education:	<u>N/A</u>

*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: RESOURCES DIRECTORY --- Dispatch Agency

County: EL DORADO

Reporting Year: FY 2013-14

NOTE: Make copies to add pages as needed. Complete information for each service agency by county.

Name:	<u>CAL FIRE (California Department of Forestry)</u>		Primary Contact:	<u>Dave Wood, Battalion Chief</u>	
Address:	<u>2840 Mt. Danaher Rd.</u>				
	<u>Camino, CA 95709</u>				
Telephone Number:	<u>(530) 647-2345</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>14</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire		<input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u>CAL FIRE</u>				

Name:	<u>South Lake Tahoe Police Department</u>		Primary Contact:	<u>Susan Keast, Dispatch Supervisor</u>	
Address:	<u>1420 Johnson Blvd.</u>				
	<u>South Lake Tahoe, CA 96150</u>				
Telephone Number:	<u>(530) 542-6110</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>7</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire		<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
	<input checked="" type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u> </u>				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: EL DORADO

Reporting Year: FY 2013-14

NOTE: Make copies to add pages as needed. Complete information for each service agency by county.

Name:	<u>Grass Valley Dispatch (CAL FIRE)</u>		Primary Contact:	<u>Anale Burlew, Battalion Chief</u>	
Address:	<u>13120 Loma Rica Drive</u>				
	<u>Grass Valley, CA 95945</u>				
Telephone Number:	<u>(530) 477-0641</u>				
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>13</u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> Other		
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: <u>CAL FIRE</u>		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name:	_____		Primary Contact:	_____	
Address:	_____				

Telephone Number:	_____				
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: <u> </u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> Other		
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		



EL DORADO
COUNTY
EMS AGENCY



2022

***CONTINUOUS QUALITY
IMPROVEMENT (CQI)
PLAN***



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ANNEX 1 CQI Event Review Form



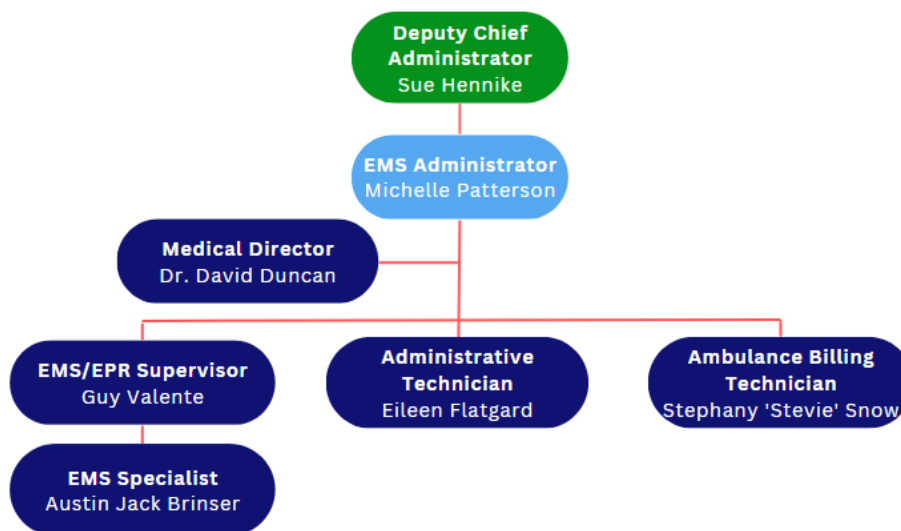
Structure and Organization

EDCEMSA serves as the designated Local Emergency Medical Services Agency (LEMSA) for the County of El Dorado in accordance with Health and Safety Code 2.5 Chapter 4, Article 1, § 1797.200, and serves a combined resident population of approximately 191,185¹

Under the authority of the Chief Administrative Officer, direction of the EMS Administrator and clinical oversight of the Medical Director, EDCEMSA facilitates and supervises the delivery of emergency medical services in the County of El Dorado through a number of processes, including, but not limited to:

- A. Accreditation of EMS providers.
- B. Approval of EMS training programs.
- C. Developing/approving medical treatment protocols and policies.
- D. Designating base/modified base/receiving hospitals and specialty care centers.
- E. Overseeing contracts and agreements with provider agencies.
- F. Collecting, analyzing and reporting on EMS data to the California EMS Authority for statewide system evaluation.
- G. Monitoring and evaluation of EMS service quality, including CQI activities.

EDCEMSA Organization



¹ United States Census: <http://www.census.gov/quickfacts/eldoradocountycalifornia>



Stakeholders

For EMS purposes, the County of El Dorado is geographically divided by the Sierra-Nevada Mountain range into two Community Service Areas (CSAs).

Ambulance transportation on the West Slope of the County (CSA 7) is provided under contract with the **El Dorado County Emergency Services Authority** (West Slope JPA), whilst ambulance transportation services on the East Slope of the County (CSA 3) are provided by the **Cal Tahoe Emergency Services Operations Authority** (East Slope JPA) and **North Tahoe Fire Protection District**. Both CSAs are also served by a number of ALS and BLS first response agencies, as well as air ambulance services and non-emergency transport providers.

County Base Hospitals include **Marshall Medical Center**, serving Placerville and the surrounding area of CSA 7, and **Barton Memorial Hospital** serving the South Lake Tahoe basin and CSA 3. Both facilities meet the requirements set forth in Title 22 § 100169 and are both ACS Level III Trauma Centers with the former also recognized as an AHA Primary Stroke Center.

When appropriate in light of distance, patient condition and/or patient preference, County provider agencies may also transport directly to facilities in neighboring counties; such as Mercy Hospital of Folsom, UC Davis Medical center or Kaiser Permanente Roseville among others.

All of the stakeholders listed are participants in the EDCEMSA CQI process; whether submitting cases for review, serving on CQI subcommittees or implementing agency level CQI plans as required under their contract with the County.

Mission

The mission of the El Dorado County Emergency Medical Services Agency (EDCEMSA) is to ensure that victims of illness and injury in the County of El Dorado have the best possible chance for a meaningful recovery, through the provision of a cost-effective, sustainable, collaborative and data-driven EMS system.

Our mission is affected by continuously pursuing the following Mission Objectives:

- 1 Prompt patient contact
- 2 Quality Clinical Care
- 3 Safe and Timely Transport
- 4 Seamless Transfer of Care



The Continuous Quality Improvement (CQI) processes described herein, ensure the conditions that allow our EMS provider agencies to meet the Mission Objectives consistently and efficiently for the benefit of the citizens and visitors of El Dorado County.

CQI Strategy

The EMS CQI process in the County of El Dorado uses a *Theory of Change* approach. Bearing our mission in mind, the CQI methodology proceeds through a program of **Monitoring, Evaluation and Change**, to simultaneously identify:

- Impediments to the accomplishment of our Mission Objectives
- Corrective responses to deviation from our Mission Objectives, and,
- Opportunities for improving the consistency and thoroughness of their accomplishment.

EDCEMSA drives these complimentary processes through daily EMS Agency operations, implementation of contracts and agreements with Provider Agencies and facilitation of the Continuous Quality Improvement Committee (CQIC) and Medical Advisory Committee (MAC).

Monitoring

The monitoring process focuses on matters of technical proficiency and operational effectiveness on a call-by-call basis, confirming that existing protocols and procedures are competently observed. It is a continuous process.

The expectation is that specific operational concerns may be caught in real time, at the crew level, by individual clinicians and colleagues in their immediate proximity. When appropriate, needs identified at that level may be corrected at that level, and in a manner consistent with the CQI plan of the provider agencies. At the same time, anecdotal cases gathered via the monitoring process may be collated with similar cases during the evaluation process, and serve as a seminal basis for system-wide change when indicated.

Simply stated: monitoring seeks to confirm that we're doing things right.

Evaluation

The evaluation process extends beyond the anecdotal level, focusing on system-wide efficacy across the breadth of the EMS system, with particular interest on impact and outcomes.

While monitoring maintains real-time operational oversight one call at a time, evaluation looks to confirm that our policies, protocols and procedures align with EMS best practices - as well as relevant state and national standards. Furthermore, the evaluation process helps to distinguish anecdotal issues that may be unique to a single case or provider, from more pervasive challenges that might require systemic change.

Simply stated: evaluation seeks to confirm that we're doing the right things.

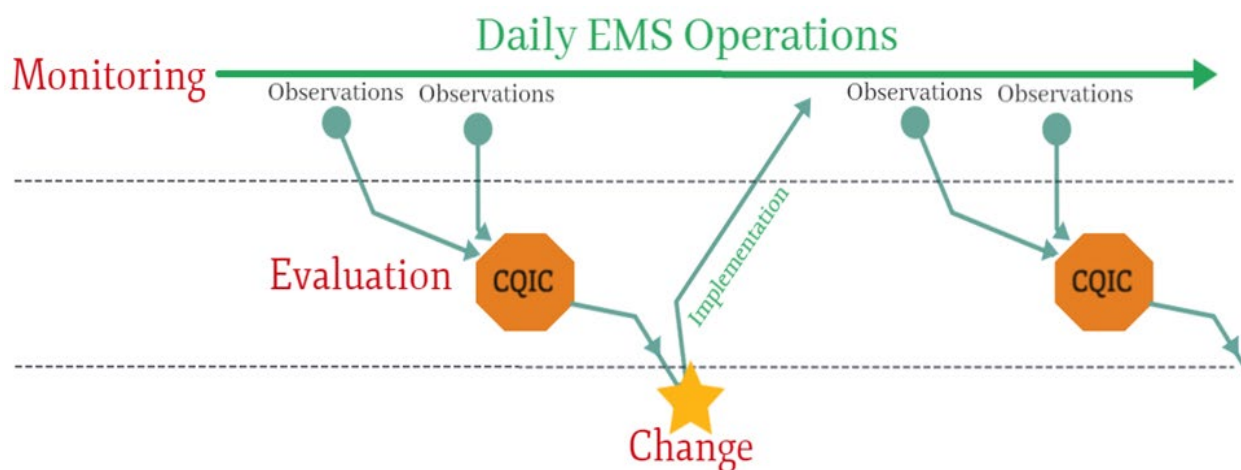


Change

Change is an alteration of a current practice, approach or priority.

EMS is an applied science, which, like the practice of medicine overall, is driven by new information and an evolving standard of care. When the monitoring and evaluation processes reveal an impediment to the accomplishment of our Mission Objectives or an opportunity to better align our practices with the standard of care, prescriptive change is indicated.

The character of prescriptive change, and it's manner of implementation, are the business of the Continuous Quality Improvement Committee (CQIC).



CQI Committee

The El Dorado County EMS Continuous Quality Improvement Committee (CQIC) consists of Points of Contact (POC) from EDCEMSA, all EMS provider agencies, County base hospitals and the frequented receiving centers in Sacramento and Placer Counties.

In its quarterly meetings, the CQIC addresses a number of standing items from the perspective of the various stakeholders. Typical agendas cover:

- Noteworthy incidents or challenges from the field,
- Trauma Committee Reports from the base hospitals,
- Updates from the receiving centers,
- Trends,
- Training needs identification,
- LEMSA updates (changes in policy, pending legislation, etc.)

The core mandate of the CQIC is to assess the state of EMS operations within the County, identify matters that warrant greater attention and form solutions to problems that can be



addressed at the committee level. The CQIC may also resolve to form temporary subcommittees to explore specific topics and may pass recommendations up to the Medical Advisory Committee (MAC) when a proposed solution implies a change in clinical care policy.

The work of the CQIC is central to the CQI process, as committee deliberations (and those of any appointed subcommittees) are where system challenges and solutions are characterized and addressed. When the CQIC recommends that EDCEMSA implement change, EDCEMSA utilizes the standard ‘Plan, Do, Study, Act’ model to bring the change into effect.



Indicators

Pursuant to CCR Title 22, Division 9, Chapter 12, Sections 100400 and 100404, EDCEMSA tracks established indicators of system performance; some clinical, some operational. Clinical indicators are tracked primarily through the County ePCR platform (ImageTrend Elite) with compliance quantitatively measured in the FirstWatch software suite. Operational indicators (while also quantitative) are evaluated according to the descriptions in the table.

Clinical Indicators

Abbreviations bound in parentheses () denote either past or current Core Quality Measures.

ACS/STEMI	
Measure	Expectation
Aspirin (ACS-1)	Administration of aspirin shall be documented in the medication administration field of the ePCR UNLESS aspirin is also documented as an allergy.
Nitroglycerin	IF systolic BP is > 90 AND erectile dysfunction meds <u>are not</u> documented in the patient’s history AND nitroglycerin <u>is not</u> documented as an allergy, THEN nitroglycerin administration shall be documented in the medication administration field of the ePCR.
12-lead ECG	A 12-lead ECG obtained within 10 minutes of patient contact and shall be documented in the procedures field of the ePCR. If the initial tracing is non-diagnostic, providers will perform additional captures to ensure that a clear ECG with legible waveforms is included as an attachment.
Transport to SRC (ACS-5)	IF STEMI is confirmed, ‘STEMI Center (24/7)’ or ‘Cardiac-STEMI’ shall be documented as the ‘hospital designation’ in the ‘Destination info’ section of the ePCR.



CVA	
Last Known Well	The 'Date/Time Last Known Well' field of the ePCR shall be populated with a date/time value OR 'Unable to Complete'
Stroke Scale (STR-1)	A stroke scale score of either 'Positive', 'Negative', 'Non-Conclusive' or 'Unable to Complete' will be documented in the designated ePCR field.
Stroke Alert	IF stroke scale score is 'Positive', AND LKW < 6 hours THEN the 'Destination Team Pre-Arrival Alert or Activation' field of the ePCR shall be populated with 'Yes-Stroke'
BGL (STR-2)	At least one blood glucose level, expressed as either a numeric value or high/low, shall be entered into at least one of the complete sets of vital signs documented.
Trauma	
Scene Time (TRA-1)	The documented difference between 'Time at Scene' and 'Time Depart Scene' shall be 10 minutes or less.
Transport to Trauma Center (TRA-2)	IF Trauma Criteria are met, THEN 'Trauma Center (L1, L2 or L3)' shall be documented as the 'hospital designation' in the 'Destination info' section of the ePCR.
Pediatrics	
Resp Assessment (PED-3)	IF the provider's primary or secondary impression is "Respiratory Distress/Other" or "Respiratory Distress/Bronchospasm", THEN a numerical SpO2 percentage AND respiratory rate AND any value in either the 'Chest/Lungs Assessment' OR 'Chest Exam Details' shall be entered in the designated section of the ePCR.
Refusal/AMA (see also: 'Risk Management' section of the Operational Indicators table)	
Blood Pressure	At least one systolic blood pressure (numerical value) shall be documented in the designated ePCR field.
Pulse	At least one pulse rate (numerical value) shall be documented in the designated ePCR field.
Respiratory Rate	At least one respiratory rate (numerical value*) shall be documented in the designated ePCR field.
GCS	A GCS of 15 shall be documented in the designated ePCR field.
Name	Patient's first and last name shall be documented in the designated ePCR fields.
Address	Patient's home address shall be documented in the designated ePCR field, ensuring it is distinguished from the incident location when the two are not the same. If patient refuses to furnish an address, 'Refused' shall be entered on the first address line.



Universal (All medical dispatches resulting in transport are evaluated for the following)	
Vital Signs	Two (2) complete sets of vital signs shall be documented in the designated ePCR field. "Complete" means specific values for: <ul style="list-style-type: none"> • BP (systolic and diastolic) • Heart rate • Respiratory rate • SpO2
History	Patient's medical history shall be documented within the designated ePCR field.
Medications	Patient's current medications shall be documented in the designated ePCR field.
Allergies	Patient's allergies (or lack thereof) shall be documented in the designated ePCR field.
Oxygen	IF SpO2 is <94%, oxygen administration shall be documented in the medication administration field of the ePCR.
Hypoglycemia (HYP-1)	If BGL is <60 AND 'Primary Impression' = 'hypoglycemia', treatment for hypoglycemia shall be documented in the medication administration field of the ePCR (if dextrose or glucagon) or in the procedure field of the ePCR (if assisted pt with oral intake).



Operational Indicators

Indicator Category	What's measured?	How measured?	How is necessary change affected?
1. Personnel	1.a. Currency of credentials	1.a.1. Verified by LEMSA upon accreditation and re-accreditation. Ensured by provider agencies pursuant to contract/agreement.	1.a.1.1. Provider agency contractually obligated to ensure all staff maintain current credentials.
	1.b. Protocol adherence	1.b.1. Verified by LEMSA through automated ePCR audit and subsequent review.	1.b.1.1. Initially, through direct communication between LEMSA and provider. Followed up, as needed, by internal processes at agency level.
2. Equipment and Supplies	2.a. Appropriateness of current DME	2.a.1. CQI Event Reporting. Relaying anecdotes from the field.	Provider agencies may request changes to the approved equipment list. Upon confirmation of safety, efficacy and label indications, the Medical Director may authorize the change.
	2.b. Equipment failures	2.b.1. Internal processes for provider owned equipment. 2.b.2. CQI Event Reporting for LEMSA owned equipment, or contractor equipment in cases of harm (<i>or possible harm</i>) to patient or provider.	2.b.1.1. Provider agency to determine, based on available alternatives. 2.b.2.1. LEMSA investigates possible 'Sentinel Event' to rule out operator error and conclude root cause. If necessary, equipment deemed faulty are removed from service with supplier and manufacturer follow up as required.
	2.c. Consumable shortages	2.c.1 Communications from suppliers or provider agencies.	2.c.1.1 Other vendors are contacted to source alternate supplies. Where none can be located, Medical Director may authorize temporary changes to formulary or protocols (<i>i.e., dilution of Epi 1:1000 due to shortages of 1:10,000</i>)
3. Documentation	3.a. Provider compliance with Title 22, Ch.9 Sec. 100171	3.a.1. Automated review of all ePCRs based on criteria aligning with Sec.100171, followed by manual review when non-compliance is flagged. Provider compliance data retained.	3.a.1.1. Initially, through direct communication between LEMSA and provider. Followed up, as needed, by internal processes at agency level.



	3.b. Provider use of NEMSIS/CEMIS data fields for proper data capture.	3.b.1. Automated review of all ePCRs based on Core Quality Measures, followed by manual review when numerator criteria are not met. Provider compliance data retained.	3.b.1.1. Initially, through direct communication between LEMSA and provider. Followed up, as needed, by internal processes at agency level
	3.c. ePCR completeness for reimbursement.	3.c.1. Billing technician manually reviews all ePCRs for data validity and adherence to industry standards.	3.c.1.1. Direct communication for crews with instructions on the edits required.
4. Skills	4.a. Success rates of commonly used skills (i.e., intravenous cannulation).	4.a.1. Providers audited at re-accreditation (and at random) for success rates compared to internal and external averages.	4.a.1.1. On review of LEMSA audit, contracted providers facilitate remediation training as needed.
	4.b. Judgement and outcomes in cases involving infrequently used skills (i.e., needle decompression)	4.b.1. All ePCRs are auto-scanned for procedures, meds and text references to high-risk/low-frequency skills and manually reviewed to assess clinical judgement, efficacy, and outcome.	4.b.1.1. Any trends noted are presented to the CQI Committee for consideration of training needs or points of emphasis for annual skills sign-off.
5. Transportation / Facilities	5.a. Code 3 returns	5.a.1. LEMSA tracks code 3 returns according to the terms set out in Core Quality Measure RST-5	5.a.1.1. If deviation from the State mean should exceed 5%, the CQI committee would look to identify the dependent variable(s) and take appropriate action.
	5.b. Response Times	5.b.1. LEMSA tracks response times via 24/7 monitoring of East and West CAD systems. Both contracted transport providers submit monthly aggregate data.	5.b.1.1. Contracts with transport providers set maximum response time criteria and assign responsibility for acknowledging and correcting deviations. LEMSA may issue penalties and/or assess the incumbent accordingly during any subsequent RFP.
6. Public Education and Prevention	6.a. Public AED program	6.a.1. LEMSA evaluates new public AED applications to validate manufacturer and training plan.	6.a.1.1-2. LEMSA may make changes to the public AED program in consultation with stakeholders and in accordance with relevant State and local law.
		6.a.2. LEMSA collects data from AED usage and collates the report with the patient's electronic health record.	
7. Risk Management	7.a. HIPAA Vulnerability	7.a.1. LEMSA conducts a protected health information Hazard Vulnerability Analysis (HVA) every year, to identify reducible risk.	7.a.1.1. LEMSA has the discretion to correct any PHI vulnerabilities identified on its premises or electronic infrastructure and may compel



			corrections to be affected by providers under contract or agreement.
	7.b. Refusal/AMA litigation risk	7.b.1. LEMSA audits 100% of calls concluding with AMA/refusal of transport to ensure appropriateness, diligent patient advocacy and complete documentation.	7.b.1.1. LEMSA provides direct guidance to field providers when reminders are indicated and compels institutional change through CQI and provider agency HR processes where needed.



CQI Event Review

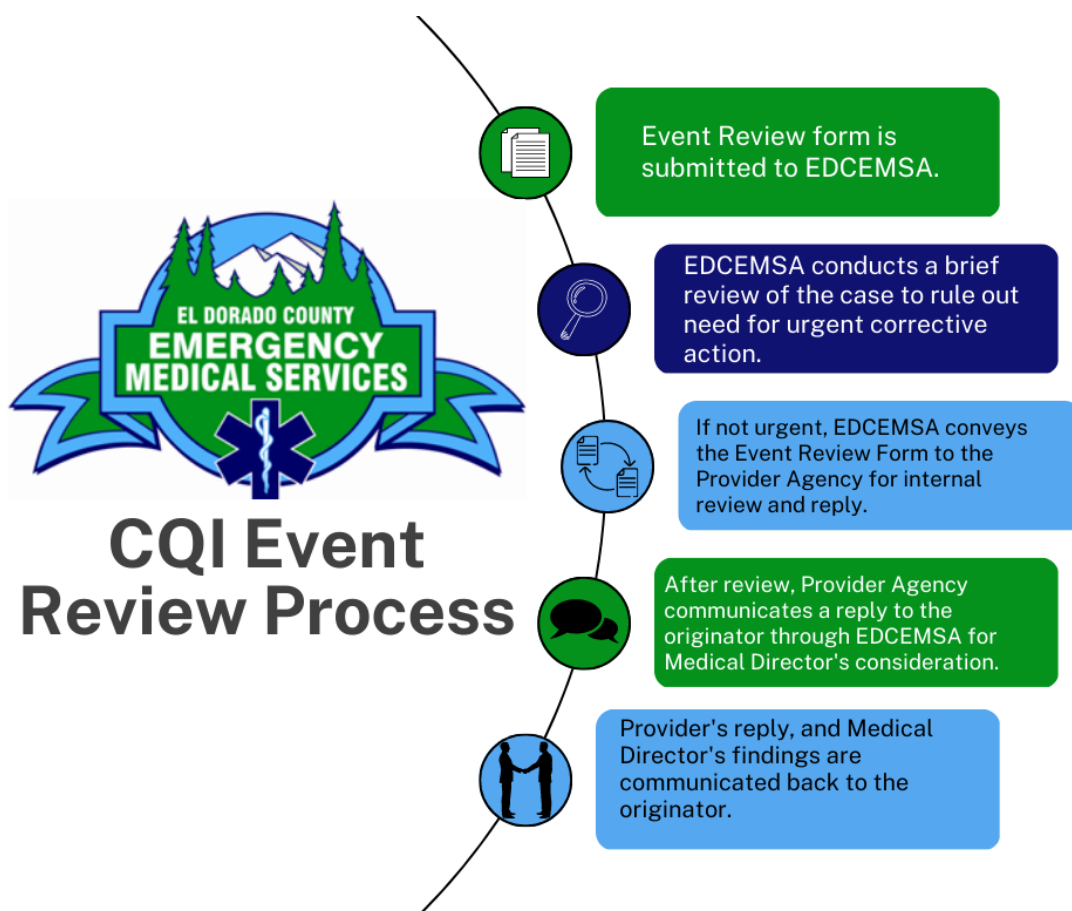
EDCEMSA attends to potential EMS quality issues via the **CQI Event Review** Process. This process allows system stakeholders (hospitals, providers, LEMSA, etc.) to call attention to any incident or occurrence which, in the opinion of the notifying stakeholder, warrants further attention and/or explanation.

The process extends toward EMS system improvement through:

- Constructive communication,
- Non-punitive peer review, and
- Professional development

Review Process

The process of reviewing an event begins with a system stakeholder filling out the CQI Event Review Form (ANNEX 1). This form can be manually filled, but also exists as a fully digital, HIPAA compliant form. Once received, the case is transmitted according to the sequence outlined below.





Follow Up

Should the originator feel that the occurrence links to a broader issue, or if they want the matter examined more collectively, they retain the discretion to anonymize incident details and present the case to the CQI Committee.

EDCEMSA retains all documentation pertaining to each Event Review for one year after initial submission.





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STEMI Critical Care System Update



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ANNEX 1 'Chest Pain/ ACS' Protocol 2022



Changes Since Last Update

There have been two noteworthy changes to the STEMI Critical Care System since the 2021 update. STEMI protocol revision, and dissolution of MoU with UC Davis Medical Center.

Protocol Update

In line with EDCEMSA CQI objectives for 2021, all field protocols were reviewed and updated in 2022. The 'Chest Pain/ACS' protocol (ANNEX 1) had some minor edits and format changes to keep it in line with updates to the formulary and other complimentary protocols.

Dissolution of MoU

In May of 2021, shortly after receipt of the STEMI system approval letter from EMSA, EDCEMSA received written communication from UC Davis Medical Center indicating it was withdrawing from the **American Heart Association's (AHA) 'Mission: Lifeline'** initiative. This initiative articulates the relationship between the El Dorado County EMS agency, non-PCI referral centers in our area of operations and nearby PCI capable receiving centers such as UCDCMC.

EDCEMSA has learned, through follow up conversations with the UCDCMC Prehospital Care Coordinator / Control Facility Supervisor and STEMI Coordinator, that the decision was a practical move aimed at reducing administrative procedures, and that no aspect of the relationship between UCDCMC and EDCEMSA would be altered by discontinuing 'Mission: Lifeline'.

The remaining Mission: Lifeline MoU's described in EDCEMSAs March 2021 addendum are unaffected. No additional changes are anticipated.



Status of Goals and Objectives

Despite being removed from the project at the State level, EDCEMSA resolved to continue pursuing the 2019 California Core Quality Measures associated with acute coronary syndrome (ACS-1) and (ACS-4).

Due to heavy reliance on narrative documentation and under-utilization of ePCR fields, the raw NEMSIS/CEMIS data around aspirin administration (ACS-1) and advance hospital notification (ACS-4) were unreliable. EDCEMSA sought to correct for this by conducting a full review of all 911 ePCRs with primary or secondary impression ‘CP-STEMI’ and auditing all narratives for:

- ASA administration,
- Documentation of ASA allergy, and
- Any text reference to ‘STEMI alert’, ‘STEMI team alert’ or similar.

This review produced the following data:

	Prim./Sec. Imp: “CP-STEMI”	ACS-1	ACS-4
East Slope	6	4	4
West Slope	50	45	31
EDC Total:	56	49	35
		ASA	Alert
	EDC Compliance	87.50%	62.50%

Looking Ahead

While reasonable in light of the modest sample size and minimal exception criteria, EDCEMSA aims to improve compliance with these measures in the coming year through training, peer-to-peer guidance and other CQI processes.

Updated ACS-1 and ACS-4 compliance goals for the 2023 STEMI Critical Care System:

ACS-1: > 90%	ACS-4: >70%
--------------	-------------



STEMI CQI Activities

Case Review

EDCEMSA maintains close partnership with area receiving centers and carefully reviews all STEMI cases relayed back. Crews are recognized for actions complimentary to the efforts of subsequent caregivers and are 'managed up' when improvement opportunities materialize. Noteworthy cases may be selected for review by the CQI committee in its quarterly meetings.

Data Improvement

In order to improve fidelity on multiple aspects of the EMS system overall, EDCEMSA invested in a robust new set of data handling and analysis tools in 2022. Among these tools is a cloud-based software package that allows for real time monitoring of CAD and ePCR data, as well as AI facilitated evaluation. EDCEMSA has configured this software to focus on quality criteria bearing upon all specialty systems of care, including STEMI.

With the new system coming online, EDCEMSA has scaled up its outreach to County Provider agencies, as well as individual providers to:

- a) Ensure that all understand the substance and rationale behind the adopted ACS quality measures, and,
- b) Ensure that all know how to document their pre-hospital STEMI care activities in a NEMSIS/CEMSIS compliant manner.

EDCEMSA takes these steps in the interest of improving STEMI care and outcomes, as well as improving the data that substantiates the quality of the STEMI critical care system.



EMSA Action Items

EDCEMSA received a request for additional information from EMSA upon initial submission of its STEMI Critical Care System Plan in February 2021. That request sought the terms of any agreements or Memoranda of Understanding between EDCEMSA and its frequented receiving centers, as well as the referring centers within the County of El Dorado.

EDCEMSA supplied this information as an addendum on March 3rd, 2021 and received confirmation of STEMI plan approval on March 5th, 2021.



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Stroke Critical Care System Update



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Changes Since Last Update

There has been one noteworthy change to the Stroke Critical Care System since the 2021 update.

Data Analysis

As of the 2021 Stroke Critical Care System Status Report, EDCEMSA had configured the ePCR platform (ImageTrend Elite) to generate stroke-pertinent reports every 24 hours. From those reports, EDCEMSA staff were manually reviewing ePCRs for compliance with 2019 Core Quality Measures for Stroke:

- Performance of Cincinnati stroke screen (STR-1),
- Assessment of BGL to rule out differential diagnoses (STR-2),
- Delivery of pre-arrival stroke notification to the receiving facility (STR-4)

EDCEMSA invested in a robust new set of data handling and analysis tools. Among these tools is a cloud-based software package that allows for real-time monitoring of CAD and ePCR data, as well as AI facilitated evaluation of each patient contact. EDCEMSA has configured this software to focus on stroke related quality criteria, such as the referenced 2019 measures, which identifies and ‘flags’ non-compliant records for immediate review.

Status of Goals and Objectives

See the table below for status of prior year objectives:

Aims	2021 Objectives	2022 Status	2023 Objectives
Policy and Protocol	1. Complete update of all policies and protocols by 7/1/21 2. Destination policy slated for revision after agreements concluded with a CSC.	1. Complete 2. Ongoing ^[1]	



<p>Clinical Care</p>	<p>1. All field impression CVA pts treated and documented in line with (STR) Core Quality Measures.</p> <p>2. Measurement process expected to be implemented by late 2022.</p>	<p>1. Ongoing^[2]</p> <p>2. Complete</p>	<p>1. Record full calendar year of NEMIS/CEMIS compliant data on STR Core Measures.</p>
<p>3. Data Collection</p>	<p>1. Automate countywide monitoring of all ALOC, CVA and Glycemic incidents to confirm adherence stroke-related core measures.</p> <p>2. Revise 2019 field procedures to ensure that all r/o stroke patients have field impression (primary or secondary) documented as 'Stroke'</p> <p>3. All findings and procedures related to stroke are captured in the designated ePCR fields for proper capture according to NEMIS/CEMIS.</p>	<p>1. Complete</p> <p>2. Complete</p> <p>3. Ongoing^[3]</p>	
<p>4. Education</p>	<p>1. Produce and disseminate to both service areas, training in Large Vessel Occlusion (LVO) recognition and scoring.</p>	<p>1. Ongoing^[4]</p>	
<p>5. Partnership</p>	<p>1. Develop new partnership with a Comprehensive Stroke Center in service area and incorporate into destination plan.</p>	<p>1. Ongoing^[5]</p>	

EDCEMSA is prioritizing improvement of our pre-hospital stroke care data as a critical precondition for the pursuit of more specific clinical objectives around stroke.

^[1] Subject to consideration of new Medical Director, in light of feedback from Base Hospitals.

^[2] EDCEMSA has begun calculating with manually extracted data for 2022. Data in next table.

^[3] EDCEMSA has begun tracking compliance via defined triggers built into the FirstPass application.

^[4] Subject to consideration of new Medical Director, in light of feedback from Base Hospitals.

^[5] Subject to consideration of new Medical Director, in light of feedback from Base Hospitals.



Stroke Performance Improvement Activities

Identification of the sole objective noted in the previous section was based on a comprehensive review of EMS system performance for 2022. Most noteworthy in this review, were discrepancies when comparing information from:

- NEMSIS/CEMSIS data fields,
- ePCR narratives, and
- Receiving facility data

The initial analysis looked at all pre-hospital stroke cases transported from 6/1/2021 to 6/1/2022. The data in the table below reflects unadjusted STR-2 and STR-4 compliance based on satisfaction of numerator definition by the PCR authors.

	Prim./Sec. Imp: Stroke	'Stroke Alert' + BGL	
East Slope			
to Renown	16	0	
to BMH	17	0	
West Slope			
to Sutter MC	2		
to Mercy-SJ	3		
to Kaiser Roseville	4		
to SRMC	7		
to UCD	12		
to Sutter Auburn	19	2	
to Mercy-Folsom	188	26	
to MMC	328	59	
			Unadjusted Compliance
EDC Total:	596	87	14.50%



The unadjusted compliance rate (14.5%) prompted EDCEMSA to perform a manual PCR audit of all 596 cases meeting the denominator criteria. The audit consisted of a detailed review of all narratives to identify the following:

1. Cases originating as 911 scene calls, wherein the attending clinician affirmatively suspected stroke (*as opposed to simply selecting it as a possible differential or 'rule out'*),
2. References to BGL and any permutation of 'stroke alert' written into the narrative

Denominator

The audit revealed that many PCR authors were performing interfacility transfers which were documented as scene calls. Also, many scene calls involving patients with chronic neurocognitive deficits, were assigned a 'secondary impression' of 'Stroke/CVA/TIA' by the authoring provider, even though the provider did not genuinely suspect an acute event. When the cases were filtered accordingly, our denominator figure was reduced by 133, leaving 463 scene calls wherein the provider stated (or explicitly indicated) a reasonable suspicion of stroke.

Prim./Sec. Imp: Stroke	596
Not 911 CVA per narrative =	-133
Suspect 911 CVA per narrative =	463

Numerators

With the more accurate denominator established, EDCEMSA reviewed the cases for narrative references to BGL measurement performed, or documentation of BGL as a 'procedure' vs. a 'vital sign'. These were combined with the cases that satisfied numerator criteria without adjustment to produce an adjusted numerator.

Suspect 911 CVA per narrative	463
BGL (<i>anywhere</i>) =	446
Adjusted compliance =	96.3%



This process was repeated with regard to 'stroke alert', to include all narrative invocation of phrases such 'CVA alert', 'stroke team pre-alert', 'advised inbound with stroke', or any other extemporaneous terms that explicitly suggest that a 'stroke alert' was dutifully communicated. These were combined with the cases that satisfied numerator criteria without adjustment to produce an adjusted numerator.

Suspect 911 CVA per narrative	463
'Alert' (<i>anywhere</i>) =	299
Adjusted compliance =	64.58%

Conclusion

The core finding of this manual collation and analysis of stroke data for 2022, is that the weakest component of pre-hospital stroke care in the County of El Dorado is the quality of the data itself. A purely mathematical analysis of compliance with Core Quality Measures is unsatisfactory. When the data is more rigorously analyzed, however, the actual stroke care delivered by EMS crews in the field looks considerably better – though the validity of manually parsed data cannot be relied upon.

Based on these, EDCEMSA has isolated a sole objective for the stroke system of care as we proceed into 2023 – improve the dataset itself by recording a full calendar year of NEMSIS/CEMSIS compliant data on STR Core Measures. We will look to establish more clinically based objectives in subsequent evaluation periods, when we can place greater faith in the data. EDCEMSA aims to accomplish this by verifying Countywide dissemination of our 2023 Performance Measures and compliance guidance, as well as employing the collection and analysis tools referenced in the 'Changes Since Last Update' section of this document.

EMSA Action Items

The EDCEMSA 2021 Stroke System Status Update was approved upon initial submission.



EL DORADO
COUNTY
EMS AGENCY



2022

Trauma System Update



The County of El Dorado EMS Agency is providing this Trauma System Status Report as required by Title 22, § 100253 (j).

Trauma System Summary

In 1997, the State of California Emergency Medical Services Authority approved the initial El Dorado County Trauma Plan. The 1997 Trauma Plan was updated and revised in 2005, 2008, 2012, and 2016 to reflect current patterns of patient care and transport, changing demographics, continued designation of two Level III Trauma Centers, the ongoing goal of reducing mortality and morbidity of injured patients in El Dorado County, and to provide an overview of the continuum of trauma care within, as well as outside, El Dorado County.

Changes in Trauma System

Improvements to the El Dorado County trauma system since the 2016 Trauma Plan update include:

- Marshall Medical Center (MMC) maintaining designation as an ACS Verified Level III Trauma Center.
- Barton Memorial Hospital (BMH) maintaining designation as an ACS Verified Level III Trauma Center.
- Both hospitals are reporting Trauma Data through the use of Trauma One software Program on a quarterly basis.
- All EMS policies regarding trauma have been reviewed and reflect current ACS guidelines and evidence-based medicine.

Number and Designation Level of Trauma Centers

There are two hospitals located in El Dorado County. Due to geography, weather conditions, and population considerations, both hospitals serve as primary receiving facilities for Level III Trauma patients. To ensure optimal patient care and treatment, both hospitals currently maintain active trauma treatment programs and fully participate in trauma registry activities. Both hospitals have continued to have successful reverifications by the American College of Surgeons.

- Marshall Medical Center – Level III Trauma hospital in Placerville, CA
- Barton Memorial Hospital – Level III Trauma hospital in South Lake Tahoe, CA

Trauma System Goals and Objectives

A. *Objective 1 – Level III Trauma Center Designation*

- Maintain MOU's with both Level III Trauma Centers
- Approve Level III Trauma Center status (if supported by ACS review)
- Execute Trauma Center Agreement for Level III Trauma Center designation: Completed (renewals in progress)



B. Objective 2 – Trauma System Evaluation

Ensure objective evaluation of the trauma care system through careful analysis of patient outcome data from local and regional hospitals through the following committees and processes:

- Marshall Medical Center Trauma Operational Review Committee;
- Marshall Medical Center Multidisciplinary Trauma Review Committee;
- Barton Memorial Hospital Trauma Operational Committee;
- Barton Memorial Hospital Multidisciplinary Trauma Review Committee,
- Continuous Quality Improvement Committee (CQIC);
- Medical Advisory Committee (MAC).

C. Objective 3 – Trauma System Cost-Effectiveness

Evaluate trauma system cost-effectiveness through the following methods:

- Monitor and evaluate costs of providing trauma services every two years;
- Seek grant funding for un-reimbursed trauma care costs when available;
- Encourage regular economic analysis of trauma costs by hospitals.

D. Objective 4 – Public Awareness and Information

Promote public awareness and information regarding trauma services:

- During EMS Week, the EMS Agency works closely with both base hospitals, ALS service agencies, and the American Red Cross to promote public awareness of EMS and trauma services.

E. Objective 5 – Injury Prevention

Encourage existing programs in El Dorado County to continue to provide and expand public education to prevent injury:

- Car seat use and installation;
- Bicycle safety helmet use;
- Every-15-Minutes underage drinking and driving program, partnered with Marshall Medical Center;
- Senior Fall Prevention Programs, partnered with Marshall Medical Center;
- “Stop The Bleed Program”, through Marshall Medical Center;



- CPR and First Aid training programs, including American Heart Association “Hands Only” CPR training.
- Public Safety and Layperson AED Programs.

F. *Objective 6 – Pediatric Care*

Enhance and improve the quality of pediatric trauma treatment provided in El Dorado County.

- Provide available Richie Funding for both hospitals to increase and improve access to pediatric services through training and equipment enhancements.
- Encouraging Barton Memorial Hospital and Marshall Medical Center to become Emergency Department Approved for Pediatrics (EDAP). This is still a developing level of care for both hospitals.

G. *Objective 7 – National Trauma Inclusion Criteria Policy*

Maintain the EDC policy defining the minimal inclusion criteria for “trauma patient” for the trauma registry utilizing the State Minimum Trauma Registry Inclusion Criteria for trauma centers:

- ICD-10-CM: ICD-10-CM: S00-S99, T07, T14, T20-T28, T30-T32 and T79.A1-T79.A9, **and**
- Admitted based on our trauma registry inclusion criteria, transferred to another hospital, or
- Injury resulted in Death; **or**
- Transfer for trauma services via EMS or Air Ambulance (reference: California EMS Information System (CEMSIS) – TRAUMA, 2017 Admissions Inclusion Criteria. Based on the 2019 Admission NTDB Dictionary.)

Changes to Implementation Schedule

A. *Trauma Plan*

- Submit Trauma Plan Update to EMS Authority for approval January 2023

B. *Trauma Data Collection System*

- Both Hospitals reporting trauma Data to the trauma registry January 2015
- Both Hospitals are reporting trauma data March 2015
- Both Hospitals continue to report trauma date through TraumaOne January 2023



C. *Objective 1 – Trauma Center Designation (Both Hospitals)*

- Re-verified 2020-2023
- Reverification in progress 2023-2026

D. *Objective 2 – Trauma System Evaluation*

- Conduct continuous quality improvement and system evaluation Ongoing
- Review Quarterly Trauma Reporting from both Trauma Hospitals Ongoing
- Review Monthly TraumaOne data at the CQIC Meeting Ongoing

E. *Objective 3 – Trauma System Cost-Effectiveness*

- Analyze and evaluate trauma system cost-effectiveness Ongoing
- Seek grant funding for unreimbursed trauma costs Ongoing

F. *Objective 4 – Public Awareness and Information*

- Promote public awareness and information regarding trauma services Ongoing

G. *Objective 5 – Injury Prevention*

- Encourage programs to provide public education to prevent injury Ongoing

H. *Objective 6 – Pediatric Care*

- Encourage Barton Memorial Hospital and Marshall Medical Center to become Emergency Department Approved for Pediatrics (EDAP) Ongoing

I. *Objective 7 - Minimal Trauma Inclusion Criteria Policy*

- Continue to monitor Marshall and Barton Trauma Inclusion Criteria in accordance with CEMIS and NEMIS data standards Quarterly

System Performance Improvement

In accordance with 22CCR§100258, Trauma Data provided by Marshall Medical Center (MMC) and Barton Memorial Hospital (BMH) is reviewed through Medical Advisory Committee (MAC) meetings, reviewed by the EMS Agency Medical Director and through sentinel event analysis submissions. The Trauma data provided by MMC & BMC includes triage criteria, activation of trauma teams, EMS & ED volume trending, disposition from the Emergency Department (ED) for cardiac, stroke and pediatric patients, and the trending of out-of-county trauma transports.

Other Issues

None



County of El Dorado

Emergency Medical Services Agency

2900 Fairlane Court
Placerville, CA 95667-4197

Michelle Patterson, MPH
EMS Agency Administrator

David Duncan, MD
EMS Agency Medical Director

Phone (530) 621-6500

March 21, 2023

Angela Wise, Assistant Chief, EMS System Divisions
State of California
Emergency Medical Services Agency

Sent via email

Subject: EMS Plan 2022 – SB 438 Attestation

The El Dorado County EMS Agency is in compliance with Health and Safety Codes 1797.223, 1798.8 and Title 22 Chapter 4 Section 100170 and Article 5 100306 with regards to our EMS Communications Program.

El Dorado County emergency medical services are, and have always been, dispatched out of public safety access points. On the West Slope of the County, the CALFIRE Emergency Command Center (ECC) dispatches emergency medical services calls. On the East Slope, emergency medical services calls are dispatched out of the South Lake Tahoe Police Department dispatch center. Both dispatch centers utilize Priority Dispatch for medical dispatching with the partnership of the LEMSA Medical Director. Dispatch cards are amended as needed, for example, in the event of emerging infectious diseases.

As it pertains specifically to Article 5 100306, all EMS air resources that operate within the operational area of the LEMSA meet the criteria outlined in section (d) Communications.

Sincerely,

A handwritten signature in black ink, appearing to be "MP", written over a white background.

Michelle Patterson, MPH, EMS Agency Administrator
El Dorado County Emergency Medical Services Agency

Cc: Sue Hennike, Deputy Chief Administrative Officer
David Duncan, MD, EMS Medical Director

APPLICATION & AGREEMENT
RE: Interfacility Transfer/Critical Care Transfer
Private Ambulance Service

THIS AGREEMENT for Critical Care Transport and/or Interfacility Transport is made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and ALPHAONE AMBULANCE MEDICAL SERVICES INC. (hereinafter referred to as "Applicant");

RECITALS

WHEREAS, the County provides ambulance service consisting of two exclusive operating areas (EOA) and one non-exclusive operating area; and

WHEREAS, ambulances and other emergency medical services may be authorized pursuant to a contract with the County to provide services in areas of the County in which market rights are not exclusively assigned through an EOA; and

WHEREAS, Applicant desires to provide non-emergency ground interfacility transports and critical care transports that have not been exclusively assigned through an EOA; therefore, Applicant makes this application for authorization to provide such services in accordance with the conditions set forth in this Agreement; and

WHEREAS, it is the intent of the parties hereto that such services be in conformity with County of El Dorado Code of Ordinances, Chapter 8.74 County Emergency Medical Service and Medical Transportation (hereinafter referred to as the "Ambulance Ordinance") as well as all federal, State and local laws, statutes, ordinances, regulations, policies, procedures and protocols applicable to the emergency medical services and/or ambulance services that are provided pursuant to this Agreement.

NOW, THEREFORE, County and Applicant mutually agree that the Recitals are incorporated herein and further mutually agree as follows:

- I. All activities and services resulting from and provided pursuant to this application and Agreement shall be provided in Applicant's capacity as an independent private ambulance entity and in accordance with the County of El Dorado Ambulance Ordinance, available for reference at : https://library.municode.com/ca/el_dorado_county/codes/code_of_ordinances?nodeId=PTA_GECOOR_TIT8PUHESA_CH8.74COEMMESEMETR In the event there is any discrepancy between this Agreement and the Ambulance Ordinance, the provisions in the Ambulance Ordinance control. Contractor warrants and represents that it has read and is fully aware of and knowledgeable of all applicable provisions in the Ambulance Ordinance that relate to and govern services provided pursuant to this Agreement.
- II. Activities pursuant to this application and Agreement shall occur only in those areas designated as "non-exclusive" in accordance with Chapter 8.74, Section 8.74.050, System Description.
- III. This application and Agreement pertain only to ground non-emergency Critical Care Transports (CCT) and ground non-emergency Interfacility Transports (IFT), as defined in Section 8.74.040 of the Ambulance Ordinance that have not been exclusively assigned through an EOA.
- IV. All non-emergency Ambulance responses and transports shall be provided at the ALS level in accordance with Chapter 8.74, Section 8.74.060, System Description.

- V. Applicant shall at all times meet the requirements set forth by the California Highway Patrol; the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority; the California Code of Regulations; the County Emergency Medical Service and Medical Transportation Ordinance; the Policies, Procedures and Field Treatment Protocols established by the medical control within the Applicant's local jurisdiction; and any and all other applicable statute, ordinance, and resolution regulating prehospital Advanced Life Support services provided under this Agreement, including but not by way of limitation, personnel, vehicles, equipment, services, and supplies. In the event of any conflicting statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.
- VI. Applicant is applying for the following permits:
Ground Non-emergency Critical Care Transports (CCT): N/A
Ground Non-emergency Interfacility Transport (IFT): X
- VII. Change in Circumstances: Applicant shall notify the Permit officer if any information in this application changes during the pendency of the application, and shall provide, within five (5) days of that notification, updated information. In the event of a change in ownership of the Applicant, the successor owner shall submit a new application.
- VIII. Changes to Operations: The Applicant shall notify the County about changes to business location and phone numbers, hours of operations, service charges and rates, insurance coverage, changes to the Applicant, registered owner, partner, officer, director, controlling shareholder, or any other substantive change to this application on file, within fifteen (15) days of such changes.
- IX. *In accordance with Ambulance Ordinance 8.74.080, Applicant shall document herein below the names and addresses of the applicant, registered owner, partner, officers, directors, and all shareholders who hold or control ten percent (10%) or more of the stock of the applicant.

APPLICATION FOR MEDICAL TRANSPORTATION PROVIDER PERMIT

Name under which Applicant proposes to engage in business:	AlphaOne Ambulance Medical Services, Inc.
Physical Address:	10461 Old Placerville Road, Suite 110 Sacramento, CA 95827
Mailing Address (if different):	N/A
Telephone Number (Office):	916-240-1022

Telephone Number (Cell):	
If Corporation: Name of Corporation:	AlphaOne Ambulance Medical Services, Inc.
State of Incorporation:	California
Date of Incorporation:	8/6/2010

Name of Corporate Officers*	Title	Address
Thomas R. Arjil	President, CEO, Secretary, Treasurer	11850 Cresthill Drive Elk Grove, CA 95624
Agent for Service of Process:		

X. The following required Statements are attached hereto and incorporated herein by reference:

Required Statement	Check if attached
1. A written statement identifying the type and level of service proposed.	X
2. A written statement specifying whether the Applicant has provided any EMS services outside the County, and if so, under what name, what type of service, where, and for how long.	X
3. If applicant is required to be licensed and permitted by the California Highway Patrol (CHP), they shall hold a valid license and permit prior to submitting the application. Please provide:	
a. A copy of a current CHP Emergency Ambulance Non-Transferable License unless exempt.	X

Required Statement	Check if attached
b. A copy of a current CHP Authorized Emergency Vehicle Permit for each ambulance if required by the CHP.	
4. A copy of a current El Dorado County Business License and a copy of the business license for each city in which the applicant is doing business.	X
5. A written statement of the legal history of the Applicant inclusive of all criminal and civil convictions, suspensions, or termination of EMS contracts and/or permits. The statement shall be accompanied by a completed application for a criminal record check from the Applicant.	X
6. A written statement that the Applicant will abide, where applicable, by regulations of the California Vehicle Code and the California Code of Regulations, Title 13, Motor Vehicles.	X
7. A written statement specifying the education, training, and experience of the Applicant in the care and transportation of patients.	X
8. A written statement that the Applicant understands and will comply with the County's EMS Agency's policies and procedures for staffing, equipment, and supply specifications and requirements, including automated external defibrillators (AEDs).	X
9. A detailed description of the Applicant's training and orientation programs for all EMS personnel, inclusive of EMTs and EMT-Ps, CCT authorized personnel, dispatchers, Drivers, and maintenance staff.	X
10. A detailed description of the radio equipment including vehicle radios as well as cellular phones in use.	X
11. A detailed statement demonstrating that the Applicant owns or controls, in good mechanical condition, the required equipment to consistently provide the type of EMS service for which the Applicant is applying, and that Applicant owns or controls a suitable facility(ies) from which contracted or permitted services will be operated, and the address(es) and hours of operation for each facility listed.	X
12. A detailed description of the number of Ambulances, and/or Medical Transportation Service vehicles in use and for each: the make and model, year, vehicle identification number, State vehicle license number and proof of current Department of Motor Vehicles registration, where applicable proof of California Highway Patrol Ambulance Inspection Report and Ambulance Identification Certificate.	X
13. Evidence of Insurance meeting the requirements of the County, as noted herein below.	X
14. A written statement that the Applicant understands and will comply with the County's EMS vehicle inspection process including any required fees.	X
15. A detailed description of the Applicant's program for maintenance for vehicles and equipment.	X
16. A quality assurance plan that meets EMS policies for the specific level of service.	X

Required Statement	Check if attached
17. A detailed list of all EMS personnel, inclusive of EMT's, EMT-P/s, registered nurses, physicians, and surgeons, with each person's license and certification information, license number and expiration date, and issuing jurisdiction, as well as Ambulance Driver's Certificate and Department of motor Vehicles license classification, number and expiration date, classifications and expiration.	X
18. A written statement that the Applicant shall only employ personnel who comply with the requirements of the California Code of Regulations, Title 22; Health and Safety Code, Division 2.5 Statutes, Section 1797 et seq., County's Ambulance Ordinance, and County's Emergency medical Services Agency Policy and Procedure Manual.	X
19. A staffing or deployment plan that describes the Applicant's method of operation within the County.	X
20. The application fee as set by the County (available at https://library.municode.com/ca/el_dorado_county/codes/code_of_ordinances?nodeId=PTAGECOOR_TIT8PUHESA_CH8.74COEMMESEMETR under "EMS Fees"), payable by cash, money order, or cashier's check made payable to County of El Dorado Emergency medical Services Agency, or by credit card.	X
21. A written statement that the applicant will participate in the County's disaster response plan.	X
22. Any other information that the County deems necessary for determination of compliance with the Ambulance Ordinance.	X

Applicant warrants and represents that the information in the application and Statements, above, are true and correct.

- XI. **Services:** Applicant is authorized to provide ground non-emergency interfacility transportation or ground non-emergency critical care transportation services that have not been exclusively assigned through an EOA and subject to and in accordance with the conditions set forth in this Agreement. Applicant is prohibited from subcontracting, delegating or assigning any services authorized pursuant to this Agreement, in whole or in part, to any other person or entity.
- XII. **Term:** This Agreement shall become effective upon final execution by both parties hereto and shall expire three (3) years from the date thereof.
- XIII. **Changes to Agreement:** This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the parties hereto.
- XIV. **Independent Applicant/Liability:** Applicant is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services authorized by this Agreement. Applicant exclusively assumes responsibility for any and all acts of its officers, employees, agents, and associates as they relate to services authorized and provided pursuant to this Agreement during the course and scope of their employment.

Applicant shall be solely responsible for performing services authorized by this Agreement in a safe, professional, skillful, and workmanlike manner and shall be liable for its own negligence and negligent

acts of its officers, employees, agents and associates. County shall have no right of control over the manner in which services are provided and shall, therefore, not be charged with responsibility of preventing risk to Applicant or its officers, employees, agents and associates.

The parties to this Agreement are not partners or joint ventures and nothing contained herein shall be construed to create a partnership or joint venture between the parties or to constitute any party the agent of the other. Neither party shall hold itself out contrary to the terms of this section nor shall either party become liable by any representation, act, or omission of the other contrary to the provisions herein.

XV. Default, Termination, and Cancellation:

A. **Default/Violation:** Upon the occurrence of any default or violation of the provisions of this Agreement, the Permit Officer shall give written notice of said default or violation to the Applicant (notice). If the Applicant does not cure the default or violation within ten (10) days of the date of notice (time to cure), then the Applicant shall be in default. Upon failure to cure the default or violation within the specified time to cure, the Permit Officer may, in their sole discretion extend the time to cure, or suspend, revoke or terminate the Applicant's permit in accordance with the paragraph "Suspension, Revocation and/or Termination" herein below.

Any extension of time to cure must be in writing, prepared by the Applicant for signature by the Permit Officer and must specify the reason(s) for the extension and the date on which the extension of time to cure expires.

Notice given under this section shall specify the alleged default or violation, and the applicable Agreement provision or cite the appropriate section of the Ambulance Ordinance, and shall demand that the Applicant perform the provisions of this Agreement within the applicable period of time.

B. **Termination or Cancellation without Cause:** Either party may terminate this Agreement in whole or in part upon seven (7) calendar days written notice without cause. Upon receipt of a Notice of Termination, Applicant shall promptly discontinue all services affected, as of the effective date of termination set forth in such Notice of Termination, unless the notice directs otherwise.

C. **Enforcement:** In accordance with Ambulance Ordinance Section 8.74.140, Enforcement, the County shall have the following rights and remedies.

1. *Inspections and investigations.*

- a. The County shall have the right to inspect, and audit, records, facilities, equipment, supplies, personnel, and methods of operation of an Applicant whenever the County deems such inspection necessary.
- b. The Applicant shall cooperate with County in any investigations of possible violations and shall make all dispatch logs and similar dispatch records including tape recordings available for inspection and copying at reasonable times at the Applicant's regular place of business. All tape recordings shall remain available for a minimum of 60 days from the date the recording was made.
- c. The Applicant shall allow County to inspect on a pre-announced or unannounced basis all emergency medical services vehicles used by the Applicant within the County. The purpose of such inspection is to determine if the vehicle and its equipment and supplies are in good working order, properly maintained and equipped for the provision of the emergency medical services for which it is permitted. The inspection for ambulances will be for all equipment identified in the County's Emergency Medical Services Agency Policy and Procedure Manual which has not been inspected by the California Highway Patrol under the California Code of Regulations, Title 13, Vehicle Code §§ 1103 and 1103.2. The Applicant shall inform the

County of any suspension and/or revocation of their California Highway Patrol ambulance service license or vehicle certificate or permit for vehicles used within the County.

2. *Consumer complaints:* Any person alleging that an Applicant has provided unsatisfactory or inappropriate emergency medical services as defined herein this Agreement may file a written complaint with the Permit Officer setting forth such allegations. The Permit Officer shall notify the Applicant in writing of the receipt of the complaint. The Permit Officer shall investigate the complaint to determine whether the Applicant has committed any improper act or failed to satisfactorily perform any duty specified herein. Applicant may provide a written response to the Permit Officer in writing within ten (10) business days from the receipt of that notification. If the Permit Officer determines that the Applicant has committed a violation, the Permit Officer shall take timely and reasonable actions to secure compliance with the requirements herein. If the Permit Officer is unable to secure compliance, the Permit Officer will initiate action to suspend, revoke, or terminate the contract or permit.
3. *Suspension, revocation and/or termination:*
 - a. Following the procedures specified in the Article titled "Default Termination, and Cancellation" paragraph "Default/Violation" herein, the County may suspend or revoke a permit or contract for:
 - i. Violating any provision of the contract or permit;
 - ii. Violating any provisions of this chapter or violating any provisions of statute, regulations or other laws relating to emergency medical services;
 - iii. Changing the operational or financial capabilities of the Applicant or contractor in such a manner that had that change been known at the time of the application, the application could have been denied;
 - iv. Failing to pay any fine issued pursuant to this section within ten business days.
 - b. The County may suspend, revoke, or terminate this Agreement and Permit as specified herein above.
 - c. Suspension is not a condition precedent to revocation.
4. *Penalties:* The County may impose fines for noncompliance infractions. Infractions of a contract or permit are punishable by a fine not exceeding: \$100.00 for a first violation; \$200.00 for a second violation of the same infraction within one year; and \$500.00 for each additional violation of the same infraction within one year.
5. *Appeals:* Requests to challenge the decision to terminate this Agreement and Permit may be appealed in writing to the Emergency Medical Services Agency Administrator within fifteen (15) business days from the date of the mailed notice of suspension, revocation, or termination. The appeal shall be signed by an authorized representative of appellant and shall set forth all relevant facts and law in support of the appeal. If the Applicant disagrees with the decision of the EMS Agency Administrator, the applicant may appeal in writing to the Health and Human Services Agency Director within seven (7) calendar days of receipt of the EMS Agency Administrator's decision. The decision of the Health and Human Services Agency Director is final, unless otherwise provided by law.

In any case where the Health and Human Services Director determines to uphold the decision to suspend or revoke a permit, the Director shall prepare a written notice of suspension or revocation which includes a statement of the proposed action, a concise explanation of the reasons and basis for the proposed action and an explanation of the Applicant's right to appeal to the Board of Supervisors. Within

five business days of the mailing of the Director's notice, the Applicant may file an application for appeal to be held in accordance with the procedures set forth in Chapter 2.09.

6. *Exception to hearing procedure:* When, in the opinion of the Health and Human Services Director, there is a clear and imminent threat to the safety and protection of the public, the Health and Human Services Director may suspend a permit without following the procedure set forth in Ambulance Ordinance Section 8.74.080 D. A written notice of decision and the basis relied upon for such action shall be provided to the Applicant. The Applicant may file an application for appeal to the Board of Supervisors in accordance with the procedures set forth in El Dorado County Ordinance Chapter 2.09.
7. *Notification:* When a permit is suspended or revoked or a contract terminated, the Permit Officer shall notify all public safety agencies, hospitals and other interested parties in the County of this fact, specifying the name of the Applicant and the action taken.

- XVI. **Indemnity:** To the fullest extent of the law, the Applicant shall defend, indemnify, and hold the County, its Board of Supervisors, agents, officers and employees harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorney's fees and costs incurred, brought for, or on account of, personal injury, sickness, disease, injuries to or death of any person, including but not limited to workers, County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Applicant's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the County, the Applicant, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the County, its officers and employees, or as expressly prescribed by statute. This duty of Applicant to indemnify and save County harmless includes the duties to defend set forth in California Civil Code Section 2778.

In the event of any suspension, revocation or termination of this Agreement, any and all obligations of Applicant to defend, indemnify and/or hold harmless County, its Board of Supervisors, agents, officers and employees, including but not limited to this indemnification provision, shall survive such suspension, revocation and/or termination.

- XVII. **Insurance:** Contractor shall maintain at its sole cost and expense, and keep in force during the term of this agreement, the following insurance coverages:
- A. Workers' Compensation Insurance with statutory limits, as required by the laws of any and all states in which Contractor's employees are located and; Employer's Liability insurance on an "occurrence" basis with a limit of not less than \$1,000,000.
 - B. Commercial General Liability Insurance at least as broad as CG 00 01, covering premises and operations and including but not limited to, owners and contractors protective, product and completed operations, personal and advertising injury and contractual liability coverage with a minimum per occurrence limit of \$3,000,000 covering bodily injury and property damage; General Aggregate limit of \$5,000,000; Products and Completed Operations Aggregate limit of \$2,000,000 and Personal & Advertising Injury limit of \$2,000,000, written on an occurrence form. If Contractor's general liability limits fail to meet the limits required above Contractor may carry excess or umbrella liability insurance providing excess coverage at least as broad as the underlying coverage for general liability with a limit equal to or above the amount stated above on a per occurrence and aggregate basis.

- C. Automobile Liability Insurance at least as broad as CA 00 01 with Code 1 (any auto, including ambulances, fire engines and other emergency services mobile equipment. Inland Marine insurance specific to emergency mobile equipment will be acceptable to meet this requirement together with the automobile liability insurance), covering use of all owned, non-owned, and hired automobiles with a minimum combined single limit of \$1,000,000 per occurrence for bodily injury and property damage liability.
- D. Professional Liability Insurance covering liability imposed by law or contract arising out of an error, omission or negligent act in the performance, or lack thereof, of professional services and any physical property damage, bodily injury or death resulting there from, with a limit of not less than \$6,000,000 per claim and in the aggregate. The insurance shall include a vicarious liability endorsement to indemnify, defend, and hold harmless El Dorado County for claims arising out of covered professional services and shall have an extended reporting period of not less than two years. That policy retroactive date coincides with or precedes Contractor's start of work (including subsequent policies purchased as renewals or replacements).
- E. If the policy is terminated for any reason during the term of this Agreement, Contractor shall either purchase a replacement policy with a retroactive date coinciding with or preceding the retroactive date of the terminating policy, or shall purchase an extended reporting provision of at least two years to report claims arising from work performed in connection with this Agreement and a replacement policy with a retroactive date coinciding with or preceding the expiration date of the terminating policy.
- F. If this Agreement is terminated or not renewed, Contractor shall maintain the policy in effect on the date of termination or non-renewal for a period of not less than two years there from. If that policy is terminated for any reason during the two year period, Contractor shall purchase an extended reporting provision at least covering the balance of the two year period to report claims arising from work performed in connection with this Agreement or a replacement policy with a retroactive date coinciding with or preceding the retroactive date of the terminating policy.
- G. All policies of insurance shall provide for the following:
1. Name El Dorado County, members of the Board of Supervisors of El Dorado County, its officers, agents and employees, as additional insureds except with respect to Workers' Compensation and Professional Liability.
 2. Be primary and non-contributory with respect to all obligations assumed by Contractor pursuant to this Agreement or any other services provided. Any insurance carried by El Dorado County shall not contribute to, or be excess of insurance maintained by Contractor, nor in any way provide benefit to Contractor, its affiliates, officers, directors, employees, subsidiaries, parent company, if any, or agents.
 3. Be issued by insurance carriers with a rating of not less than A VII, as rated in the most currently available "Best's Insurance Guide."
 4. Include a severability of interest clause and cross-liability coverage where El Dorado County is an additional insured.
 5. Provide a waiver of subrogation in favor of El Dorado County, members of the Board of Supervisors of El Dorado County, its officers, agents and employees.
 6. Provide defense in addition to limits of liability.

Upon execution of this Agreement and each extension of the Term thereafter, Contractor shall cause its insurers to issue certificates of insurance evidencing that the coverages and policy endorsements required under this Agreement are maintained in force and that not less than 30 days written notice shall be given to El Dorado County prior to any material modification, cancellation, or non-renewal of the policies. Certificates shall expressly confirm at least the following: (i) El Dorado County's additional insured status on the general liability, and auto liability policies; (ii) and the waiver of subrogation applicable to

the workers' compensation and professional liability policies. Contractor shall also furnish El Dorado County with endorsements effecting coverage required by this insurance requirements clause. The endorsements are to be signed by a person authorized by the Insurer to bind coverage on its behalf. The certificate of insurance and all required endorsements shall be delivered to El Dorado County's address as set forth in the Notices provision of this Agreement.


All endorsements are to be received and approved by the County of El Dorado before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.

Unless otherwise agreed by the parties, Contractor shall cause all of its Subcontractors to maintain the insurance coverages specified in this Insurance section and name Contractor as an additional insured on all such coverages. Evidence thereof shall be furnished as El Dorado County may reasonably request.

The coverage types and limits required pursuant to this Agreement shall in no way limit the liability of Contractor.

- XVIII. **HIPAA:** Applicant acknowledges its obligations under the Health Insurance Portability and Accountability Act (HIPAA) and agrees that it shall comply with all applicable HIPAA requirements and obligations at all times.
- XIX. **County Business License:** It is unlawful for any person to furnish supplies or services, or transact any kind of business in the unincorporated territory of El Dorado County without possessing a County business license unless exempt under County Code Section 5.08.070.
- XX. **Licenses:** Applicant hereby represents and warrants that Applicant, its officers, employees, agents and associates have all the applicable licenses, permits, and certifications that are legally required for Applicant, its officers, employees, agents and associates to practice its profession or provide the services or work authorized under this Agreement in the State of California. Applicant, its officers, employees, agents and associates shall maintain said applicable licenses, permits, or certificates in good standing throughout the term of this Agreement.
- XXI. **Administrator:** The County Officer or employee with responsibility for administering this Agreement is Michelle Patterson, Emergency Medical Services Agency Administrator, or successor.
- XXII. **Authorized Signatures:** The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.
- XXIII. **Partial Invalidity:** If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will continue in full force and effect without being impaired or invalidated in any way.
- XXIV. **Venue:** Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California.
- XXV. **No Third Party Beneficiaries:** Nothing in this Agreement is intended, nor will be deemed, to confer rights or remedies upon any person or legal entity not a party to this agreement.
- XXVI. **Entire Agreement:** This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties and they incorporate or supersede all prior written or oral Agreements or understandings.

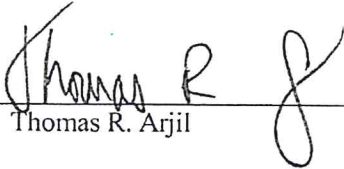
Contract Administrator:

By: 

Michelle Patterson, Administrator
Emergency Medical Services Agency

Dated: 9/23/2020

-- APPLICANT --

By: 

Thomas R. Arjil

Dated: 9-23-2020

Title: President, CEO, Secretary, Treasurer
AlphaOne Ambulance Medical Services, Inc.



County of El Dorado

Emergency Medical Services Agency

2900 Fairlane Court
Placerville, CA 95667-4197

Michelle Patterson, MPH
EMS Agency Administrator

David Brazzel, MD
EMS Agency Medical
Director

Phone (530) 621-6500

July 29, 2020

Mr. Nesar Abdiani
Bay Medic Transportation, Inc.
959 Detroit Avenue
Concord, CA 94518

Dear Mr. Abdiani,

The Emergency Medical Services (EMS) Agency has received your completed application for a Critical Care Transport (CCT) and Interfacility Transport (IFT) agreement. I am pleased to announce that your application has been reviewed and meets the requirements outlined in the Application & Agreement. As of July 29, 2020, Bay Medic Ambulance Transportation, Inc. is authorized to provide ground non-emergency interfacility transportation or ground non-emergency critical care transportation services that have not been exclusively assigned through an Exclusive Operating Area (EOA) and subject to and in accordance with the conditions set forth in the Agreement (enclosed). It should be noted that Bay Medic Ambulance is prohibited from subcontracting, delegating or assigning any services authorized pursuant to this Agreement, in whole or in part, to any other person or entity.

All activities and services resulting from and provided pursuant to this Application and Agreement shall be provided in Bay Medic Ambulance's capacity as an independent private ambulance entity and in accordance with the County of El Dorado Ambulance Ordinance.

All non-emergency Ambulance transports shall be provided at the ALS level in accordance with Chapter 8.74, Section 8.74.060, System Description. The personnel configuration for CCT's and IFT's shall adhere to the following standards;

- *Critical care transport (CCT) personnel.* Each CCT vehicle shall be staffed with a minimum of one EMT and one specially trained and authorized EMT-P, or two EMTs and at least one registered nurse, physician, respiratory therapist, perfusionist, physician assistant, nurse practitioner or nurse mid-wife as determined by the physician responsible for the patient in accordance with

policies established by the EMS Agency Medical Director. If the registered nurse, physician, or other advanced clinical attendant is also certified as an EMT or licensed as an EMT-P, the second EMT will not be required.

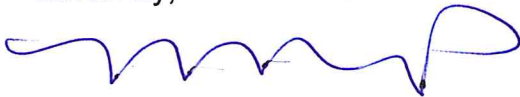
- *Interfacility transport (IFT) personnel.* Each IFT shall be staffed with no less than one EMT-P and one EMT.

Regarding the use of Paramedics (EMT-P) that are accredited outside of El Dorado County, Title 22, Division 9, Chapter 4, Article 5, Section: 100166 (k) states that, "During an interfacility transfer, a paramedic may utilize the scope of practice for which s/he is trained and accredited."

This Agreement shall become effective upon final execution by both parties hereto and shall expire three (3) years from the date thereof. Please be aware that each medic unit providing service under this agreement must be inspected on a yearly basis.

Should you have any questions or concerns, I can be reached directly at (530) 621-6505.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Michelle Patterson', with a stylized flourish at the end.

Michelle Patterson, MPH
EMS Agency Administrator

cc: Dr. David Brazzel, EMS Agency Medical Director
File

APPLICATION & AGREEMENT
RE: Interfacility Transfer/Critical Care Transfer
Private Ambulance Service

THIS AGREEMENT for Critical Care Transport and/or Interfacility Transport is made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and BAY MEDIC TRANSPORTATION, INC. (hereinafter referred to as "Applicant");

RECITALS

WHEREAS, the County provides ambulance service consisting of two exclusive operating areas (EOA) and one non-exclusive operating area; and

WHEREAS, ambulances and other emergency medical services may be authorized pursuant to a contract with the County to provide services in areas of the County in which market rights are not exclusively assigned through an EOA; and

WHEREAS, Applicant desires to provide non-emergency ground interfacility transports and critical care transports that have not been exclusively assigned through an EOA; therefore, Applicant makes this application for authorization to provide such services in accordance with the conditions set forth in this Agreement; and

WHEREAS, it is the intent of the parties hereto that such services be in conformity with County of El Dorado Code of Ordinances, Chapter 8.74 County Emergency Medical Service and Medical Transportation (hereinafter referred to as the "Ambulance Ordinance") as well as all federal, State and local laws, statutes, ordinances, regulations, policies, procedures and protocols applicable to the emergency medical services and/or ambulance services that are provided pursuant to this Agreement.

NOW, THEREFORE, County and Applicant mutually agree that the Recitals are incorporated herein and further mutually agree as follows:

- I. All activities and services resulting from and provided pursuant to this application and Agreement shall be provided in Applicant's capacity as an independent private ambulance entity and in accordance with the County of El Dorado Ambulance Ordinance, available for reference at : https://library.municode.com/ca/el_dorado_county/codes/code_of_ordinances?nodeId=PT_AGECOOR_TIT8PUHESA_CH8.74COEMMESEMETR In the event there is any discrepancy between this Agreement and the Ambulance Ordinance, the provisions in the Ambulance Ordinance control. Contractor warrants and represents that it has read and is fully aware of and knowledgeable of all applicable provisions in the Ambulance Ordinance that relate to and govern services provided pursuant to this Agreement.
- II. Activities pursuant to this application and Agreement shall occur only in those areas designated as "non-exclusive" in accordance with Chapter 8.74, Section 8.74.050, System Description.
- III. This application and Agreement pertain only to ground non-emergency Critical Care Transports (CCT) and ground non-emergency Interfacility Transports (IFT), as defined in Section 8.74.040 of the Ambulance Ordinance that have not been exclusively assigned through an EOA.
- IV. All non-emergency Ambulance responses and transports shall be provided at the ALS level in accordance with Chapter 8.74, Section 8.74.060, System Description.

- V. Applicant shall at all times meet the requirements set forth by the California Highway Patrol; the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority; the California Code of Regulations; the County Emergency Medical Service and Medical Transportation Ordinance; the Policies, Procedures and Field Treatment Protocols established by the medical control within the Applicant's local jurisdiction; and any and all other applicable statute, ordinance, and resolution regulating prehospital Advanced Life Support services provided under this Agreement, including but not by way of limitation, personnel, vehicles, equipment, services, and supplies. In the event of any conflicting statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.
- VI. Applicant is applying for the following permits:
Ground Non-emergency Critical Care Transports (CCT): X
Ground Non-emergency Interfacility Transport (IFT): X
- VII. Change in Circumstances: Applicant shall notify the Permit officer if any information in this application changes during the pendency of the application, and shall provide, within five (5) days of that notification, updated information. In the event of a change in ownership of the Applicant, the successor owner shall submit a new application.
- VIII. Changes to Operations: The Applicant shall notify the County about changes to business location and phone numbers, hours of operations, service charges and rates, insurance coverage, changes to the Applicant, registered owner, partner, officer, director, controlling shareholder, or any other substantive change to this application on file, within fifteen (15) days of such changes.
- IX. *In accordance with Ambulance Ordinance 8.74.080, Applicant shall document herein below the names and addresses of the applicant, registered owner, partner, officers, directors, and all shareholders who hold or control ten percent (10%) or more of the stock of the applicant.

APPLICATION FOR MEDICAL TRANSPORTATION PROVIDER PERMIT

Name under which Applicant proposes to engage in business:	Bay Medic Transportation, Inc.
Physical Address:	959 Detroit Avenue Concord, CA 94518
Mailing Address (if different):	N/A
Telephone Number (Office):	925-689-9000

Telephone Number (Cell):	925-383-0111
If Corporation: Name of Corporation:	Bay Medic Transportation, Inc.
State of Incorporation:	California
Date of Incorporation:	February 7, 1997

Name of Corporate Officers*	Title	Address
Ali Abdiani	President	959 Detroit Avenue Concord, CA 94518
Nesar Abdiani	CEO	959 Detroit Avenue Concord, CA 94518
Baseer Abdiani	IT Project Manager	959 Detroit Avenue Concord, CA 94518
Agent for Service of Process:		

X. The following required Statements are attached hereto and incorporated herein by reference:

Required Statement	Check if attached
1. A written statement identifying the type and level of service proposed.	X
2. A written statement specifying whether the Applicant has provided any EMS services outside the County, and if so, under what name, what type of service, where, and for how long.	X
3. If applicant is required to be licensed and permitted by the California Highway Patrol (CHP), they shall hold a valid license and permit prior to submitting the application. Please provide:	
a. A copy of a current CHP Emergency Ambulance Non-Transferable License unless exempt.	X

Required Statement	Check if attached
b. A copy of a current CHP Authorized Emergency Vehicle Permit for each ambulance if required by the CHP.	
4. A copy of a current El Dorado County Business License and a copy of the business license for each city in which the applicant is doing business.	X
5. A written statement of the legal history of the Applicant inclusive of all criminal and civil convictions, suspensions, or termination of EMS contracts and/or permits. The statement shall be accompanied by a completed application for a criminal record check from the Applicant.	X
6. A written statement that the Applicant will abide, where applicable, by regulations of the California Vehicle Code and the California Code of Regulations, Title 13, Motor Vehicles.	X
7. A written statement specifying the education, training, and experience of the Applicant in the care and transportation of patients.	X
8. A written statement that the Applicant understands and will comply with the County's EMS Agency's policies and procedures for staffing, equipment, and supply specifications and requirements, including automated external defibrillators (AEDs).	X
9. A detailed description of the Applicant's training and orientation programs for all EMS personnel, inclusive of EMTs and EMT-Ps, CCT authorized personnel, dispatchers, Drivers, and maintenance staff.	X
10. A detailed description of the radio equipment including vehicle radios as well as cellular phones in use.	X
11. A detailed statement demonstrating that the Applicant owns or controls, in good mechanical condition, the required equipment to consistently provide the type of EMS service for which the Applicant is applying, and that Applicant owns or controls a suitable facility(ies) from which contracted or permitted services will be operated, and the address(es) and hours of operation for each facility listed.	X
12. A detailed description of the number of Ambulances, and/or Medical Transportation Service vehicles in use and for each: the make and model, year, vehicle identification number, State vehicle license number and proof of current Department of Motor Vehicles registration, where applicable proof of California Highway Patrol Ambulance Inspection Report and Ambulance Identification Certificate.	X
13. Evidence of Insurance meeting the requirements of the County, as noted herein below.	X
14. A written statement that the Applicant understands and will comply with the County's EMS vehicle inspection process including any required fees.	X
15. A detailed description of the Applicant's program for maintenance for vehicles and equipment.	X
16. A quality assurance plan that meets EMS policies for the specific level of service.	X

Required Statement	Check if attached
17. A detailed list of all EMS personnel, inclusive of EMT's, EMT-P/s, registered nurses, physicians, and surgeons, with each person's license and certification information, license number and expiration date, and issuing jurisdiction, as well as Ambulance Driver's Certificate and Department of motor Vehicles license classification, number and expiration date, classifications and expiration.	X
18. A written statement that the Applicant shall only employ personnel who comply with the requirements of the California Code of Regulations, Title 22; Health and Safety Code, Division 2.5 Statutes, Section 1797 et seq., County's Ambulance Ordinance, and County's Emergency medical Services Agency Policy and Procedure Manual.	X
19. A staffing or deployment plan that describes the Applicant's method of operation within the County.	X
20. The application fee as set by the County (available at https://library.municode.com/ca/el_dorado_county/codes/code_of_ordinances?modeld=PTAGECOOR_TIT8PUHESA_CH8.74COEMMESEMETR under "EMS Fees"), payable by cash, money order, or cashier's check made payable to County of El Dorado Emergency medical Services Agency, or by credit card.	X
21. A written statement that the applicant will participate in the County's disaster response plan.	X
22. Any other information that the County deems necessary for determination of compliance with the Ambulance Ordinance.	X

Applicant warrants and represents that the information in the application and Statements, above, are true and correct.

- XI. **Services:** Applicant is authorized to provide ground non-emergency interfacility transportation or ground non-emergency critical care transportation services that have not been exclusively assigned through an EOA and subject to and in accordance with the conditions set forth in this Agreement. Applicant is prohibited from subcontracting, delegating or assigning any services authorized pursuant to this Agreement, in whole or in part, to any other person or entity.
- XII. **Term:** This Agreement shall become effective upon final execution by both parties hereto and shall expire three (3) years from the date thereof.
- XIII. **Changes to Agreement:** This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the parties hereto.
- XIV. **Independent Applicant/Liability:** Applicant is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services authorized by this Agreement. Applicant exclusively assumes responsibility for any and all acts of its officers, employees, agents, and associates as they relate to services authorized and provided pursuant to this Agreement during the course and scope of their employment.

Applicant shall be solely responsible for performing services authorized by this Agreement in a safe, professional, skillful, and workmanlike manner and shall be liable for its own negligence and negligent

acts of its officers, employees, agents and associates. County shall have no right of control over the manner in which services are provided and shall, therefore, not be charged with responsibility of preventing risk to Applicant or its officers, employees, agents and associates.

The parties to this Agreement are not partners or joint ventures and nothing contained herein shall be construed to create a partnership or joint venture between the parties or to constitute any party the agent of the other. Neither party shall hold itself out contrary to the terms of this section nor shall either party become liable by any representation, act, or omission of the other contrary to the provisions herein.

XV. **Default, Termination, and Cancellation:**

A. **Default/Violation:** Upon the occurrence of any default or violation of the provisions of this Agreement, the Permit Officer shall give written notice of said default or violation to the Applicant (notice). If the Applicant does not cure the default or violation within ten (10) days of the date of notice (time to cure), then the Applicant shall be in default. Upon failure to cure the default or violation within the specified time to cure, the Permit Officer may, in their sole discretion extend the time to cure, or suspend, revoke or terminate the Applicant's permit in accordance with the paragraph "Suspension, Revocation and/or Termination" herein below.

Any extension of time to cure must be in writing, prepared by the Applicant for signature by the Permit Officer and must specify the reason(s) for the extension and the date on which the extension of time to cure expires.

Notice given under this section shall specify the alleged default or violation, and the applicable Agreement provision or cite the appropriate section of the Ambulance Ordinance, and shall demand that the Applicant perform the provisions of this Agreement within the applicable period of time.

B. **Termination or Cancellation without Cause:** Either party may terminate this Agreement in whole or in part upon seven (7) calendar days written notice without cause. Upon receipt of a Notice of Termination, Applicant shall promptly discontinue all services affected, as of the effective date of termination set forth in such Notice of Termination, unless the notice directs otherwise.

C. **Enforcement:** In accordance with Ambulance Ordinance Section 8.74.140, Enforcement, the County shall have the following rights and remedies.

1. *Inspections and investigations.*

a. The County shall have the right to inspect, and audit, records, facilities, equipment, supplies, personnel, and methods of operation of an Applicant whenever the County deems such inspection necessary.

b. The Applicant shall cooperate with County in any investigations of possible violations and shall make all dispatch logs and similar dispatch records including tape recordings available for inspection and copying at reasonable times at the Applicant's regular place of business. All tape recordings shall remain available for a minimum of 60 days from the date the recording was made.

c. The Applicant shall allow County to inspect on a pre-announced or unannounced basis all emergency medical services vehicles used by the Applicant within the County. The purpose of such inspection is to determine if the vehicle and its equipment and supplies are in good working order, properly maintained and equipped for the provision of the emergency medical services for which it is permitted. The inspection for ambulances will be for all equipment identified in the County's Emergency Medical Services Agency Policy and Procedure Manual which has not been inspected by the California Highway Patrol under the California Code

of Regulations, Title 13, Vehicle Code §§ 1103 and 1103.2. The Applicant shall inform the County of any suspension and/or revocation of their California Highway Patrol ambulance service license or vehicle certificate or permit for vehicles used within the County.

2. *Consumer complaints:* Any person alleging that an Applicant has provided unsatisfactory or inappropriate emergency medical services as defined herein this Agreement may file a written complaint with the Permit Officer setting forth such allegations. The Permit Officer shall notify the Applicant in writing of the receipt of the complaint. The Permit Officer shall investigate the complaint to determine whether the Applicant has committed any improper act or failed to satisfactorily perform any duty specified herein. Applicant may provide a written response to the Permit Officer in writing within ten (10) business days from the receipt of that notification. If the Permit Officer determines that the Applicant has committed a violation, the Permit Officer shall take timely and reasonable actions to secure compliance with the requirements herein. If the Permit Officer is unable to secure compliance, the Permit Officer will initiate action to suspend, revoke, or terminate the contract or permit.
3. *Suspension, revocation and/or termination:*
 - a. Following the procedures specified in the Article titled "Default Termination, and Cancellation" paragraph "Default/Violation" herein, the County may suspend or revoke a permit or contract for:
 - i. Violating any provision of the contract or permit;
 - ii. Violating any provisions of this chapter or violating any provisions of statute, regulations or other laws relating to emergency medical services;
 - iii. Changing the operational or financial capabilities of the Applicant or contractor in such a manner that had that change been known at the time of the application, the application could have been denied;
 - iv. Failing to pay any fine issued pursuant to this section within ten business days.
 - b. The County may suspend, revoke, or terminate this Agreement and Permit as specified herein above.
 - c. Suspension is not a condition precedent to revocation.
4. *Penalties:* The County may impose fines for noncompliance infractions. Infractions of a contract or permit are punishable by a fine not exceeding: \$100.00 for a first violation; \$200.00 for a second violation of the same infraction within one year; and \$500.00 for each additional violation of the same infraction within one year.
5. *Appeals:* Requests to challenge the decision to terminate this Agreement and Permit may be appealed in writing to the Emergency Medical Services Agency Administrator within fifteen (15) business days from the date of the mailed notice of suspension, revocation, or termination. The appeal shall be signed by an authorized representative of appellant and shall set forth all relevant facts and law in support of the appeal. If the Applicant disagrees with the decision of the EMS Agency Administrator, the applicant may appeal in writing to the Health and Human Services Agency Director within seven (7) calendar days of receipt of the EMS Agency Administrator's decision. The decision of the Health and Human Services Agency Director is final, unless otherwise provided by law.

In any case where the Health and Human Services Director determines to uphold the decision to suspend or revoke a permit, the Director shall prepare a written notice of suspension or revocation which includes a statement of the proposed

action, a concise explanation of the reasons and basis for the proposed action and an explanation of the Applicant's right to appeal to the Board of Supervisors. Within five business days of the mailing of the Director's notice, the Applicant may file an application for appeal to be held in accordance with the procedures set forth in Chapter 2.09.

6. *Exception to hearing procedure:* When, in the opinion of the Health and Human Services Director, there is a clear and imminent threat to the safety and protection of the public, the Health and Human Services Director may suspend a permit without following the procedure set forth in Ambulance Ordinance Section 8.74.080 D. A written notice of decision and the basis relied upon for such action shall be provided to the Applicant. The Applicant may file an application for appeal to the Board of Supervisors in accordance with the procedures set forth in El Dorado County Ordinance Chapter 2.09.
7. *Notification:* When a permit is suspended or revoked or a contract terminated, the Permit Officer shall notify all public safety agencies, hospitals and other interested parties in the County of this fact, specifying the name of the Applicant and the action taken.

XVI. **Indemnity:** To the fullest extent of the law, the Applicant shall defend, indemnify, and hold the County, its Board of Supervisors, agents, officers and employees harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorney's fees and costs incurred, brought for, or on account of, personal injury, sickness, disease, injuries to or death of any person, including but not limited to workers, County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Applicant's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the County, the Applicant, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the County, its officers and employees, or as expressly prescribed by statute. This duty of Applicant to indemnify and save County harmless includes the duties to defend set forth in California Civil Code Section 2778.

In the event of any suspension, revocation or termination of this Agreement, any and all obligations of Applicant to defend, indemnify and/or hold harmless County, its Board of Supervisors, agents, officers and employees, including but not limited to this indemnification provision, shall survive such suspension, revocation and/or termination.

- XVII. **Insurance:** Contractor shall maintain at its sole cost and expense, and keep in force during the term of this agreement, the following insurance coverages:
- A. Workers' Compensation Insurance with statutory limits, as required by the laws of any and all states in which Contractor's employees are located and; Employer's Liability insurance on an "occurrence" basis with a limit of not less than \$1,000,000.
 - B. Commercial General Liability Insurance at least as broad as CG 00 01, covering premises and operations and including but not limited to, owners and contractors protective, product and completed operations, personal and advertising injury and contractual liability coverage with a minimum per occurrence limit of \$3,000,000 covering bodily injury and property damage; General Aggregate limit of \$5,000,000; Products and Completed Operations Aggregate limit of \$2,000,000 and Personal & Advertising Injury limit of \$2,000,000, written on an occurrence form. If Contractor's general liability limits fail to meet the limits required above Contractor may carry excess or umbrella liability insurance providing excess coverage at least as broad as the underlying coverage for general liability with a limit equal to or above the amount stated above on a per occurrence and aggregate basis.

- C. Automobile Liability Insurance at least as broad as CA 00 01 with Code 1 (any auto, including ambulances, fire engines and other emergency services mobile equipment. Inland Marine insurance specific to emergency mobile equipment will be acceptable to meet this requirement together with the automobile liability insurance), covering use of all owned, non-owned, and hired automobiles with a minimum combined single limit of \$1,000,000 per occurrence for bodily injury and property damage liability.
- D. Professional Liability Insurance covering liability imposed by law or contract arising out of an error, omission or negligent act in the performance, or lack thereof, of professional services and any physical property damage, bodily injury or death resulting there from, with a limit of not less than \$6,000,000 per claim and in the aggregate. The insurance shall include a vicarious liability endorsement to indemnify, defend, and hold harmless El Dorado County for claims arising out of covered professional services and shall have an extended reporting period of not less than two years. That policy retroactive date coincides with or precedes Contractor's start of work (including subsequent policies purchased as renewals or replacements).
- E. If the policy is terminated for any reason during the term of this Agreement, Contractor shall either purchase a replacement policy with a retroactive date coinciding with or preceding the retroactive date of the terminating policy, or shall purchase an extended reporting provision of at least two years to report claims arising from work performed in connection with this Agreement and a replacement policy with a retroactive date coinciding with or preceding the expiration date of the terminating policy.
- F. If this Agreement is terminated or not renewed, Contractor shall maintain the policy in effect on the date of termination or non-renewal for a period of not less than two years there from. If that policy is terminated for any reason during the two year period, Contractor shall purchase an extended reporting provision at least covering the balance of the two year period to report claims arising from work performed in connection with this Agreement or a replacement policy with a retroactive date coinciding with or preceding the retroactive date of the terminating policy.
- G. All policies of insurance shall provide for the following:
1. Name El Dorado County, members of the Board of Supervisors of El Dorado County, its officers, agents and employees, as additional insureds except with respect to Workers' Compensation and Professional Liability.
 2. Be primary and non-contributory with respect to all obligations assumed by Contractor pursuant to this Agreement or any other services provided. Any insurance carried by El Dorado County shall not contribute to, or be excess of insurance maintained by Contractor, nor in any way provide benefit to Contractor, its affiliates, officers, directors, employees, subsidiaries, parent company, if any, or agents.
 3. Be issued by insurance carriers with a rating of not less than A VII, as rated in the most currently available "Best's Insurance Guide."
 4. Include a severability of interest clause and cross-liability coverage where El Dorado County is an additional insured.
 5. Provide a waiver of subrogation in favor of El Dorado County, members of the Board of Supervisors of El Dorado County, its officers, agents and employees.
 6. Provide defense in addition to limits of liability.

Upon execution of this Agreement and each extension of the Term thereafter, Contractor shall cause its insurers to issue certificates of insurance evidencing that the coverages and policy endorsements required under this Agreement are maintained in force and that not less than 30 days written notice shall be given

to El Dorado County prior to any material modification, cancellation, or non-renewal of the policies. Certificates shall expressly confirm at least the following: (i) El Dorado County's additional insured status on the general liability, and auto liability policies; (ii) and the waiver of subrogation applicable to the workers' compensation and professional liability policies. Contractor shall also furnish El Dorado County with endorsements effecting coverage required by this insurance requirements clause. The endorsements are to be signed by a person authorized by the Insurer to bind coverage on its behalf. The certificate of insurance and all required endorsements shall be delivered to El Dorado County's address as set forth in the Notices provision of this Agreement.

All endorsements are to be received and approved by the County of El Dorado before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.

Unless otherwise agreed by the parties, Contractor shall cause all of its Subcontractors to maintain the insurance coverages specified in this Insurance section and name Contractor as an additional insured on all such coverages. Evidence thereof shall be furnished as El Dorado County may reasonably request.

The coverage types and limits required pursuant to this Agreement shall in no way limit the liability of Contractor.

- XVIII. **HIPAA:** Applicant acknowledges its obligations under the Health Insurance Portability and Accountability Act (HIPAA) and agrees that it shall comply with all applicable HIPAA requirements and obligations at all times.
- XIX. **County Business License:** It is unlawful for any person to furnish supplies or services, or transact any kind of business in the unincorporated territory of El Dorado County without possessing a County business license unless exempt under County Code Section 5.08.070.
- XX. **Licenses:** Applicant hereby represents and warrants that Applicant, its officers, employees, agents and associates have all the applicable licenses, permits, and certifications that are legally required for Applicant, its officers, employees, agents and associates to practice its profession or provide the services or work authorized under this Agreement in the State of California. Applicant, its officers, employees, agents and associates shall maintain said applicable licenses, permits, or certificates in good standing throughout the term of this Agreement.
- XXI. **Administrator:** The County Officer or employee with responsibility for administering this Agreement is Michelle Patterson, Emergency Medical Services Agency Administrator, or successor.
- XXII. **Authorized Signatures:** The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.
- XXIII. **Partial Invalidity:** If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will continue in full force and effect without being impaired or invalidated in any way.
- XXIV. **Venue:** Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California.
- XXV. **No Third Party Beneficiaries:** Nothing in this Agreement is intended, nor will be deemed, to confer rights or remedies upon any person or legal entity not a party to this agreement.


XXVI. **Entire Agreement:** This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties and they incorporate or supersede all prior written or oral Agreements or understandings.

Contract Administrator:

By: 
Michelle Patterson, Administrator
Emergency Medical Services Agency

Dated: 7/29/20

-- APPLICANT --

By: 
Nesar Abdiani
Title: CEO
Bay Medic Transportation, Inc.

Dated: 07.22.2020

Bay medic 01

ALS TRANSPORTING UNIT	ALS NON-TRANSPORTING UNIT	ALS ASSESSMENT UNIT	AIRWAY
✓ 2	2	2	Needle Thoracotomy Kits Consisting of: <ul style="list-style-type: none"> • 3 1/4" 10 Gauge Cath (For adults) • 2" 14 Gauge Cath (For pediatrics) • Chlorhexidine Prep/Swab
✓ 1	1	1	Needle Cricothyroidotomy Kits Consisting of: <ul style="list-style-type: none"> • ENK Flow Modulator • Reinforced 10-14 Gauge Cath (At least 2 1/2" long) • Chlorhexidine Prep/Swab • 5 mL Syringe • Normal Saline Acorn or Vial • Twill Tape
✓ 1	N/A	N/A	Main Oxygen Tank w/2 Flow Meters (Minimum oxygen level of 750 PSI)
2	2	1	Portable Oxygen Tanks (Minimum oxygen level of 500 PSI)
1	1	1	Portable Oxygen Regulator
✓ 2	N/A	N/A	Oxygen Humidifier
✓ Opt.	Opt.	Opt.	N2O2/CPAP Adapter (Pigtail) * Optional if N2O2 not used and disposable CPAP is used.
1	1	1	Adult BVM w/Mask & O2 Supply Tubing
1	1	1	Child BVM w/Mask & O2 Supply Tubing
1	1	1	Infant BVM w/Mask & O2 Supply Tubing
2	1	Opt.	Peep Valves
✓ 6	1	1	Adult Nasal Cannulas
✓ 2	1	Opt.	Pediatric Nasal Cannulas
6	1	1	Adult Non-Rebreather Masks
2	1	1	Pedi Non-Rebreather Masks
2	1	Opt.	Infant Non-Rebreather Masks
2	1	Opt.	AeroEclipse Nebulizers
2	1	1	Nebulizers for Inhaled Meds
2*	1*	Opt.	Nebulizer Mask (*optional if non-re-breather mask can be converted to nebulizer mask)
✓ 2	1	Opt.	Nebulizer BVM Adapters

OK
Eric Robinson

Key:

Opt. = Optional

N/A = Not applicable

* = See notes for special information

ALS TRANSPORTING UNIT	ALS NON-TRANSPORTING UNIT	ALS ASSESSMENT UNIT	AIRWAY continued
2	1	1	
Opt.	Opt.	Opt.	Video Intubation Device (Non-brand specific)
1	1	1	Air-Q SP: <ul style="list-style-type: none"> • Air-Q SP in sizes 1.0, 1.5, 2.0, 2.5, 3.5, 4.5 • Water based lubricant
1	1	1	Pulse Oximeter
1	Opt.	Opt.	Spare SPO2 Sensor
2	Opt.	Opt.	Pedi Pulse Oximetry Sensors
Opt.	Opt.	Opt.	Nitrous Delivery System: 1 Matrx Unit/ 1 Mask/ 5 Mouthpieces
1*	1*	1	CPAP

OK

Key:
 Opt. = Optional
 N/A = Not applicable
 * = See notes for special information

ALS TRANSPORTING UNIT	ALS NON-TRANSPORTING UNIT	ALS ASSESSMENT UNIT	SUCTION
1	NA	NA	On Board Suction Unit
1	1	Opt.	Battery Operated Portable Suction Unit
3	Opt.	Opt.	Spare Suction Canisters/Bags W/ Lids
3	1	Opt.	Suction Connecting Tubing
3	1	Opt.	Yankauer/Tonsil Tip Catheters
2	1	Opt.	#10 French Suction Catheters
2	1	Opt.	#14 French Suction Catheters
2	1	Opt.	#16 French Suction Catheters
1	1	Opt.	60 cc Syringe (Luer tapered style tip)
1	Opt.	Opt.	#14 French Salem Sump NG Tube
Opt.	Opt.	1*	Hand Held Suction Device (*Optional if battery powered suction is carried)

ALS TRANSPORTING UNIT	ALS NON-TRANSPORTING UNIT	ALS ASSESSMENT UNIT	EKG
1	Opt.	Opt.	12 Lead/ETCO2 Capable Biphasic Monitor/Defibrillator w/Pacing (Test to manufacturers specifications)
N/A	1	1	Biphasic Monitor/Defibrillator w/Pacing (Test to manufacturers specifications)
1	1	1	12 Lead Cables
2	1	1	ECG Leads (Cables)
2	1	1	Spare ECG Paper
8	2	2	Adult Electrode Sets
4	1	1	Pediatric Electrode Sets
2	2	1	Pedi Multi-Function Defibrillation/Pacing Pads
2	1	1	Spare Monitor Batteries
1	1	1	ETCO2 Set (cable and adult and pediatric adapters)

Key:

Opt. = Optional

N/A = Not applicable

* = See notes for special information

ALS TRANSPORTING UNIT	ALS NON-TRANSPORTING UNIT	ALS ASSESSMENT UNIT	IV
8	2	1	Normal Saline IV Solutions 1000 mL
2	1	Opt.	Normal Saline IV Solution 100 mL
8	2	1	IV Administration Sets (Macro-Drip)
Opt.	Opt.	Opt.	Adjustable IV drip tubing may be used in lieu of macro/micro drip tubing. If used, the inventory of all drip tubing may be reduced by 50%.
2	1	Opt.	IV Administration Sets (Micro-Drip)
5	2	2	Saline Locks
2	Opt.	Opt.	Buretrol Sets (150 mL each)
3	1	1	Normal Saline Vials or Preloaded Syringes 5-10mL
2	Opt.	Opt.	Dial-A-Flows
2	Opt.	Opt.	3 Way Valve w/Extensions
4	1	1	Blood Tube Sets
4	1	1	Vacutainer Barrels
8	2	1	Vacutainer Luer Adapters
1	1	1	Blood Glucose Meter (Calibrate weekly and upon opening a new box of test strips)
1	1	1	Box of Glucose Meter Test Strips
1	1	1	Glucose Meter Testing Solution (High and Low) Must be replaced 90 days after initial opening.
8	3	2	Lancets
10	5	3	Isopropyl Alcohol Preps
30	10	5	Chlorhexidine Preps/Swabs
2	1	1	Prep Razors
4	2	2	IV Tourniquets (Latex Free)
4	1	1	Rolls of Transpore Tape 1"
10	2	2	Sterile IV Site Covers
6	2	Opt.	14 ga. IV Catheters
6	2	1	16 ga. IV Catheters
8	2	2	18 ga. IV Catheters 1.25"
8	2	2	20 ga. IV Catheters 1.25"
4	1	1	22 ga. IV Catheters 1.25"
Opt.	Opt.	Opt.	23 ga. Butterfly Catheter

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Key:

Opt. = Optional

N/A = Not applicable

* = See notes for special information

ALS UNIT MINIMUM EQUIPMENT INVENTORIES

CONTINUED

Opt.	Opt.	Opt.	25 ga. Butterfly Catheter
1	1	1*	IO Kit (Either Brand): 1 EZ-IO Bag with the Following Supplies: <ul style="list-style-type: none"> • 1 EZ-IO® Driver • 2 EZ-IO® LD Needles (Large Adult) • 2 EZ-IO® Adult Needles • 2 EZ-IO® Pediatric (N/A for ALS Non-Transporting/ Assessment Units) • 2 EZ-Connect Tubings • 1 Pressure Bag • 1 Lidocaine HCl 2%/100 mg. Pre-Load (Recommended) • 2 10 mL Normal Saline Preloaded Syringes (Recommended) • 1 EZ-IO Wristband • 4 Chlorhexidine Preps/Swabs • 2 Sterile 4x4 Dressings • 1 EZ-Stabilizer
4	1	Opt.	Twin Catheters
5	2	1	1 mL Syringes
5	2	1	3 mL Syringes
6	2	1	5 mL Syringes
8	1	1	10 mL Syringes
4	2	2*	18 ga. Transfer or Injection Needles *Assessment units may carry either 18 or 20 ga.
4	2	Opt.	20 ga. Transfer or Injection Needles
5*	2*	Opt.*	Filter Needles in Assorted Sizes (*mandatory if carrying ampules)
5	2	1	MAD Intranasal Atomizers

Key:

Opt. = Optional

N/A = Not applicable

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ALS TRANSPORTING UNIT	ALS NON-TRANSPORTING UNIT	ALS ASSESSMENT UNIT	MEDs
147 mL (5 oz)	Opt.	Opt.	Acetaminophen 160 mg/5mL (Liquid)
✓ 100 G	50 G	Opt.	Activated Charcoal (without Sorbitol)
✓ 36 mg	18 mg	6 mg	Adenocard
✓ 15 mg	5 mg	Opt.	Albuterol Sulfate
✓ N/A	N/A	2	Albuterol HFA 108mcg/inhalation with Aerochamber Spacer (Fireline Paramedic Only)
✓ 4	2	1	Albuterol / Atrovent Mixed (DuoNeb)
✓ 1200 mg	450 mg	300 mg	Amiodarone in 150 mg Preloaded Syringes or 3 ml Vials
✓ 1 bttl	1 bttl	1 bttl	Aspirin (Chewable 80 mg.)
✓ 3 mg	2 mg	1 mg	Atropine Sulfate/1 mg. Pre-Load Syringes
✓ 16 mg	8 mg	Opt.	Atropine Sulfate/8 mg. Vial
✓ 2 G	1 G	Opt.	Calcium Chloride 10%/1 G. Pre-Load Syringes
✓ Opt.	Opt	Opt.	50% Dextrose/25 G. Pre-Load Syringes (FOR CODE USE ONLY)
✓ 125 G	50 G	25 G	10% Dextrose/25G (250cc NS)
✓ 100 mg	50 mg	50 mg	Diphenhydramine 50 mg Vials or Pre-load Syringes
✓ 2 bags	1 bag	Opt.	Dopamine 400 mg in 250 mL (Plus Drip Chart)
✓ 10 mg	4 mg	2 mg	Epinephrine 1:10,000 Pre-Load Syringes 1 mg/10 mL
✓ 6 mg	3 mg	3 mg	Epinephrine 1:1000 Multi-Dose 1mg Vials (may use ampules)
✓ Opt	Opt	Opt	Epinephrine Auto Injector 0.3mg
✓ Opt	Opt	Opt	Epinephrine Auto Injector 0.15mg
✓ 300 mcg	100 mcg*	100 mcg*	Fentanyl (100 mcg/2 mL Carpujets or vials) (*Optional w/ Medical Director's approval)
✓ 2 mg	1 mg	1 mg	Glucagon
✓ 120 mL (4 oz)	Opt.	Opt.	Ibuprofen 100 mg/5mL
✓ 400 mg	200 mg	100 mg	Lidocaine HCl 2%/100 mg. Pre-Load
30	15	Opt.	Lidocaine Viscous* 2%/15 mL (*Lidocaine Jelly 2% may be

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ml	ml		substituted)
6 g	2 g	Opt.	Magnesium Sulfate
24 mg	8 mg*	8 mg*	Morphine Sulfate (Supplied in 4 mg Carpujets) (*Optional w/ Medical Director's approval) ONLY REQUIRED IF FENTANYL IS NOT AVAILABLE
ALS TRANSPORTING UNIT	ALS NON- TRANSPORTING UNIT	ALS ASSESSMENT UNIT	MEDs continued
8 mg	4 mg	2 mg	Narcan
Opt.	Opt.	Opt.	Narcan prefilled single dose nasal spray 4mg/0.1 mL
1	1	1	Neosynephrine Spray (up to a 1% solution)
1 bttl	1 bttl	1 bttl	Nitroglycerine 1/150 SL Spray or Tablets
3 G	1 G	Opt.	NTG Paste 2% (30g tube or 1g packets)
Opt.	Opt.	Opt.	Nitronox (*at least one completely full)
48 mg	16 mg	Opt.	Ondansetron Oral Dissolving Tablets (4 mg or 8 mg each)
48 mg	16 mg	8 mg	Ondansetron Vials or Pre-load Syringes 4 mg/2 mL
30 G	15 G	15 G	Oral Glucose 15 g
150 mEq	100 mEq	Opt.	Sodium Bicarbonate/50 mEq. Pre-Load Syringes
15 mg	10 mg*	5 mg*	Versed (5 mg/mL concentration) (*Optional w/ Medical Director's approval)

ALS TRANSPORTING UNIT	ALS NON- TRANSPORTING UNIT	ALS ASSESSMENT UNIT	INFECTION CONTROL
1*	1*	1*	Hepa (P100) Masks. N95 mask may also be carried, but a minimum of one P100 mask *PER EMT-P is required for high level procedures such as intubation
2	1	1	Disposable Gowns
1	1	1	Hand Cleaner Bottle/ Wipes
2		1	Sharps Containers
1	1	1	Protective Eye Glasses Per Paramedic
Opt.	Opt.	Opt.	Spit Sock Hood
1	Opt.	Opt.	Disinfectant Spray
5	2	2	Large Bio-Hazard Bags
2 sets	Opt.	Opt.	Non-Latex Sterile gloves (XL, L, M) Non-Latex gloves only

Key:
 Opt. = Optional
 N/A = Not applicable
 * = See notes for special information

1	1	1	Non-Latex Protective Gloves (*1 box sized for each crewmember) Non-Latex gloves only
2	2	2	Emesis Bag/Basin
1	Opt.	Opt.	Post Exposure Kit, containing: 2 Red Top and 1 Purple Top Blood Tube(s), and set of instructions

ALS TRANSPORTING UNIT	ALS NON-TRANSPORTING UNIT	ALS ASSESSMENT UNIT	TRAUMA
10	5	5	Sterile 4x4 Dressings
4" stack	Opt.	Opt.	Non-Sterile 4x4 Dressings
5	2	2	Roller Gauze 4.5"
5	2	2	Combine Dressings 5" x 9"
2	1	1	Multi Trauma Dressings
2	2	1	Petroleum Gauze
2	5	5	Adhesive Bandages
6	2	2	QuickClot® Combat Gauze™ Z-Fold Dressing or QuickClot® 1 st Response™ 5" clotting sponge dressing pack
2	1	1	Israeli/Pressure Bandage 4" (without mobile pad)
1 box	1	1	Triangular Bandages
1	1*	1*	Burn Kit consisting of: <ul style="list-style-type: none"> *Face Mask *2 - Sheets *2 - 15"x20" Dressings 2 - 12"x15" Dressings 2 - 12"x12" Dressings *Only items with an asterisk are required on non-transporting and assessment units.
2	1	1	1000 mL Sterile Irrigation Solution
4	1	1	2" Cloth Tape Rolls
2	1	1	Elastic Bandages
2	1	1	Trauma Shears
2	1	1	Tourniquet (recommended C-A-T 7 th gen)
4	2	1	Hot Packs
8	2	1	Cold Packs
2	1	1	Backboards
1	Opt.	Opt.	Scoop Stretcher
6	3	1	X-Collar (or equivalent)
1	1	1	Infant Cervical Collars
2	1	1	Head Immobilizer Sets
2	1	1	Backboard Straps
1	Opt.	Opt.	KED
2	Opt.	1	Sam Splints
2	2	Opt.	Cardboard Arm Splints
2	2	Opt.	Cardboard Leg Splints

Key:
 Opt. = Optional
 N/A = Not applicable
 * = See notes for special information

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ALS UNIT MINIMUM EQUIPMENT INVENTORIES

CONTINUED

1	1	1	Adult Traction Splint (Sager, Hare, or Kendrick)
1	1	Opt.	Pediatric Traction Splint (Kendrick Traction Device)
1	Opt.	Opt.	Pediatric Immobilizer
Opt.*	Opt.	Opt.	Pelvic Immobilization Device (T-Pod or SAM Sling) * Required if no linen sheet.
Opt	Opt.	Opt.	Full or Half Body Vacuum Splint

ALS TRANSPORTING UNIT	ALS NON-TRANSPORTING UNIT	ALS ASSESSMENT UNIT	MISCELLANEOUS
1	1	1	OB Kit
1	1	1	Penlight
2	NA	NA	Blankets
6	NA	NA	Sheets
1	NA	NA	Pillow
4	NA	NA	Pillow Cases
Opt.	NA	NA	Rain Cover
2	2	Opt.	Emergency/CHP Blankets
1	NA	NA	Bedpan
1	NA	NA	Urinal
2	NA	NA	Soft Restraint Sets
1	NA	NA	Hard Leather or Other Hard Padded Restraint Set
1	NA	NA	Med Net Radio
Opt.	Opt.	Opt.	Stuffed Animal
1	1	1	MCI Triage Kit Consisting of: MEDIC UNIT <ul style="list-style-type: none"> • 1- Triage Ribbon Dispenser • 1- 8 Person Go Kit ENGINE <ul style="list-style-type: none"> • 1- Triage Ribbon Dispenser
Opt.	Opt.	Opt.	Clipboard
1*	1*	1*	Patient Care Protocols
5*	3*	2*	PCR Forms <i>EPCR</i>
2*	2*	1*	PCR Continuation Forms
5	3	1	Notice of Privacy Rights (HIPAA) Forms
1	1	1	Weight Based Resuscitation tool
1	1	1	Ring Cutter
1	N/A	N/A	Child Car Seat/Restraint System
Opt.	Opt.	Opt.	Automatic CPR Device (Lucas or AutoPulse)
2	1	1	Nose clips for epistaxis
1	1	1	Thermometer- Temporal or Tympanic
1	1	1	Mobile EPCR Platform

Key:

Opt. = Optional

N/A = Not applicable

* = See notes for special information

CHAPTER 8.74. - COUNTY EMERGENCY MEDICAL SERVICE AND MEDICAL TRANSPORTATION

Footnotes:

— (20) —

State Law reference— County emergency medical services program, Health and Safety Code § 1797.200 et seq.

Sec. 8.74.010. - Title.

This chapter shall be known and may be referred to in all proceedings as the County Emergency Medical Service and Medical Transportation Ordinance.

(Code 1997, § 8.74.010; Ord. No. 4991, § 2(8.74.00), 2-26-2013)

Sec. 8.74.020. - Regulatory authority.

The emergency and non-emergency transportation of sick, disabled, or injured persons is a matter closely affecting the public interest, safety, and welfare of the citizens of the County. California Constitution, Article 11, Section 7, and Health and Safety Code §§ 1443 and 1797 et seq., among others, authorizes the County to develop an emergency medical services program and to operate the emergency medical services system pursuant to the provisions of Health and Safety Code § 1797 et seq. Pursuant to that authority, the Board of Supervisors has established and designated a local Emergency Medical Services Agency under the County Health and Human Services Agency in accordance with Health and Safety Code § 1797.200 et seq. It is the intent of the Board of Supervisors to undertake the prescribed functions and responsibilities of a local government entity concerning ambulance services as authorized, and to exercise as allowed by law its discretion and authority to regulate emergency and non-emergency ambulance and medical transport services consistent with the laws of the State.

(Code 1997, § 8.74.020; Ord. No. 4991, § 2(8.74.020), 2-26-2013)

Sec. 8.74.030. - Scope and purpose.

The purpose of this chapter is to enact regulations which are necessary for the public health, safety and welfare, including to:

- A. Allow for the orderly integrated and lawful operation of a local emergency and non-emergency medical services system pursuant to the provisions of Health and Safety Code § 1797 et seq.;
- B. Allow for adequate, appropriate and efficient ambulance services in all areas of the County, including allowing for exclusive operating areas for designated ambulance services to maximize the use of available resources in accordance with Health and Safety Code § 1797.224;
- C. Enact regulations for issuing contracts and permits as appropriate for ambulances, medical transportation vehicles and aircraft;
- D. Set the standards and requirements for emergency medical services, personnel and training, equipment and supplies, response times, communications, and medical transportation in accordance with Health and Safety Code § 1797.200 et seq.; and
- E. Protect the public by ensuring that these standards and requirements are met and authorize the Emergency Medical Services Agency under the County's Health and Human Services Agency to enforce these standards and requirements and to make necessary and reasonable policies, procedures, and/or

protocols for the effective and reasonable administration of this chapter.

(Code 1997, § 8.74.030; Ord. No. 4991, § 2(8.74.030), 2-26-2013.)

Sec. 8.74.040. - Definitions.

The following words and phrases shall have the meanings respectively ascribed to them by this section, except where the context clearly indicates a different meaning:

Advanced life support (ALS) means special services designed to provide definitive prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local emergency medical services system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital or as otherwise defined by the U.S. Department of Health and Human Services, Federal Health Care Finance Administration, and Health and Safety Code § 1797.52.

Air ambulance means any aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at a minimum two attendants certified or licensed in Advance Life Support (22 CCR § 100280).

Air ambulance transport contract means a contract with the County for an air ambulance to respond to requests for air medical transportation of critically ill or injured patients from locations within the County. Mutual aid agreements may qualify as air ambulance transport contracts.

Ambulance means a ground transportation vehicle that is specially constructed, modified or equipped, and used for the purpose of transporting sick, injured, convalescent, infirm, or otherwise incapacitated persons.

Ambulance transport contract means a contract with the County to provide ambulance services within the County.

Ambulance transport contractor means any entity or public agency that contracts with the County to provide ambulance services within the County.

Arrival at the scene means the time that an ambulance comes to a physical stop at an emergency scene (wheels stopped) or a medical transportation services vehicle comes to a stop at the designated location (wheels stopped).

Attendant means a trained and qualified individual who, regardless of whether attendant also serves as driver, is responsible for the care of patients, and who has met all license, certification, accreditation and other requirements of State laws and regulations, and local policies, protocols, ordinances and regulations.

Basic life support (BLS) means emergency first aid and cardiopulmonary resuscitation procedures which, as a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation to maintain life without invasive techniques until the victim may be transported or until advanced life support is available in accordance with Health and Safety Code § 1797.60.

Contract means a signed agreement with an emergency medical service entity for the provision of emergency medical services within the County.

Contract officer means the County's Director of the Health and Human Services Agency.

Contractor means a person or entity or a public agency that contracts with the County to provide emergency medical services within the County.

County means the County of El Dorado, a political subdivision of the State of California, and may alternately describe the geographical area within the jurisdiction of the County for the purposes of this chapter.

Critical care transport (CCT) means a transport during which a patient requires a level of medical care and/or observation that exceeds the standard scope of practice for County accredited paramedics. Such services may be rendered by specially trained and authorized paramedics, or registered nurses, physicians, respiratory therapists, perfusionists, physician assistants, nurse practitioners or nurse mid-wives as determined by the physician responsible for the patient and the Emergency Medical Services Medical Director.

Designated dispatch center means the dispatch agency designated by the County for the purpose of coordinating the response of emergency medical services within the County.

Driver means a person licensed and qualified to operate a medical transportation services vehicle.

Emergency means a condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by emergency medical personnel, a public safety agency in accordance with Health and Safety Code § 1797.70, or a prudent layperson.

Emergency medical dispatch or EMD means medical dispatch protocols and prearrival instructions approved by the EMS Agency Medical Director and EMS Agency Administrator, based on the emergency medical dispatch national standard curriculum as the standard.

Emergency medical response means responding immediately to any request for medical transportation service for an emergency medical condition. An immediate response is one in which the medical transportation vehicle responding begins as quickly as possible to take the steps necessary to respond to the call.

Emergency medical services or EMS means the services utilized in responding to a medical emergency.

Emergency Medical Services Agency or EMS Agency means the administrative agency responsible for the direct oversight of prehospital care in the County, acting under the County's Health and Human Services Agency pursuant to Health and Safety Code § 1797.200.

EMS aircraft means any aircraft utilized for the purpose of prehospital emergency patient response and transport. The term "EMS aircraft" includes air ambulances and all categories of rescue aircraft (22 CCR § 100279).

Emergency medical services (EMS) entity means a licensed person or entity or a public agency that is specially trained, equipped, and staffed to provide emergency medical services, including providing care to ill or injured persons.

Emergency medical technician (EMT) means an individual trained in all facets of basic life support, as defined in Health and Safety Code § 1797.60, and in accordance with standards prescribed in the California Code of Regulations, Title 22, Division 9, Chapter 2 (22 CCR § 100056 et seq.), and who has a valid State EMT certificate.

Emergency medical technician-paramedic (EMT-P) means an individual who is educated and trained in all elements of prehospital advanced life support; whose scope of practice is to provide advanced life support in accordance with the standards prescribed in the California Code of Regulations, Title 22, Division 9, Chapter 4 (22 CCR § 100135 et seq.) and who has a valid State paramedic license. Paramedics working in the County must additionally be accredited in accordance with standards established by the EMS

Agency Medical Director.

Exclusive operating area (EOA) means an emergency medical services area or subarea defined by the emergency medical services plan for which a local EMS agency, upon the recommendation of the County, restricts operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support (Health and Safety Code § 1797.85).

Interfacility transport (IFT) service means the movement of a patient from one health care facility to another in a contracted ambulance or air ambulance.

Limited advanced life support (LALS) means, in accordance with Health and Safety Code § 1797.92, special services designed to provide prehospital emergency medical care limited to techniques and procedures that exceed basic life support but are less than advanced life support and are those procedures pursuant to Health and Safety Code § 1797.171.

Litter van means a vehicle which is modified, equipped, and used for the purpose of providing non-emergency medical transportation for those medical passengers with stable medical conditions who require the use of a litter or gurney, and which is not routinely equipped or staffed for the specialized care provided in an ambulance.

Litter van medical passenger means a person in need of transportation for medical purposes such as attendance at a doctor's appointment, clinic visit or for other non-emergency reason. Medical passengers are differentiated from patients in that their medical condition is stable and it is not anticipated that they will need medical observation, intervention, or treatment during non-emergency medical transportation. The passenger must be able to maintain an open airway without assistance and self-administer any medical care en route. The EMS Agency Medical Director may establish policies that differentiate between patients and medical passengers.

Medical Director means the Medical Director of the County EMS Agency.

Medical transportation entity means a person or entity appropriately licensed and specially trained, equipped and staffed to provide medical transportation services for medical passengers.

Medical transportation permittee means a medical transportation entity possessing a medical transportation provider permit.

Medical transportation provider permit means a permit issued by the County to a medical transportation entity specifically authorizing that entity to provide medical transportation services within the County.

Medical transportation services means the provision of non-emergency transportation of medical passenger by a litter van or wheelchair van that is licensed, permitted, operated, and equipped in accordance with applicable State laws and local ordinances and regulations. Medical transportation services do not include transportation of medical passengers by private passenger vehicle, taxicab, public transit or other forms of public transportation.

Medical transportation vehicle permit means a permit decal or certificate issued by the Permit Officer indicating that a litter van, wheelchair van or other permitted vehicle has passed inspection according to the standards established herein. A medical transportation vehicle permit is required for each vehicle operated by the medical transportation entity for medical transportation services.

Non-emergency call means a situation in which there is no perceived need for immediate action, attention or decision-making to prevent death or to reduce suffering.

Permit Officer means the Contract Officer or other official appointed by the County Public Health Officer.

Physician means an individual licensed by the State as a doctor of medicine or doctor of osteopathy.

Primary response area means a geographical area designated by the County in a contract or permit.

Public Health Officer means the County's Public Health Officer.

Registered nurse means an individual licensed by the State of California Board of Registered Nursing, and, under certain circumstances, may include a nurse who is licensed by the Nevada State Board of Nursing and provides medical transportation services across the California-Nevada border.

Rescue aircraft means an aircraft whose usual function is not prehospital emergency patient transport, but which may be utilized, in compliance with local EMS policy, for prehospital emergency patient transport when use of an air ambulance or ambulance is inappropriate or unavailable. Rescue aircraft includes ALS, BLS, and auxiliary rescue aircraft (22 CCR § 100281).

Rescue aircraft transport contract means a contract with the County for the utilization of a rescue aircraft.

Response time means the time interval from the moment that the ambulance or medical transportation entity is first made aware of the callback number, the address of the patient or passenger, and (a) in the case of ambulance, the presumptive patient condition as defined by EMD; or (b) in the case of medical transportation services the requested level of service, to arrival at the scene.

Standby or special event means (a) an event where spectators and/or participants in the event have a potential for illness or injury, or (b) any situation where a previously announced event results in a gathering of persons in one general locale, sufficient in numbers, or engaged in an activity, that creates a need to have one or more EMS resources at the site.

Wheelchair van means a vehicle which is modified, equipped, and used for the purpose of providing non-emergency medical transportation for wheelchair van medical passengers, and that is not routinely staffed or equipped with the medical equipment required for the specialized care provided in an ambulance.

Wheelchair van medical passenger means a medical passenger whose condition is such that the passenger may be transported seated in a wheelchair. The passenger must be able to sit erect, hold his or her head up, maintain an open airway without assistance, and self-administer any medical care needed en route.

(Code 1997, § 8.74.040; Ord. No. 4991, § 2(8.74.040), 2-26-2013)

Sec. 8.74.050. - System description.

Geopolitically, the County is divided into two County Service Areas: County Service Area No. 3, including the Lake Tahoe Basin, the City of South Lake Tahoe, and the Meeks Bay and Tahoma areas; and County Service Area No. 7, including the western slope of the County, and the City of Placerville. The County directly provides ambulance services with a Public Utility Model (PUM) EMS system consisting of two exclusive operating areas (EOA) and one non-exclusive operating area. Ambulances and other emergency medical services may be authorized pursuant to a contract with the County to provide services in areas of the County in which market rights are not exclusively assigned through an EOA.

A. *Exclusive operating areas (EOA).*

1. County Service Area No. 3 - South Shore: This zone is an exclusive operating area for 9-1-1 emergency and non-emergency ambulance transports, all

ambulance interfacility transport service and critical care transports. The County is the sole provider of these services under a public utility model.

2. County Service Area No. 7: This area is an exclusive operating area served by the County for 9-1-1 emergency and non-emergency ambulance transports, and ambulance interfacility transports that originate and terminate in the County. The County is the sole provider of these services under a public utility model.

B. *Non-exclusive operating areas.*

1. County Service Area No. 3 - West Shore: This zone is non-exclusive for all services. The County currently provides 9-1-1 emergency and non-emergency ambulance transports, all ground interfacility transports and critical care transports, and standby or special events under a public utility model.
2. County Service Area No. 7: This area is non-exclusive for non-emergency ambulance transports and ambulance interfacility transports that originate in the County and terminate outside of the County.
3. All areas within the County are non-exclusive for air ambulance and rescue aircraft services including air ambulance interfacility transports and critical care transports.
4. All areas within the County are non-exclusive for the provision of EMS services of advanced life support and limited advanced life support levels of care that are not provided by an ambulance.
5. All areas within the County are non-exclusive for the provision of medical transportation services providing non-emergency transportation of medical passengers.

- C. *Areas bordering the County.* County may enter into contracts or mutual aid agreements for EMS service to bordering counties. Any exclusivity for these agreements will be determined by the County within which the service area lies.

(Ord. No. 4991, § 2(8.74.050), 2-26-2013)

Sec. 8.74.060. - Service requirements.

Ambulance services and all emergency medical services shall conform to all laws, rules, and regulations set forth in the Vehicle Code, Health and Safety Code, and all Federal, State and County codes, regulations, policies, procedures, and protocols applicable to emergency medical services and/or ambulance services. Nothing by way of this chapter shall be construed to conflict with existing State laws concerning emergency medical services.

- A. *Ambulance.* Any person, owner, entity or agency operating, conducting, advertising, engaging in or professing to be engaged in the operation of any ambulance service, whether at the BLS, ALS, or CCT level, within the County must have a contract with the County in conformance with the requirements of this chapter prior to said operations.
1. All contractors of emergency ambulance services shall provide continuous 24-hour-per-day service, seven days a week, unless otherwise specified by the EMS agency in their contract.
 2. All emergency and non-emergency ambulance responses and transports shall be provided at the ALS level, in conformity with the California Code of Regulations, (22 CCR § 100167(b)(1)), State regulations and requirements, the County's Emergency Medical Services Agency Policy and Procedure Manual, Trauma Plan, and EMS Plan, County's field treatment protocols, and all agreements and contracts pertaining in whole or in part to patient care.

3. The EMS Agency Medical Director shall set the standards for emergency medical dispatch.
 4. The ambulance contractor shall adhere to and provide to the EMS Agency a staffing or deployment plan that describes the contractor's method of operation within the County.
 5. No contractor shall cause or allow its ambulance to respond to a location without receiving a specific request from its designated dispatch center for emergency medical services at that location. In the case of a witnessed incident, the ambulance staff shall notify the designated dispatch center to be assigned to the incident.
 6. In the event that an ambulance contractor is unable to respond to an individual request for emergency medical service, that contractor shall immediately notify its designated dispatch center.
- B. *Air ambulance service.* Any person, owner, entity or agency operating, conducting, advertising, engaging in or professing to be engaged in the operation of any fixed or rotary wing air ambulance service, whether at the BLS, ALS, or CCT level, within the County; or any rotary wing air ambulance service based outside the County but providing air ambulance service within the County, must have a contract with the County in conformance with the requirements of this chapter prior to said operations. Any person, owner, entity or agency operating, conducting, advertising, engaging in or professing to engage in, fixed-wing air ambulance service based outside of the County and providing air ambulance services within the County must be appropriately licensed and authorized in their jurisdiction of origin.
1. Air ambulance contractors shall meet or exceed the requirements in California Code of Regulations, Title 22, Division 9, Chapter 8, Sections 100302 and 100306.
 2. Air ambulance contractors based within the State shall provide an ALS level of service in conformity with the requirements of California Code of Regulations, Title 22, Division 9, Chapter 8, Section 100276 et seq.
 3. Air ambulance contractors shall meet or exceed all Federal licenses and permits necessary to provide air ambulance services.
 4. Air ambulance contractors, and any hospital at which an air ambulance is based, housed, or stationed either permanently or temporarily, shall meet or exceed all Federal, State and local regulations, ordinances, policies and procedures relating to air ambulances and shall comply with all appropriate Federal aviation regulations pertaining to and including flight operations, pilot flight and time duty, flight crews, and maintenance inspections.
 5. No air ambulance contractor shall cause or allow its air ambulance to respond to a location without receiving a specific request from the designated dispatch center for such service at that location. In the case of a witnessed incident, the air ambulance staff shall notify the designated dispatch center to be assigned to the incident.
 6. In the event that an air ambulance contractor is unable to respond to a request for emergency medical service, that air ambulance contractor shall immediately notify the designated dispatch center.
- C. *Rescue aircraft service.* The County may enter into one or more rescue aircraft transport contracts for the utilization of rescue aircraft in the prehospital emergency transport of a patient when use of an air ambulance or ambulance is not available or not appropriate under the circumstances. Rescue aircraft operations shall at all times be in conformance with the requirements of this chapter. Rescue aircraft transport contracts may be issued for the entire County or for specific primary response areas within the County.
1. A request for service from the designated dispatch center shall be deemed as authorization for the use of rescue aircraft operated by the California Highway Patrol, Department of Forestry, National Guard, or the Federal government.

2. In the event of a witnessed incident or where a rescue aircraft receives a request to respond from other than the designated dispatch center, the rescue aircraft shall notify the designated dispatch center via radio or appropriate ground relay to be assigned to the incident.
 3. In the event that a rescue aircraft contractor is unable to respond to a request for emergency medical service, that rescue aircraft contractor shall immediately notify the designated dispatch center.
 4. No rescue aircraft contractor subject to this chapter shall cause or allow its rescue aircraft to respond to a location without receiving a specific request or assignment from the designated dispatch center for such service at that location. In the case of a witnessed incident, the rescue aircraft staff shall notify the designated dispatch center to be assigned to the incident.
 5. Rescue aircraft providers, including any company, lessee, agency (excluding agencies of the Federal government), provider, owner, operator who provides or makes available prehospital air transport, or medical personnel, either directly or indirectly, shall adhere to all local statutes, ordinances, policies, and procedures applicable to EMS aircraft operations.
- D. *Litter van and wheelchair van service.* Litter van and wheelchair van medical transportation services will not be provided on an exclusive basis. Each medical transportation entity providing service within the County shall obtain a medical transportation provider permit issued by the Permit Officer or his or her designee. A medical transportation vehicle permit is required for each vehicle owned by the medical transportation entity and operated within the County.
- E. *ALS services.* Anyone wishing to provide ALS services utilizing EMS personnel certified at the ALS or LALS level must do so pursuant to a contract with the County.
- F. *Standby or special event.* ALS or LALS standby or special event coverage utilizing EMS personnel (non-ambulance services) will not be provided on an exclusive basis. EMS entities located outside the County utilizing EMS personnel may do so pursuant to a contract with the County for ALS or LALS level of service.

(Ord. No. 4991, § 2(8.74.060), 2-26-2013)

Sec. 8.74.070. - Rates.

- A. *Ambulance rates.* Where the County is the exclusive provider of ambulance services under the public utility model, the Board of Supervisors will establish the rates for emergency and non-emergency ambulance service. For non-exclusive operating areas for emergency or non-emergency ambulance service, the rates will be in accordance with the provider's contract.
- B. *Permit rates.* For permitted services, rates will be in accordance with the provider's permit.

(Code 1997, § 8.74.080; Ord. No. 4991, § 2(8.74.070), 2-26-2013)

Sec. 8.74.080. - Contract and permit requirements.

- A. *Applications.* Applications for either a contract or medical transportation provider permit shall be submitted on forms supplied by the County and shall include all of the following information. If applicant is required to be licensed and permitted by the California Highway Patrol, they shall hold a valid license and permit prior to submitting the application:
 1. The names and addresses of the applicant, registered owner, partner, officers, directors, and all shareholder who hold or control ten percent or more of the stock of the applicant, all cumulatively referred to hereinafter as "applicant;"

2. The name under which the applicant is, or proposes to engage in business;
3. The type and level of service proposed;
4. A statement specifying whether the applicant has provided any EMS services outside the County, and if so, under what name, what type of service, where and for how long;
5. A copy of a current CHP emergency ambulance nontransferable license unless exempt;
6. A copy of a current CHP authorized emergency vehicle permit for each ambulance if required by the CHP;
7. A copy of a current County business license and a copy of the business license for each city in which the applicant is doing business;
8. A statement of the legal history of the applicant inclusive of all criminal and civil convictions, suspensions and/or termination of EMS contracts and/or permits. The statement shall be accompanied by a completed application for a criminal record check from the applicant;
9. A statement that the applicant will abide, where applicable, by regulations of the California Vehicle Code and the California Code of Regulations, Title 13, Motor Vehicles;
10. A statement specifying the education, training, and experience of the applicant in the care and transportation of patients;
11. A statement that the applicant understands and will comply with the County's EMS Agency's policies and procedures for staffing, equipment, and supply specifications and requirements, including automated external defibrillators (AEDs);
12. A detailed description of the applicant's training and orientation programs for all EMS personnel, inclusive of EMTs and EMT-Ps, CCT authorized personnel, dispatchers, drivers, and maintenance staff;
13. A detailed description of the radio equipment, including vehicle radios as well as cellular phones in use;
14. A detailed statement demonstrating that the applicant owns or controls, in good mechanical condition, the required equipment to consistently provide the type of EMS service for which the Applicant is applying, and that applicant owns or controls a suitable facility from which contracted or permitted services will be operated, and the address and hours of operation for each facility listed;
15. A detailed description of the number of ambulances, EMS aircraft, and/or medical transportation service vehicles in use and for each: the make and model, year, vehicle identification number, State vehicle license number and proof of current Department of Motor Vehicles registration, where applicable proof of California Highway Patrol ambulance inspection report and ambulance identification certificate, and in the case of EMS aircraft, the aircraft registration number;
16. Evidence of insurance meeting the requirements of the County;
17. A statement that the applicant understands and will comply with the County's EMS vehicle inspection process including any required fees;
18. A detailed description of the applicant's program for maintenance for vehicles and/or aircraft, and equipment;
19. A quality assurance plan that meets EMS policies for the specific level of service;
20. A detailed list of all EMS personnel, inclusive of EMTs, EMT-P, registered nurses, and physicians and surgeons, with each person's license and certification information, license number and expiration date, and issuing jurisdiction, as well as ambulance driver's certificate and Department of Motor Vehicle license classification, number and expiration date, pilot license, classifications and expiration;
21. A staffing or deployment plan that describes the applicant's method of operation within the County;

22. For air ambulance and rescue aircraft applications, applicant shall also include proof of registration with the FAA and licensure and certification within the local origin including Commission on Accreditation of Medical Transport Systems (CAMTS) accreditation. Air ambulance applicants based outside the State of California bear the burden to demonstrate approximate equivalence with State of California and County rules, regulations, and policies requirements;
 23. The application fee as set by the County;
 24. A statement that the applicant will participate in the County's disaster response plan;
 25. Any other information that the County deems necessary for determination of compliance with this chapter.
- B. *Application fees.* The County shall set the contract application and permit fees by resolution. The fees shall not exceed the reasonable costs of administering and enforcing this chapter as determined by the Board of Supervisors. The application fee is nonrefundable. The Ambulance inspection fee may be returned if the applicant does not meet the basic requirements for an application and ambulances are not inspected.
- C. *Change in circumstances.* An applicant shall notify the Contract or Permit Officer, respectively, if any information in their application changes during the pendency of their application and shall provide, within five days of that notification, updated information. In the event of a change in ownership of the applicant, the successor owner shall submit a new application.
- D. *Application review, approval, or denial.*
1. *Review of application.* Within 60 days of receipt of a completed application and fee, the Permit Officer shall review the application, the site of operation, vehicles, and any other information the County deems necessary to ensure compliance with this chapter and shall determine if an extension is necessary or make a determination of:
 - a. Whether the applicant has submitted all of the required application information;
 - b. Whether the applicant meets all the requirements of applicable laws, regulations and policies, and this chapter;
 - c. Whether the applicant's vehicles, equipment, and appurtenances including radios, are in good working order and the vehicles pass inspection in accordance herein;
 - d. Whether the applicant is able to provide the requested service that meets the needs of the County and the public;
 - e. Whether the applicant has knowingly made a false statement of fact and/or knowingly failed to disclose pertinent facts, in the application, or committed any other act involving dishonesty, fraud, deceit or moral turpitude; and
 - f. Whether the applicant previously held a contract or permit that was terminated, suspended or revoked and whether the grounds for such termination, suspension, or revocation remain.
 2. *Approval of application for contract or permit.* If it is determined that the applicant meets all requirements within this chapter, the County shall approve the application and the Permit Officer shall issue the appropriate contract or permit.
 3. *Denial of application for contract or permit.*
 - a. If the application is not complete, the application shall be returned to the applicant. If it is determined that the applicant does not meet all requirements of this chapter, then County shall deny the application and Permit Officer shall notify the applicant in writing by certified mail.
 - b. Denial of applications shall be final unless applicant complies with the appeal procedure herein.
 - c. Denial of an application may be appealed in writing to the Emergency Medical Services Agency Administrator within 15 business days from the date of the mailed notice of denial. The appeal shall be signed by an authorized representative of appellant and shall set forth all relevant facts and law in

- support of the appeal.
- d. If the applicant disagrees with the decision of the EMS Agency Administrator, the applicant may appeal in writing to the Health and Human Services Director within seven calendar days of receipt of the EMS Agency Administrator's decision. The decision of the Health and Human Services Director is final, unless otherwise provided by law.
 - e. Evidence. An appeal to the Health and Human Services Director need not be conducted according to the technical rules relating to evidence and witnesses. Any relevant evidence may be admitted if it is of such nature as responsible persons are accustomed to rely on in the conduct of serious affairs. Written statements by a County officer or employee, an officer or employee of the State, or an officer or employee of any law enforcement or fire protection district acting in the course and scope of their official duties or employment may be accepted as evidence. The rules of privilege shall be effective to the same extent that they are now or hereafter may be recognized in civil actions. Irrelevant or unduly repetitious evidence shall be excluded.
- E. *Term.* A contract is valid for the period of time, and subject to the limitations, contained therein. Terms for renewal of contracts, if applicable, will be defined in the contract. A medical transportation permit may be issued on a fiscal-year basis for up to five years. Medical transportation service vehicles will be permitted on a fiscal-year basis for a period of up to one year expiring on June 30 of that fiscal year, and will be required to be renewed each successive year that the medical transportation permit is in effect. In the event that the medical transportation service vehicle is not permitted during the term of the medical transportation permit term, that medical transportation permit may be terminated.
- F. *Exceptions to contract requirements for ambulance.* The ambulance contract requirements shall not apply to the following:
1. Vehicles operated at the request of local authorities during any declared state of war emergency, state of emergency or local emergency, as defined in the Government Code or other periods of disaster or mass casualty incidents;
 2. Ambulances based and properly permitted outside the County transporting a patient into the County or transporting a patient through the County. In order to maintain proper medical control, communications shall be maintained under the requirements of the authorizing jurisdiction of origin of the transporting vehicles;
 3. Vehicles operated by governmental agencies and contractors of Federal or State agencies providing services under the authority of the governmental agency;
 4. As part of mutual aid requested by local authorities, a contracted provider, an incident commander, designated dispatch center or the County. Mutual aid providers must be properly licensed and authorized to provide services within their jurisdiction of origin.
- G. *Exceptions to contract requirements for EMS aircraft.* The County may allow air ambulances and rescue aircraft to operate within the County without contracts as follows:
1. At the request of local authorities during any declared state of war emergency, state of emergency, or local emergency as defined in the Government Code or other periods of disaster or mass casualty incidents;
 2. Where governmental agencies of Federal or State contractors are providing services under the authority of that governmental agency;
 3. As part of mutual aid requested by local authorities, an incident commander, designated dispatch center or the County. Mutual aid providers must be properly licensed and authorized to provide services within their jurisdiction of origin;
 4. In cases in which the County determines that the use of specialized aircraft or clinical teams may provide a benefit to the health and safety of a patient or

the County;

5. In cases in which the performance characteristics of a particular aircraft may allow the safe completion of a specific medical flight that could not be safely accomplished using a currently contracted air ambulance.

H. *Changes to operations.* The contractor or permittee shall notify the County about changes to business location and phone numbers, hours of operations, service charges and rates, insurance coverage, changes to the applicant, registered owner, partner, officer, director, controlling shareholder, or any other substantive change to the application on file, within 15 days of such changes.

(Ord. No. 4991, § 2(8.74.080), 2-26-2013)

Sec. 8.74.090. - Clinical requirements.

The Medical Director shall have medical control. All EMT and EMT-P personnel working in the County shall provide patient care in accordance with medical care policies, procedures, and protocols promulgated by the EMS Medical Director and shall provide the Medical Director with full access to all medical information pertinent to clinical care, data collection, evaluation and analysis.

(Ord. No. 4991, § 2(8.74.090), 2-26-2013)

Sec. 8.74.100. - Operational requirements.

A. *Personnel standards and training requirements.* A contractor or permittee shall only employ personnel who comply with the requirements of the California Code of Regulations, Title 22; Health and Safety Code § 1797 et seq.; this chapter; and the County's Emergency Medical Services Agency Policy and Procedure Manual.

1. *Ambulance personnel.* Each ambulance shall be staffed with no less than one EMT-P and one EMT, and shall be equipped with appropriate medical equipment and supplies.
 - a. Ambulance staff shall have satisfied the provisions of Sections 1100.3 and 1101 of the California Code of Regulations; Vehicle Code § 12527; and Health and Safety Code § 1797.160.
 - b. Ambulance staff shall be proficient in safely operating the vehicle assigned including defensive drivers training, and shall within 12 months of employment successfully complete an emergency vehicle operators course (eight-hour) which has been submitted to and approved by the County.
 - c. Ambulance staff shall be trained and competent in the proper use of all emergency vehicles and medical equipment, and shall hold the appropriate level of certification and/or accreditation to the level of service provided as specified in the contract.
2. *Critical care transport (CCT) personnel.* Each CCT vehicle shall be staffed with a minimum of one EMT and one specially trained and authorized EMT-P, or two EMTs and at least one registered nurse, physician, respiratory therapist, perfusionist, physician assistant, nurse practitioner or nurse mid-wife as determined by the physician responsible for the patient in accordance with policies established by the EMS Agency Medical Director. If the registered nurse, physician, or other advanced clinical attendant is also certified as an EMT or licensed as an EMT-P, the second EMT will not be required.
3. *Interfacility transport (IFT) personnel.* Each IFT shall be staffed with no less than one EMT-P and one EMT.
4. *Air ambulance personnel.* Air ambulances based in California shall be appropriately staffed and equipped to the advanced life support level pursuant to the requirements established in the California Code of Regulations, Title 22, Division 9, Chapter 8 (22 CCR § 100276 et seq.).

- a. If an air ambulance contractor utilizes flight nurses, contractor shall ensure that all flight nurses are licensed by the State. Flight nurses whose license has allowed to provide prehospital care within the County until they have met all requirements to bring their license current. Contractor shall ensure compliance with regulations from the Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9; and the California Nurse Practice Act of 1974.
 - b. Air ambulances based outside the State shall be appropriately staffed and equipped to the advanced life support level pursuant to the State and local requirements of their jurisdiction of origin.
5. *Rescue aircraft personnel.* Rescue aircraft based in the State shall be appropriately staffed and equipped to the classified level of service provided in accordance with the California Code of Regulations, Title 22, Division 9, Chapter 8 (22 CCR § 100281 et seq.).
 6. *Litter van and wheelchair van personnel.* Each litter van or wheelchair van must be staffed in accordance with California Code of Regulations, Title 22, Division 3, Chapter 3, Article 3 (22 CCR § 51231.1) for litter vans and (22 CCR § 51231.2) for wheelchair vans.
 - a. Drivers and attendants of litter vans and wheelchair vans shall be at least 18 years of age, shall hold an appropriate valid California driver's license, shall hold a current certificate in basic cardiac life support from either the American Heart Association or American Red Cross, and shall demonstrate compliance with all applicable State and local laws and regulations;
 - b. Drivers shall be trained and demonstrate proficiency in the safe operation of the litter van or wheelchair van vehicle assigned and all included equipment;
 - c. Personnel shall wear clean uniforms with visible identification including the employees name and the name of the medical transportation entity;
 - d. No person shall act in the capacity of a litter van and/or wheelchair van driver or attendant when such person:
 - i. Is required by law to register as a sex offender for any offense involving force, duress, threat or intimidation.
 - ii. Habitually or excessively uses or is addicted to narcotics or dangerous drugs, or has been convicted during the preceding seven years of any felony offense relating to the use, sale, possession or transportation of narcotics, addictive or dangerous drugs or alcohol.
 - iii. Habitually or excessively uses intoxicating beverages.
 7. *ALS service personnel.* All ALS service personnel shall be licensed and accredited at the ALS level.
 8. *Standby or special event personnel.* All special event personnel shall be licensed and accredited at the ALS or LALS level.
- B. *Equipment and supply requirements.* Each contractor and permittee shall meet or exceed the medical equipment and supply requirements set forth in Federal and State law, the California Code of Regulations, this chapter, the County's Emergency Medical Services Agency Policy and Procedure Manual, together with the following requirements applicable to the level of service being offered:
1. *Ambulance, critical care transport, and interfacility transport.* Each ambulance shall be equipped according to the vehicle safety and equipment requirements of the California Vehicle Code and the California Code of Regulations, Title 13, Motor Vehicles, and shall carry a photocopy or original current vehicle registration, current insurance identification, and unless otherwise exempt, a current California Highway Patrol inspection permit authorizing the use of the vehicle as an ambulance. Each interfacility transport by ambulance shall meet the requirements of this section. Each critical care transport vehicle shall also carry additional equipment and supplies as required by the sending physician.
 2. *Air ambulance interfacility transport.* All interfacility transports by air ambulance shall meet the requirements for air ambulance and rescue aircraft equipment and supplies set forth in California Code of Regulations, Title 22, Division 3, Chapter 8, Article 5 (22 CCR § 100306).
 3. *ALS service.* ALS service providers shall be equipped and supplied in accordance with the requirements for the level of service identified in their contract.

4. *Standby or special event.* Standby or special event providers shall be equipped and supplied in accordance with the requirements for the level of service identified in the contract.

(Code 1997, § 8.74.060; Ord. No. 4991, § 2(8.74.100), 2-26-2013)

Sec. 8.74.110. - Insurance requirements.

- A. Each contractor and permittee, respectively, shall secure and maintain at its sole expense in full force during the entire contract or permit term, automobile, public liability, aircraft liability, general liability, workers compensation, and professional liability error and omissions, insurance as required by, and in the form and amounts with the endorsements and conditions established by, the County's Risk Manager.
- B. Each contract and permit shall contain provisions, subject to County Counsel review and approval, that the contractor or permittee, respectively, agrees to protect, hold harmless and defend the County, its board, agents, officers, and employees from any and all claims or actions for property damage, personal injury, sickness, disease, or economic and consequential losses, in any way arising out of or incident to the contractor's or permittee's, respectively, acts or omissions under this chapter, and to pay any and all judgments, costs, attorney's fees which may be rendered against the County, its board, agents, officers, and employees in any and all such actions and proceedings.

(Code 1997, § 8.74.130; Ord. No. 4568, 12-12-2000; Ord. No. 4991, § 2(8.74.110), 2-26-2013)

Sec. 8.74.120. - Advertising.

All advertising shall comply with the following requirements:

- A. Advertising shall comply with Health and Safety Code § 1797.180, California Code of Regulations, Title 13 and Title 22, and regulations promulgated by the Commissioner of the California Highway Patrol.
- B. Any use of a telephone number on an Ambulance for non-emergency ambulance services shall include the phrase "For Emergencies Dial 9-1-1" in capital letters that are at least as large as the letters used for the telephone number.

(Ord. No. 4991, § 2(8.74.120), 2-26-2013)

Sec. 8.74.130. - Emergency and disaster operations.

- A. In the event of a disaster or mass casualty incident, the ability of the County to provide necessary prehospital emergency medical services may be disrupted or be inadequate for the number of casualties. It is necessary, therefore, that all contractors be available to assist disaster or mass casualty incidents. The County will determine the amount of the assistance needed, acceptable ambulance staffing and configuration, and may authorize the dispatch of ambulances as permitted by law. Each contractor shall make available and place into service all licensed and properly equipped units at the request of the County. The County will coordinate all medical mutual aid requests through the County designated dispatch center.
- B. Contractor shall have its disaster response and personnel callback plan on file with the County EMS Agency.
- C. All management and field personnel of the contractor shall follow guidelines and directions of the County's multi-casualty incident plan during these emergency operations.

- D. The County may assist the contractor in seeking reimbursement for contractor costs from any disaster relief monies. The County shall have no financial responsibility for contractor costs or charges.
- E. Contractors who provide emergency medical response shall participate at least once per year in a County-organized or -approved disaster exercise by sending one fully staffed emergency ambulance and one representative from management. A minimum 90-day written notice from the EMS Agency or its designee will be provided. All costs associated with their participation in the disaster exercise shall be the sole responsibility of the contractor.

(Code 1997, § 8.74.090; Ord. No. 4991, § 2(8.74.130), 2-26-2013)

Sec. 8.74.140. - Enforcement.

A. *Inspections and investigations.*

1. The County shall have the right to inspect, and audit, records, facilities, equipment, supplies, personnel, and methods of operation of a contractor or permittee whenever the County deems such inspection necessary.
2. The contractor or permittee shall cooperate with County in any investigations or possible violations of this chapter and shall make all dispatch logs and similar dispatch records including tape recordings available for inspection and copying at reasonable times at the contractor's or permittee's regular place of business. All tape recordings shall remain available for a minimum of 60 days from the date the recording was made.
3. The contractor or permittee shall allow County to inspect on a pre-announced or unannounced basis all emergency medical services vehicles and aircraft used by the contractor or permittee within the County. The purpose of such inspection is to determine if the vehicle or aircraft and its equipment and supplies are in good working order, properly maintained and equipped for the provision of the emergency medical services for which it is contracted or permitted. The inspection for ambulances will be for all equipment identified in the County's Emergency Medical Services Agency Policy and Procedure Manual which has not been inspected by the California Highway Patrol under the California Code of Regulations, Title 13, Vehicle Code §§ 1103 and 1103.2. The contractor or permittee shall inform the County of any suspension and/or revocation of their California Highway Patrol ambulance service license or vehicle certificate or permit for vehicles used within the County.

- B. *Consumer complaints.* Any person alleging that a contractor or permittee has provided unsatisfactory or inappropriate emergency medical services may file a written complaint with the Contract Officer or Permit Officer setting forth such allegations. The Contract Officer or Permit Officer shall notify the contractor or permittee in writing of the receipt of the complaint. The Contract Officer or Permit Officer shall investigate the complaint to determine whether the Contractor or permittee has committed any improper act or failed to satisfactorily perform any duty specified in this chapter. Contractor or permittee may provide a written response to the Contract Officer or Permit Officer in writing within ten business days from the receipt of that notification. If the Contract Officer or Permit Officer determines that a contractor or permittee has committed a violation of this chapter, the Contract Officer or Permit Officer shall take timely and reasonable actions to secure compliance with the conditions and provisions of this chapter. If the Contract Officer or Permit Officer is unable to secure compliance, the Contract Officer or Permit Officer will initiate action to suspend, revoke, or terminate the contract or permit.

C. *Suspension, revocation and/or termination.*

1. Following the procedures specified in the contract or permit, the County may suspend or revoke a permit or contract for:
 - a. Violating any provision of the contract or permit;
 - b. Violating any provisions of this chapter or violating any provisions of statute, regulations or other laws relating to emergency medical services;

- c. Changing the operational or financial capabilities of the permittee or contractor in such a manner that had that change been known at the time of the application could have been denied;
 - d. Failing to pay any fine issued pursuant to this section within ten business days.
2. The County may suspend, revoke, or terminate an emergency medical services contract as specified in the contract.
 3. Suspension is not a condition precedent to revocation.
- D. *Penalties.* The County may impose fines for noncompliance infractions of this chapter as defined in the terms and/or conditions of a contract or permit. If fines are not specified in the contract or permit, infractions of a contract or permit are punishable by a fine not exceeding: \$100.00 for a first violation; \$200.00 for a second violation of the same infraction within one year; and \$500.00 for each additional violation of the same infraction within one year.
- E. *Appeals.*
1. Requests to challenge the decision to terminate a contract will be conducted as specified in the contract.
 2. Suspension and/or revocation of permits by the Emergency Medical Services Agency Administrator may be appealed to the Health and Human Services Director, in accordance with the timing and procedure set forth in Section 8.74.080.D. In any case where the Health and Human Services Director determines to uphold the decision to suspend or revoke a permit, the Director shall prepare a written notice of suspension or revocation which includes a statement of the proposed action, a concise explanation of the reasons and basis for the proposed action and an explanation of the permittee's right to appeal to the Board of Supervisors. Within five business days of the mailing of the Director's notice, the permittee may file an application for appeal to be held in accordance with the procedures set forth in Chapter 2.09.
 3. Exception to hearing procedure. When, in the opinion of the Health and Human Services Director, there is a clear and imminent threat to the safety and protection of the public, the Health and Human Services Director may suspend a permit without following the procedure set forth in Section 8.74.080.D. A written notice of decision and the basis relied upon for such action shall be provided to the permittee. The permittee may file an application for appeal to the Board of Supervisors in accordance with the procedures set forth in Chapter 2.09.
 4. Notification. When a permit is suspended or revoked or a contract terminated, the Permit Officer shall notify all public safety agencies, hospitals and other interested parties in the County of this fact, specifying the name of the permittee or contractor, and the action taken.

(Code 1997, § 8.74.120; Ord. No. 4991, § 2(8.74.140), 2-26-2013)



City of South Lake Tahoe

"making a positive difference now"

March 21, 2012

Bryan Pond
Cal Tahoe
1901 Airport Rd. Ste. 301
South Lake Tahoe, CA 96150

Re: Transporting and Non Transporting Advanced Life Support Services
Agreement Between Cal Tahoe and Member Agency

Dear Mr. Pond:

At their regularly scheduled meeting of March 20, 2012, the City Council approved the above-referenced agreement.

Enclosed is one original agreement for signature. Once signed, please retain a copy for your files and mail the original to this office.

If you have any questions, please do not hesitate to call me at (530) 542-6003 or email me at epalazzo@cityofslt.us.

Sincerely,

Ellen Palazzo, CMC
Assistant City Clerk

Enclosure

**TRANSPORTING AND NON-TRANSPORTING
ADVANCED LIFE SUPPORT SERVICES
AGREEMENT
BETWEEN CAL TAHOE AND MEMBER AGENCY**

THIS AGREEMENT made and entered into by and between the California Tahoe Emergency Services Operations Authority (hereinafter referred to as "CAL TAHOE"), and City of South Lake Tahoe, (hereinafter referred to as "Member Agency"), whose principal place of business is 1901 Airport Rd, Ste. 300, South Lake Tahoe, CA.

RECITALS

WHEREAS, CAL TAHOE is responsible for providing Advanced Life Support (ALS) prehospital medical care within its jurisdiction, in compliance with the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; and

WHEREAS, Member Agency desires to provide Advanced Life Support prehospital medical care services in El Dorado County; and

WHEREAS, Member Agency may also desire to provide Advanced Life Support emergency medical services, be it for an emergency, at a special event, or routine medical transportation; and

WHEREAS, this Agreement is developed in compliance with the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; and

WHEREAS, Member Agency agrees to comply with the requirements of the California Health and Safety Code, Division 2.5, Section 1797 et seq.; California Code of Regulations, Title 22, Division 9, Chapter 4, Article 5, Section 100164; the County Emergency Medical Service and Medical Transportation Ordinance; the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; the standards of the El Dorado County EMS Agency, including but not limited to the County EMS Agency Policy and Procedure Manual, El Dorado County Trauma Plan, and applicable agency, State or local statutes, ordinances or regulations; and

WHEREAS, the El Dorado County EMS Agency Medical Director, through the County EMS Agency, and as defined in the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado, has the authority to develop overall plans, policies, and medical standards to ensure that effective levels

of ALS care are maintained within the COUNTY; and that the Medical Director has the exclusive authority for establishing the required equipment, medication inventories, and medical protocols; and

WHEREAS, the El Dorado County EMS Agency Medical Director shall have retrospective, concurrent, and prospective medical control including access to all information pertinent to data collection, evaluation and analysis,

CAL TAHOE and Member Agency mutually agree as follows:

SECTION I -DEFINITIONS

The following terms and definitions apply to this Agreement:

1. Advanced Life Support (ALS) means special services designed to provide definitive prehospital emergency medical care, including, but not limited to cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital or as otherwise defined by the Federal Health Care Finance Administration.
2. ALS Service Agency A public agency, private corporation, or other business entity which has 1) met all criteria for approval and has been approved by the EMS Agency in accordance with Title 22 California Code of Regulations (CCR) Division 9, Chapter 4, Section 100167 to provide ALS services to a designated geographic area with a designated number of DMT-P units and 2) employees certified EMT-1, certified EMT-2 or licensed paramedic personnel for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport, or during interfacility transfer (Reference Title 22 CCR Section 100401). This definition shall include all authorized air ambulances servicing the County of El Dorado.
3. Ambulance means a vehicle that is specially constructed, modified or equipped, and used for the purpose of transporting sick, injured, convalescent, infirm, or otherwise incapacitated persons. In the case of vehicles owned and operated by public agencies, ambulance must meet the same standards for construction, identification, mechanical integrity, equipment and supplies as required of private agencies by the California Highway Patrol.

4. Arrival at the Scene means the time that an emergency response vehicle comes to a physical stop at an emergency scene (wheels stopped).
5. Base Hospital An acute care hospital responsible for providing on-line (active communication via radio, telephone or other electronic telephonic communication device) and off-line (discussion at Continuous Quality Improvement or peer review meetings) medical direction/control to COUNTY accredited EMT-Ps, pursuant to a written agreement with the COUNTY in accordance with Title 22 CCR Division 9, Chapter 4, Section 100168.
6. County means County of El Dorado, the political subdivision of the State of California. The Health Services Department through its local County EMS Agency is responsible for the direct oversight of prehospital emergency and non-emergency medical care in El Dorado County.
7. Critical Care Transport (CCT) means a transport during which a patient requires a level of medical care and/or observation that exceeds the standard scope of practice for County accredited paramedics. Such services may be rendered by specially trained and authorized paramedics, or registered nurses, physicians, respiratory therapists, perfusionists, physician's assistants, nurse practitioners or nurse midwives as determined by the physician responsible for the patient and the County EMS Agency Medical Director.
8. Emergency means a condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by emergency medical personnel, a public safety agency, or may reasonably be perceived by any prudent lay person; any sudden or serious illness or injury requiring immediate medical or psychiatric attention under such circumstances in which a delay in providing such services may aggravate the medical condition or cause the loss of life or an unknown situation; furthermore, any case declared to be an emergency by a physician.
9. Emergency Medical Response means responding immediately to any request for ambulance service for an emergency medical condition. An immediate response is one in which the ambulance vehicle responding begins as quickly as possible to take the steps necessary to respond to the call.
10. Emergency Medical Service and Medical Transportation Ordinance means an ordinance adopted by the El Dorado County Board of Supervisors that sets the standards and/or definitions for emergency medical services and medical transport; personnel and training requirements; equipment and supply requirements; response times; communication requirements; and

medical transportation service requirements. It empowers the El Dorado County Emergency Medical Services Agency through the County Health Services Department to issue permits to litter van and wheelchair van transport services, and enter into contracts with ambulance entities; monitor performance; enforce standards, if necessary; and act in an impartial manner as an arbitrator in matters of citizen complaints.

11. Emergency Medical Services (EMS) means the medical services provided in an emergency.
12. Emergency Medical Services Agency (EMS Agency) means the administrative agency designated through the Health Services Department by the El Dorado County Board of Supervisors pursuant to Health and Safety Code, Section 1797.200.
13. Emergency Medical Services Aircraft (EMS Aircraft) means any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.
14. Emergency Medical Technician or EMT means an individual trained in all facets of basic life support (as defined in Health and Safety Code Section 1797.80) according to standards prescribed in the California Code of Regulations. Title 22, Chapter 2, and who has a valid State of California certificate.
15. Emergency Medical Technician-Paramedic or EMT-P means an individual who is educated and trained in all elements of prehospital Advanced Life Support; whose scope of practice is to provide Advanced Life Support in accordance with the standards prescribed in the California Code of Regulations, Title 22, Chapter 4; and who has a valid State paramedic license. Paramedics working in El Dorado must additionally be accredited according to standards established by the County EMS Agency Medical Director.
16. Medical Director means the medical director of the County EMS Agency.
17. Mobile Intensive Care Nurse (MICN) means a registered nurse who is licensed by the California Board of Registered Nursing and who has been authorized by the medical director of the local County EMS agency as qualified to provide prehospital Advanced Life Support or to issue instructions to prehospital emergency medical care personnel within an EMS system according to standardized procedures developed by the local County EMS Agency.

18. Physician means an individual licensed by the State as a doctor of medicine or doctor of osteopathy.
19. Prehospital Care Report (PCR) means the form approved by the County EMS Agency for the purpose of documenting all patient care provided in El Dorado County and shall also include all required billing information.
20. Primary Response Area means a geographical area designated by the County as an emergency medical services zone.
21. Registered Nurse means an individual licensed by the State of California Board of Registered Nursing. (Note: Nurses originating from the state of Nevada who provide emergency medical transportation services across the California-Nevada border shall be licensed by the Nevada State Board of Nursing.)
22. Response Time means the time interval from the moment that the ambulance or medical transportation entity is first made aware of the call back number, the address of the patient or passenger, and in the case of ambulance request the presumptive patient condition as defined by EMD, and in the case of medical transportation the requested level of service, until the arrival at the scene of the emergency or pickup point, which is the time that an ambulance or medical transportation vehicle comes to a physical stop at the scene (wheels stopped).
23. Special Event means an event where spectators and/or participants in the event have a potential for illness or injury, or any situation where a previously announced event results in a gathering of persons in one general locale, sufficient in numbers, or engaged in an activity, that creates a need to have one or more EMS resources at the site as defined by EMS Agency Policy issued by the EMS Agency Medical Director.
24. Utilization Ratio means a measure of productivity. The unit hour utilization ratio is calculated by dividing the number of transports during a given period by the number of unit hours produced during the same period.
25. Unit Hour means a fully staffed, equipped, and available ambulance available for or involved in emergency medical response for one hour. For example, if a system operates one unit for 24 hours and transports 12 patients in that period, its unit hour utilization ratio would be 0.50.

SECTION 11-SCOPE OF SERVICES

Member Agency agrees to provide full service Prehospital Advanced Life Support Services as described in this Agreement, and the terms and conditions of the El Dorado County Emergency Medical Service and Medical Transportation Ordinance. In the performance of its obligation hereunder, it is agreed that the Member Agency is subject to the medical control of the El Dorado County EMS Agency Medical Director, and to the control or direction of CAL TAHOE.

1. Member Agency shall provide prehospital Advanced Life Support service response on a continuous twenty-four (24) hour per day basis, unless otherwise specified by the County EMS Agency, in which case there shall be adequate justification for the exemption, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100167.
2. Member Agency shall at all times meet the requirements set forth by the California Highway Patrol; the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority, the California Code of Regulations, the El Dorado County Emergency Medical Service and Medical Transportation Ordinance, the El Dorado County EMS Agency Policies, Procedures and Field Treatment Protocols, and any other applicable statute, ordinance, and resolution regulating Advanced Life Support services provided under this Agreement, including but not by way of limitation, personnel, vehicles, equipment, services, and supplies which are the subject of this Agreement. In the event of any conflicting statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.
3. This Agreement is for prehospital Advanced Life Support services provided in the primary response area of El Dorado County known as County Service Area No.3 South Shore Area, and a part of Alpine County, except for the "Tahoe West Shore" in El Dorado County. Member Agency shall be responsible for providing prehospital Advanced Life Support services for all emergency requests for ALS service received from any person or any agency in the coverage area and dispatched through the designated dispatch center.
4. Member Agency shall ensure that personnel shall be familiar with local geography throughout the primary response area.

Article I -Standards of Service for Prehospital ALS

1. Member Agency shall respond to requests for emergency medical services from the designated dispatch center.

2. Member Agency shall not cause or allow its ALS units to respond to a location without receiving a specific request from the designated Dispatch Center for such service at that location.
3. Member Agency shall immediately respond to requests for emergency medical service to the address or place given and shall complete that run, unless diverted by the designated Dispatch Center.

Member Agency shall promptly respond an ALS unit to the emergency call and shall complete that run, unless diverted by the designated Dispatch Center pursuant to CAL TAHOE's System Status Management Plan.

4. In the case of scheduled ambulance service, Member Agency shall schedule a time to respond that is acceptable for non-emergency calls, and shall complete that run, unless diverted by the designated Dispatch Center pursuant to CAL TAHOE's System Status Management Plan.
5. In the case of ambulance service, ambulances shall notify the designated dispatch center when enroute, upon arrival at scene, upon arrival at patient, upon departure from scene, upon arrival at hospital, and upon departure from hospital. Ambulances shall notify the designated dispatch center when they are committed to a call, out of service, or when any other status change occurs.

In the case of ALS first responder, the first responder shall notify the designated dispatch center when enroute, upon arrival at scene, upon arrival at patient, upon departure from scene, and shall notify the designated dispatch center when they are committed to a call, out of service, or when any other status change occurs.

6. In the case of ambulance service, ambulances shall notify the base hospital and give a report on patient status, treatment given, and estimated time of arrival. Member Agency shall ensure that prehospital personnel shall communicate current and ongoing patient assessments to the Base Hospital, and collaborate with Base Hospital in the provision of care, and follow physician or MICN direction as instructed.
7. In the event that Member Agency is unable to respond to a request for emergency medical service, the Member Agency shall immediately notify the designated Dispatch Center. When all vehicles in service are committed, mutual aid request provisions shall be followed.
8. Member Agency shall not advertise itself or the responding unit as providing advanced life support services unless routinely providing advanced life support services on a continuous twenty-four (24) hour-per-day basis, as

provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7.

9. In the case of emergency ambulance responses. Member Agency shall meet the maximum response times as established in the Prehospital Advanced Life Support and Dispatch Services Contract between El Dorado County and CAL TAHOE.
10. Member Agency shall implement said ALS emergency medical services as a part of CAL TAHOE's response system within the Primary Response Area, and adhere to a System Status Management Plan developed by CAL TAHOE at all times during the term of this Agreement.

Article II • System Designations

1. The designated Base Hospital provides on-line medical control according to the California Health and Safety Code, Division 2.5, Section 1798.000 through and including Section 1798.104. The designated Base Hospital for CSA NO.3 (CSA #3) South Shore Area is Barton Memorial Hospital.
2. The designated Dispatch Center for CSA No.3 is the City of South Lake Tahoe Dispatch Center. CAL TAHOE shall respond to requests for prehospital Advanced Life Support services from the designated Dispatch Center.

Article 111-Personnel Requirements

1. Member Agency shall ensure that all Paramedic personnel are licensed by the State of California and accredited with the County EMS Agency. Member Agency shall ensure that EMT personnel are certified in El Dorado County. Personnel whose certification/accreditation has lapsed shall not be allowed to provide prehospital care within El Dorado County until they have met all requirements to bring current their certification/accreditation. Member Agency shall ensure compliance with all EMT and EMT-P regulations from the State of California Health and Safety Code, Division 2.5, and Title 22, Division 9, and ensure that the County EMS Agency Policies, Procedures and Field Treatment Protocols are followed. For each new employee,

Member Agency shall provide a copy of such records of certification and/or accreditation to CAL TAHOE.

2. Member Agency shall ensure that all personnel will be physically and mentally fit to serve in the prehospital care capacity. No intoxicating substance shall be used while on duty, nor shall they be used in the eight (8) hours prior to reporting for duty.

3. In the case of ambulance service, Member Agency shall maintain a minimum staffing level of not less than one (1) EMT and one (1) Paramedic.
4. In the case of Critical Care Transport (CCT) Ambulance, each CCT ambulance shall be staffed with a minimum of one EMT and one registered nurse qualified at the appropriate level or a physician to provide critical care during transport, as agreed upon by the sending hospital. Each ambulance shall be equipped with appropriate medical equipment and supplies.

In the case of First Responder ALS, Member Agency shall maintain a minimum staffing level of not less than one (1) CAL TAHOE Paramedic.
5. Member Agency shall ensure that the medical certification and/or accreditation level of all personnel be clearly displayed. Said identification shall be worn as deemed operationally necessary.
6. In the case of ambulance service, Member Agency shall ensure that a crew or individual is not being constantly overworked, Overwork is defined as: working an individual in excess of any consecutive hours which may impair patient care, and not allowing an individual at least twelve (12) hours off, immediately following three (3) 24-hour periods worked. Any exceptions due to extenuating circumstances will be reported in writing within 72 hours to CAL TAHOE who may be required to revise its System Status Management Plan, deployment plan, crew hours or additional hours.
7. In the case of ambulance service, the maximum unit hour utilization (UHU) for 24-hour ambulance transport unit crews shall not exceed 0.40 continuously without County approval. County shall review CAL TAHOE's System Status Management Plan any time the ratio of transports to unit-hour production exceeds 0.40 UHU.
8. Member Agency shall maintain good working relationships with fire agencies; law enforcement; base hospitals; County EMS Agency; and City and County staff. The conduct of personnel must be professional and courteous at all times.
9. Member Agency shall provide safe and sanitary living quarters for on-duty personnel.

Article IV • Equal Opportunity Employer

Member Agency shall be an equal opportunity employer and shall be committed to an active Equal Employment Opportunity Program (EEOP). It shall be the stated policy of Member Agency that all employees and applicants shall receive equal consideration and treatment in employment without regard to race, color, religion,

ancestry, national origin, age (over 40), sex, marital status, medical condition, or physical handicap.

All recruitment, hiring, placements, transfers and promotions will be on the basis of individual skills, knowledge and abilities, regardless of the above identified basis. All other personnel actions such as compensation, benefits, layoffs, terminations, training, etc., are also administered without discrimination. Equal employment opportunity will be promoted through a continual and progressive EEOP. The objective of an EEOP is to ensure nondiscrimination in employment and, wherever possible, to actively recruit and include for consideration for employment minorities, women and the physically handicapped.

Article V -Training Requirements

1. Member Agency shall maintain records of all EMS training, continuing education and skills maintenance as required by the El Dorado County EMS Agency. Member Agency shall provide to the County EMS Agency specific records upon request.
2. Member Agency shall agree to participate in EMS system components that include paramedic, nurse and trainee field observations including ride-alongs, disaster drills, and continuing education programs, even if such persons are employed by provider.
3. Member Agency shall provide qualified paramedic personnel to be Field Training Officers (FTO's) to instruct and accredit paramedics who are new to the system or who are in an approved paramedic internship program. FTO's shall provide orientation to El Dorado County EMS Policies, Procedures, Protocols, Trauma Plan, EMS Plan, EMS radio communication and Base Station and receiving hospitals. FTO's shall provide training in any optional scope of practice procedure currently in effect in El Dorado County. CAL TAHOE shall ensure that FTO's shall be allowed to attend meetings and/or training pertinent to the El Dorado County EMS system. The County EMS Agency Medical Director shall approve all El Dorado County FTO's.

Article VI -Community Education

Member Agency shall participate in providing community education on 9-1-1 system access, CPR and first aid, and shall utilize community organizations to support and enhance local community efforts in providing public education.

Article VII -Quality Improvement/Quality Assurance

1. Member Agency shall have and maintain a comprehensive internal medical and operational quality assurance program. This program shall, at a

minimum, monitor and evaluate the prehospital Advanced Life Support services required in this Agreement. The program shall be reviewed and approved by CAL TAHOE.

2. Member Agency shall participate in assigned CAL TAHOE quality improvement! quality assurance activities, and shall appoint appropriate personnel to serve on prehospital and disaster committees, as needed. These committees and/or activities shall include, but are not limited to, Continuous Quality Improvement

Committee (CQIC), Medical Advisory Committee (MAC), peer review, post incident critiques, and other related activities and committees.

3. Member Agency shall cooperate fully in supplying all requested documentation to CAL TAHOE, the Base Hospital and the County EMS Agency, and shall participate fully in all quality assurance programs mandated by the COUNTY.
4. Member Agency shall allow inspections, site visits or ride-alongs at any time by CAL TAHOE and County EMS Agency staff, with or without notice, for purposes of CAL TAHOE contract compliance and medical quality assurance.

Article VIII -Mutual Aid Requests

1. Mutual aid response shall be performed in accordance with approved cover and mutual aid agreements. In the course of rendering such services, Member Agency shall be exempt from the maximum response time standards. Member Agency shall advise dispatch that they are unable to respond to mutual aid requests if such response is in conflict with a response in the Primary Response Area.
2. Mutual aid response may require Member Agency to respond ALS vehicles into a response area other than that assigned in this Agreement. Whenever Member Agency personnel receive a request for service in another area, Member Agency personnel shall immediately respond an ALS vehicle as directed. If, due to prior or concurrent commitments of on-line units, the Member Agency personnel are unable to respond in a timely manner, the requesting agency shall be notified immediately. If the requesting agency's urgency is such that it would be appropriate to call up staffing of a backup unit, the Member Agency shall initiate such call-up.

Article IX -Disaster/Multicasualty Incident Requirements

1. Member Agency shall cooperate with CAL TAHOE in establishing disaster and multicasualty incident plans, policies and procedures; and assist in

planning and participate in interagency disaster/multicasualty incident training exercises annually.

2. During declared disasters or large-scale multicasualty incidents, Member Agency shall be exempt from all responsibilities for response-time performance until notified by CAL TAHOE. When the Member Agency is notified that disaster assistance is no longer required, the Member Agency shall return all its resources to the primary area of responsibility, and shall resume all operations in a timely manner.
3. During the course of a disaster or large-scale multicasualty incident, Member Agency shall use best efforts to provide Priority 1, Priority 2, and Priority 3 service coverage to the assigned Primary Response Area while suspending Priority 4, 5, and 6 service upon notification of such by CAL TAHOE.

Article X -Drugs and Medical Supplies

Member Agency shall possess and agree to maintain adequate drug and solution inventory, drugs, and supplies in compliance with the El Dorado County EMS Agency Policy and Procedure Manual.

Article XI . ALS Medical Equipment

1. Standards for medical equipment shall be in compliance with the County EMS Agency Policy and Procedure Manual promulgated by the County EMS Agency as required for the level of service being provided. The County EMS Agency provides electronic access to the Policy and Procedure Manual and Manual updates on an ongoing basis. Member Agency shall be charged with knowledge of that Policy. The policy shall be updated from time to time as determined necessary by the County EMS Agency.
2. Compliance with these medical equipment requirements is not mandated for inactive "reserve" units. Vehicles, equipment and supplies shall be maintained in a clean, sanitary and safe mechanical condition at all times.
3. Upon inspection by the COUNTY, any primary or backup ambulance failing to meet these medical equipment requirements shall be immediately removed from service and remain out of service until any deficiency is corrected. Upon inspection by the COUNTY, any Advanced Life Support vehicles other than ambulance failing to meet these medical emergency requirements shall immediately discontinue providing advance life support services until all deficiencies are corrected. At the time when a reserve ambulance unit is used to provide the services required by this Agreement, the unit shall comply with all Equipment Requirements as specified in this Agreement.

Article XII -Communications Equipment

Member Agency shall possess and agree to utilize exclusively and maintain two-way communication equipment that is compatible with COUNTY approved dispatch, designated Base Station facilities and all EMS users. Communication capabilities and use of frequencies will be monitored by CAL TAHOE and the County EMS Agency. (No private medical transportation/ambulance system telephone access number shall exist for emergency dispatch.)

SECTION 111-DATA COLLECTION AND REPORTING REQUIREMENTS

Member Agency shall submit reports and data to CAL TAHOE in a form and manner approved by CAL TAHOE. The articles hereinafter detail reporting requirements and timetables, which are intended to be mandatory and exemplary but not intended to be all-inclusive.

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2. Compliance with these medical equipment requirements is not mandated for inactive "reserve" units. Vehicles, equipment and supplies shall be maintained in a clean, sanitary and safe mechanical condition at all times.
3. Upon inspection by the COUNTY, any primary or backup ambulance failing to meet these medical equipment requirements shall be immediately removed from service and remain out of service until any deficiency is corrected. Upon inspection by the COUNTY, any Advanced Life Support vehicles other than ambulance failing to meet these medical emergency requirements shall immediately discontinue providing advance life support services until all deficiencies are corrected. At the time when a reserve ambulance unit is used to provide the services required by this Agreement, the unit shall comply with all Equipment Requirements as specified in this Agreement.

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SECTION 111-DATA COLLECTION AND REPORTING REQUIREMENTS

Member Agency shall submit reports and data to CAL TAHOE in a form and manner approved by CAL TAHOE. The articles hereinafter detail reporting requirements and timetables, which are intended to be mandatory and exemplary but not intended to be all~ inclusive.

Member Agency shall be responsible to ensure that all information is provided to CAL TAHOE in a timely manner as indicated throughout this Agreement.

Article I -Patient Care Report

1. Member Agency personnel shall utilize the El Dorado County "Prehospital Care Report" (PCR) for all emergency and non-emergency responses including non-transport.
2. The Prehospital Care Report and billing paperwork shall be submitted to COUNTY according to the time frames established in writing by Ambulance Billing as required by El Dorado County EMS Policy: "Documentation -Medic Unit Prehospital Care Report Form".
3. In the case of ALS first responder where the first responder maintains patient care and rides in the ambulance, one of the following documentation options shall be utilized: a) a PCR may be filled out by the first responder paramedic and be utilized as the only PCR for that patient; or, b) the first responder paramedic completes a first responder PCR, and the ambulance paramedic completes a separate PCR.
4. In the case of ALS first responder, at the time of transfer of patient care to the transporting paramedic, the first responder shall relay all pertinent information including, but not limited to: patient history, mechanism of injury, medications normally taken, allergies, assessment finding, and treatments already performed.
5. In the case of ALS first responder where the first responder report is not completed prior to the ambulance leaving the scene; the first responder shall complete this report within 24 hours and follow the distribution instructions as

defined in the El Dorado County EMS documentation policy. If any portion of the incomplete PCR is passed on to the transporting unit, it shall not be considered an official document.

6. Member Agency personnel shall perform due diligence to obtain and transmit all required billing and patient care information. If circumstances arise which limit the availability of patient information, billing information, and associated information, Member Agency shall remain responsible to obtain the required information and submit it to COUNTY. Member Agency personnel shall adhere to the requirements of the El Dorado County EMS Policy: "Documentation -Medic Unit Prehospital Care Report Form".
7. Ambulance Billing shall notify the Member Agency management of failure to adequately complete a PCR. Repeated failures to adequately complete the PCR shall be reported to the JPA, and the JPA shall take the necessary action to correct the omission/error situation. Ambulance Billing personnel shall provide reports no less than monthly to the JPA to help identify personnel in need of additional training.
8. Upon receipt of notification from Ambulance Billing of missing or incomplete items of billing or patient care information, the JPA shall have five calendar days in which to furnish the required information to Ambulance Billing. This reporting timeline may be adjusted by the County EMS Agency Administrator according to the sensitivity and urgency of required information.

Article II • Incident Report

Member Agency shall furnish its personnel with EMS Event Analysis forms, and shall ensure that its personnel understand and utilize such forms. Member Agency shall notify CAL TAHOE within 24 hours if a sentinel event occurs, i.e., injury to patient, crew or public, or violent or high profile incident. Member Agency may also provide notification and EMS Event Analysis forms to the El Dorado County EMS Agency.

1. Mutual Aid Received or Provided

Member Agency shall document each occurrence of Mutual Aid emergency medical response into the Primary Response Area by an out-of-area ambulance service entity, or Mutual Aid rendered to another agency outside the Primary Response Area on an EMS Event Analysis Form. Such report shall detail the time of incident dispatch, time that mutual aid was requested, location of incident, and the reason Mutual Aid was required.

2. Unusual Activities

Member Agency shall document any and all incidents of unusual activities or occurrences that impacted or had an effect on the normal delivery of services. Events that an attending medic or the Member Agency feel should be documented but are not appropriate to include on the PCR should be included on the EMS Event Analysis form. Such activities may include but are not limited to: acts of violence, combative patients, patient care concerns, inter-agency conflicts, medical equipment failures, obstacles to responses including chronic adverse road conditions, and radio, dispatch, or communication failures. Any other unusual activities that have the potential of affecting patient care shall be documented as well.

3. Vehicle Failure and Accident Reporting

Member Agency shall document vehicle failure above and beyond usual scheduled maintenance and repairs and ambulance vehicle accidents that could potentially have a detrimental effect on patient care issues.

Article III • Ambulance Response Time Report

1. Member Agency shall submit a monthly report to CAL TAHOE on all emergency medical response times. Such report shall include data identifying the Incident Number, Date, Unit Number, Response Mode (Priority 1, 2 & 3), and the following times: Time of Dispatch, Arrival at Scene, Depart Scene, and Arrival at Hospital. Emergency medical response time data shall be provided as a computerized report in a tab-delineated format.
2. For each response within the previous calendar month that exceeds the Response Time Standard for the area of dispatch location (Urban, Semi-Rural/Rural, or Wilderness) Member Agency shall submit a Response Time Exception Report to CAL TAHOE. The reason for the delayed response time shall be clear, precise, and verifiable in order to determine if the exception is acceptable. These reports shall be submitted to CAL TAHOE for the previous calendar month of service on a monthly basis.

SECTION IV -CONTRACT REQUIREMENTS

Article I • Operational Policies

Member Agency shall be responsible to comply with all operational policies and standards currently articulated in this Agreement; CAL TAHOE's Policy and Procedure Manual; the Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9; policies and procedures promulgated by the California Emergency Medical Services Authority, and by the El Dorado County Emergency Medical Services Agency.

Article II -Billing for Services

Parties receiving emergency medical transport services from Member Agency shall be billed by County Ambulance Billing for said services.

Ambulance personnel shall not request nor receive payment for any services provided pursuant to this Agreement, nor shall they quote charges to the patient or any other concerned individuals, or extend promises for special treatment regarding billable charges. CAL TAHOE shall provide ambulance billing rate forms to ambulance personnel, and personnel may make these forms available to individuals upon request.

Article III -Term

This agreement shall become effective when fully executed by the parties hereto and will remain in effect, unless terminated pursuant to provisions in Article V of this section. This Agreement will be reviewed by May 31 of each year for continuation of service.

Article IV • Compensation for Services

(TO BE DETERMINED BY CAL TAHOE)

Article V -Changes to Agreement

This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and approved by the duly authorized boards and fully executed by duly authorized officers of the parties hereto.

This Agreement is subject to termination by mutual agreement, initiated by either party, for any reason during the term of the Agreement. Termination of this Agreement may be initiated by providing written notice to the other party of intent to cancel at least 30 days prior to termination date.

CAL TAHOE may deny, suspend or revoke this Agreement for failure of the Member Agency to comply with this Agreement, the El Dorado County Emergency Medical Service and Medical Transportation Ordinance; or applicable policies, procedures and regulations promulgated by the State of California or by the El Dorado County EMS Agency.

Article VI-Assignment and Delegation

CAL TAHOE engages Member Agency for Member Agency's unique qualifications and skills as well as those of Member Agency's personnel. Member Agency shall not

subcontract, delegate or assign services to be provided, in whole or in part, to any other person or entity without prior written consent of CAL TAHOE.

Article VII-Independent Provider Liability

Member Agency is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services required by terms of this Agreement. Member Agency exclusively assumes responsibility for acts of its employees, associates, and subcontractors, if any are authorized herein, as they relate to services to be provided under this Agreement during the course and scope of their employment.

Member Agency shall be responsible for performing the work under this Agreement in a safe, professional, skillful and workmanlike manner and shall be liable for its own negligence and negligent acts of its employees. CAL TAHOE shall not be charged with responsibility of preventing risk to the Member Agency or its employees.

Article VIII • Nondiscrimination in Services, Benefits, and Facilities

- A. Member Agency certifies under the laws of the State of California that Member Agency shall not unlawfully discriminate in the prOVision of services because of race, color, creed, national origin, sex, age, or physical or mental disability as provided by State and federal law and in accordance with Title VI of the Civil Rights Act of 1964 [42 USC 2000(d)]; Age Discrimination Act of 1975 (42 USC 61 01); Rehabilitation Act of 1973 (29 USC 794); Education Amendments of 1972 (20 USC 1681); Americans with Disabilities Act of 1990 (42 USC 12132); Title 45, Code of Federal Regulations, Part 84; provisions of the Fair Employment and Housing Act (Government Code Section 12900 et seq.); and regulations promulgated thereunder (Title 2, CCR, Section 7285.0 et seq.); Title 2, Division 2, Article 9.5 of the California Government Code, commencing with Section 11135; and Title 9, Division 4, Chapter 6 of the California Code of Regulations, commencing with Section 10800.
- B. For the purpose of this Agreement, discriminations on the basis of race, color, creed, national origin, sex, age, or physical or mental disability include, but are not limited to, the following: denying a participant any service or providing a benefit to a participant which is different, or is provided in a different manner or at a different time from that provided to other participants under this Agreement; subjecting a participant to segregation or separate treatment in any matter related to the receipt of any service; restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; and/or treating a participant differently from others in determining whether the participant satisfied any

admission, enrollment, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service or benefit.

Article IX -Notice to Parties

All notices to be given by the parties hereto shall be in writing and sent postage prepaid by registered mail. Notices to Member Agency shall be addressed as follows, or to such other location as either party directs:

CAL TAHOE
1901 Airport Rd. Ste. 301
South Lake Tahoe, CA 96150
Attn: Bryan Pond

Member Agency
City of South Lake Tahoe
1352 Johnson Blvd.
South Lake Tahoe, CA 96150
Attn: Brian Uhler

Article X • Indemnity

To the fullest extent of the law, Member Agency shall defend, indemnify, and hold CAL TAHOE and the County of El Dorado harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, CAL TAHOE employees, County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Member Agency's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of CAL TAHOE, the County of El Dorado, the Member Agency, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of CAL TAHOE, its officers and employees, the County of El Dorado, its officers and employees, or as expressly provided by statute. This duty of Member Agency to indemnify and save CAL TAHOE and El Dorado County harmless includes the duties to defend set forth in California Civil Code Section 2778.

Article XI ~ Insurance

The Member Agency shall provide to CAL TAHOE proof of a policy of insurance that is also satisfactory to the El Dorado County Risk Management Division and documentation evidencing that the Member Agency maintains insurance that meets the following requirements set forth hereinafter.

1. Full Worker's Compensation and Employers' Liability Insurance covering all employees of the Member Agency as required by law in the State of California.

2. Commercial General Liability Insurance of not less than \$5,000,000 combined single limit per occurrence for bodily injury and property damage.
3. Automobile Liability Insurance of not less than \$5,000,000 is required on owned, hired, leased and non-owned vehicles used in connection with the Member Agency's business.
4. Professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$5,000,000 per occurrence.
5. Member Agency shall furnish a certificate of insurance satisfactory to the County Risk Management Division as evidence that the insurance required above is being maintained.
6. The insurance shall be issued by an insurance company acceptable to the County Risk Management Division, or be provided through partial or total self-insurance likewise acceptable to the County Risk Management Division.
7. Member Agency agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, Member Agency agrees to provide at least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of term of the Agreement, or for a period of not less than one (1) year. New certificates of insurance are subject to the approval of the County Risk Management Division, and Member Agency agrees that no work or services shall be performed prior to the giving of such approval. In the event Member Agency fails to keep in effect at all times insurance coverage as herein provided, CAL TAHOE may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.
8. The certificate of insurance must include the following provisions stating that:
 - A. The insurer shall not cancel the insured's coverage without thirty (30) days prior written notice to CAL TAHOE, and;
 - B. CAL TAHOE and El Dorado County, their officers, officials, employees, and volunteers are included as additional insured, but only insofar as the operations under this Agreement are concerned. This provision shall apply to all liability policies except worker's compensation and professional liability insurance policies.
9. Member Agency's insurance coverage shall be primary insurance as respects CAL TAHOE, its officers, officials, employees and volunteers. Any

insurance or self-insurance maintained by CAL TAHOE or the County of El Dorado, its officers, officials, employees or volunteers shall be in excess of the Member Agency's insurance and shall not contribute with it.

10. Any deductibles or self-insured retentions must be declared to and approved by CAL TAHOE, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects CAL TAHOE, its officers, officials, employees, and volunteers; or Member Agency shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.
11. Any failure to comply with the reporting provisions of the policies shall not affect coverage provided to CAL TAHOE, its officers, officials, employees or volunteers.
12. The insurance companies shall have no recourse against CAL TAHOE, its officers and employees or any of them for payment of any premiums or assessments under any policy issued by any insurance company.
13. The Member Agency's obligations shall not be limited by the foregoing insurance requirements and shall survive expiration of this Agreement.
14. In the event the Member Agency cannot provide an occurrence policy, Member Agency shall provide insurance covering claims made as a result of performance of this Agreement for not less than three (3) years following completion of performance of this Agreement.
15. Certificate of insurance shall meet such additional standards as may be determined by CAL TAHOE either independently or in consultation with the County Risk Management Division, as essential for protection of CAL TAHOE.

Article XII • Interest of Public Official

No official or employee of Member Agency who exercises any functions or responsibilities in review or approval of services to be provided by Member Agency under this Agreement shall participate in or attempt to influence any decision relating to this Agreement which affects personal interest or interest of any corporation, partnership, or association in which he/she is directly or indirectly interested; nor shall any such official or employee of CAL TAHOE have any interest, direct or indirect, in this Agreement or the proceeds thereof.

Article XIII • Interest of Provider

Member Agency covenants that Member Agency presently has no personal interest or financial interest, and shall not acquire same in any manner or degree in either: 1)

any other agreement or contract connected with or directly affected by the services to be performed by this Agreement; or, 2) any other entities connected with or directly affected by the services to be performed by this Agreement. Member Agency further covenants that in the performance of this Agreement no person having any such interest shall be employed by Member Agency.

Article XIV- Venue

Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California. Member Agency waives any removal rights it might have under Code of Civil Procedure Section 394.

Article XV -California Residency (Form 590)

All independent contractors providing services to CAL TAHOE must file a State of California Form 590, certifying their California residency or, in the case of a corporation, certifying that they have a permanent place of business in California. Member Agency shall be required to submit a Form 590 prior to execution of a Contract or CAL TAHOE shall withhold seven

(7) percent of each payment made to Member Agency during the term of the Contract. This requirement applies to any contract exceeding \$1,500.00.

Article XVI-Taxpayer Identification I Form W9

Member Agency's federal Taxpayer Identification Number is:_____ . Member Agency shall provide a fully executed Department of the Treasury Internal Revenue Service Form W-9, "Request for Taxpayer Identification Number and Certification" prior to execution of this Agreement.

Article XVII -Administrator

The CAL TAHOE Officer or employee responsible for administering this Agreement is the JPA Executive Director, or successor.

Article XVIII -Authorized Signatures

The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.

Article XIX -Partial Invalidity

If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way.

Article XX- Entire Agreement

This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties, and they incorporate or supersede all prior written or oral agreements or understandings.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first below written.

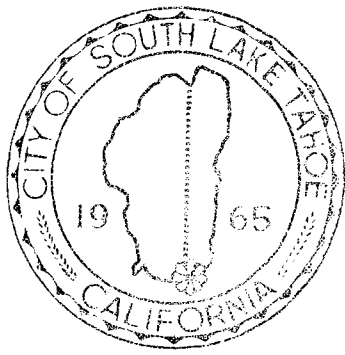
Bryan Paul
CAL TAHOE

Date 3-22-12

Tom Davis
Service Member Agency
CITY OF SOUTH LAKE TAHOE
Tom Davis, Mayor Pro Tem

Date 3/20/12

ATTEST
Susan Alessi
Susan Alessi, City Clerk



APPROVED AS TO FORM
Patrick Enright
Patrick Enright, City Attorney

**TRANSPORTING AND NON-TRANSPORTING
ADVANCED LIFE SUPPORT SERVICES
AGREEMENT
BETWEEN CAL TAHOE AND MEMBER AGENCY**

THIS AGREEMENT made and entered into by and between the California Tahoe Emergency Services Operations Authority (hereinafter referred to as "CAL TAHOE"), and LAKE VALLEY FIRE PROTECTION DISTRICT, (hereinafter referred to as "Member Agency"), whose principal place of business is SOUTH LAKE TAHOE CALIFORNIA.

RECITALS

WHEREAS, CAL TAHOE is responsible for providing Advanced Life Support (ALS) prehospital medical care within its jurisdiction, in compliance with the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; and

WHEREAS, Member Agency desires to provide Advanced Life Support prehospital medical care services in El Dorado County; and

WHEREAS, Member Agency may also desire to provide Advanced Life Support emergency medical services, be it for an emergency, at a special event, or routine medical transportation; and

WHEREAS, this Agreement is developed in compliance with the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; and

WHEREAS, Member Agency agrees to comply with the requirements of the California Health and Safety Code, Division 2.5, Section 1797 et seq.; California Code of Regulations, Title 22, Division 9, Chapter 4, Article 5, Section 100164; the County Emergency Medical Service and Medical Transportation Ordinance; the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado; the standards of the El Dorado County EMS Agency, including but not limited to the County EMS Agency Policy and Procedure Manual, El Dorado County Trauma Plan, and applicable agency, State or local statutes, ordinances or regulations; and

WHEREAS, the El Dorado County EMS Agency Medical Director, through the County EMS Agency, and as defined in the Contract for Prehospital Advanced Life Support and Dispatch Services with the County of El Dorado, has the authority to develop overall plans, policies, and medical standards to ensure that effective levels of ALS care are maintained within the COUNTY; and that the Medical Director has the exclusive authority for establishing the required equipment, medication inventories, and medical protocols; and

WHEREAS, the El Dorado County EMS Agency Medical Director shall have retrospective, concurrent, and prospective medical control including access to all information pertinent to data collection, evaluation and analysis,

CAL TAHOE and Member Agency mutually agree as follows:

SECTION I - DEFINITIONS

The following terms and definitions apply to this Agreement:

1. Advanced Life Support (ALS) means special services designed to provide definitive prehospital emergency medical care, including, but not limited to cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital or as otherwise defined by the Federal Health Care Finance Administration.
2. ALS Service Agency A public agency, private corporation, or other business entity which has 1) met all criteria for approval and has been approved by the EMS Agency in accordance with Title 22 California Code of Regulations (CCR) Division 9, Chapter 4, Section 100167 to provide ALS services to a designated geographic area with a designated number of DMT-P units and 2) employees certified EMT-1, certified EMT-2 or licensed paramedic personnel for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport, or during interfacility transfer (Reference Title 22 CCR Section 100401). This definition shall include all authorized air ambulances servicing the County of El Dorado.
3. Ambulance means a vehicle that is specially constructed, modified or equipped, and used for the purpose of transporting sick, injured, convalescent, infirm, or otherwise incapacitated persons. In the case of vehicles owned and operated by public agencies, ambulance must meet the same standards for construction, identification, mechanical integrity, equipment and supplies as required of private agencies by the California Highway Patrol.

4. Arrival at the Scene means the time that an emergency response vehicle comes to a physical stop at an emergency scene (wheels stopped).
5. Base Hospital An acute care hospital responsible for providing on-line (active communication via radio, telephone or other electronic telephonic communication device) and off-line (discussion at Continuous Quality Improvement or peer review meetings) medical direction/control to COUNTY accredited EMT-Ps, pursuant to a written agreement with the COUNTY in accordance with Title 22 CCR Division 9, Chapter 4, Section 100168.
6. County means County of El Dorado, the political subdivision of the State of California. The Health Services Department through its local County EMS Agency is responsible for the direct oversight of prehospital emergency and non-emergency medical care in El Dorado County.
7. Critical Care Transport (CCT) means a transport during which a patient requires a level of medical care and/or observation that exceeds the standard scope of practice for County accredited paramedics. Such services may be rendered by specially trained and authorized paramedics, or registered nurses, physicians, respiratory therapists, perfusionists, physician's assistants, nurse practitioners or nurse midwives as determined by the physician responsible for the patient and the County EMS Agency Medical Director.
8. Emergency means a condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by emergency medical personnel, a public safety agency, or may reasonably be perceived by any prudent lay person; any sudden or serious illness or injury requiring immediate medical or psychiatric attention under such circumstances in which a delay in providing such services may aggravate the medical condition or cause the loss of life or an unknown situation; furthermore, any case declared to be an emergency by a physician.
9. Emergency Medical Response means responding immediately to any request for ambulance service for an emergency medical condition. An immediate response is one in which the ambulance vehicle responding begins as quickly as possible to take the steps necessary to respond to the call.
10. Emergency Medical Service and Medical Transportation Ordinance means an ordinance adopted by the El Dorado County Board of Supervisors that sets the standards and/or definitions for emergency medical services and medical transport; personnel and training requirements; equipment and supply requirements; response times; communication requirements; and medical transportation service requirements. It empowers the El Dorado County Emergency Medical Services Agency through the County Health Services Department to issue permits to litter van and wheelchair van transport services, and enter into contracts with ambulance entities; monitor performance; enforce standards, if necessary; and act in an impartial manner as an arbitrator in matters of citizen complaints.

11. Emergency Medical Services (EMS) means the medical services provided in an emergency.
12. Emergency Medical Services Agency (EMS Agency) means the administrative agency designated through the Health Services Department by the El Dorado County Board of Supervisors pursuant to Health and Safety Code, Section 1797.200.
13. Emergency Medical Services Aircraft (EMS Aircraft) means any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.
14. Emergency Medical Technician or EMT means an individual trained in all facets of basic life support (as defined in Health and Safety Code Section 1797.80) according to standards prescribed in the California Code of Regulations, Title 22, Chapter 2, and who has a valid State of California certificate.
15. Emergency Medical Technician-Paramedic or EMT-P means an individual who is educated and trained in all elements of prehospital Advanced Life Support; whose scope of practice is to provide Advanced Life Support in accordance with the standards prescribed in the California Code of Regulations, Title 22, Chapter 4; and who has a valid State paramedic license. Paramedics working in El Dorado must additionally be accredited according to standards established by the County EMS Agency Medical Director.
16. Medical Director means the medical director of the County EMS Agency.
17. Mobile Intensive Care Nurse (MICN) means a registered nurse who is licensed by the California Board of Registered Nursing and who has been authorized by the medical director of the local County EMS agency as qualified to provide prehospital Advanced Life Support or to issue instructions to prehospital emergency medical care personnel within an EMS system according to standardized procedures developed by the local County EMS Agency.
18. Physician means an individual licensed by the State as a doctor of medicine or doctor of osteopathy.
19. Prehospital Care Report (PCR) means the form approved by the County EMS Agency for the purpose of documenting all patient care provided in El Dorado County and shall also include all required billing information.
20. Primary Response Area means a geographical area designated by the County as an emergency medical services zone.
21. Registered Nurse means an individual licensed by the State of California Board of Registered Nursing. (Note: Nurses originating from the state of Nevada who provide emergency medical transportation services across the California-Nevada border shall be licensed by the Nevada State Board of Nursing.)

22. **Response Time** means the time interval from the moment that the ambulance or medical transportation entity is first made aware of the call back number, the address of the patient or passenger, and in the case of ambulance request the presumptive patient condition as defined by EMD, and in the case of medical transportation the requested level of service, until the arrival at the scene of the emergency or pickup point, which is the time that an ambulance or medical transportation vehicle comes to a physical stop at the scene (wheels stopped).
23. **Special Event** means an event where spectators and/or participants in the event have a potential for illness or injury, or any situation where a previously announced event results in a gathering of persons in one general locale, sufficient in numbers, or engaged in an activity, that creates a need to have one or more EMS resources at the site as defined by EMS Agency Policy issued by the EMS Agency Medical Director.
24. **Utilization Ratio** means a measure of productivity. The unit hour utilization ratio is calculated by dividing the number of transports during a given period by the number of unit hours produced during the same period.
25. **Unit Hour** means a fully staffed, equipped, and available ambulance available for or involved in emergency medical response for one hour. For example, if a system operates one unit for 24 hours and transports 12 patients in that period, its unit hour utilization ratio would be 0.50.

SECTION II - SCOPE OF SERVICES

Member Agency agrees to provide full service Prehospital Advanced Life Support Services as described in this Agreement, and the terms and conditions of the El Dorado County Emergency Medical Service and Medical Transportation Ordinance. In the performance of its obligation hereunder, it is agreed that the Member Agency is subject to the medical control of the El Dorado County EMS Agency Medical Director, and to the control or direction of CAL TAHOE.

1. Member Agency shall provide prehospital Advanced Life Support service response on a continuous twenty-four (24) hour per day basis, unless otherwise specified by the County EMS Agency, in which case there shall be adequate justification for the exemption, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100167.
2. Member Agency shall at all times meet the requirements set forth by the California Highway Patrol; the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority, the California Code of Regulations, the El Dorado County Emergency Medical Service and Medical Transportation Ordinance, the El Dorado County EMS Agency Policies, Procedures and Field Treatment Protocols, and any other applicable statute, ordinance, and resolution regulating Advanced Life Support services provided under this Agreement, including but not by way of limitation, personnel, vehicles,

equipment, services, and supplies which are the subject of this Agreement. In the event of any conflicting statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.

3. This Agreement is for prehospital Advanced Life Support services provided in the primary response area of El Dorado County known as County Service Area No. 3 South Shore Area, and a part of Alpine County, except for the "Tahoe West Shore" in El Dorado County. Member Agency shall be responsible for providing prehospital Advanced Life Support services for all emergency requests for ALS service received from any person or any agency in the coverage area and dispatched through the designated dispatch center.
4. Member Agency shall ensure that personnel shall be familiar with local geography throughout the primary response area.

Article I - Standards of Service for Prehospital ALS

1. Member Agency shall respond to requests for emergency medical services from the designated dispatch center.
2. Member Agency shall not cause or allow its ALS units to respond to a location without receiving a specific request from the designated Dispatch Center for such service at that location.
3. Member Agency shall immediately respond to requests for emergency medical service to the address or place given and shall complete that run, unless diverted by the designated Dispatch Center.

Member Agency shall promptly respond an ALS unit to the emergency call and shall complete that run, unless diverted by the designated Dispatch Center pursuant to CAL TAHOE's System Status Management Plan.

4. In the case of scheduled ambulance service, Member Agency shall schedule a time to respond that is acceptable for non-emergency calls, and shall complete that run, unless diverted by the designated Dispatch Center pursuant to CAL TAHOE's System Status Management Plan.
5. In the case of ambulance service, ambulances shall notify the designated dispatch center when enroute, upon arrival at scene, upon arrival at patient, upon departure from scene, upon arrival at hospital, and upon departure from hospital. Ambulances shall notify the designated dispatch center when they are committed to a call, out of service, or when any other status change occurs.

In the case of ALS first responder, the first responder shall notify the designated dispatch center when enroute, upon arrival at scene, upon arrival at patient, upon departure from scene, and shall notify the designated dispatch center when they are committed to a call, out of service, or when any other status change occurs.

6. In the case of ambulance service, ambulances shall notify the base hospital and give a report on patient status, treatment given, and estimated time of arrival. Member Agency shall ensure that prehospital personnel shall communicate current and ongoing patient assessments to the Base Hospital, and collaborate with Base Hospital in the provision of care, and follow physician or MICN direction as instructed.
7. In the event that Member Agency is unable to respond to a request for emergency medical service, the Member Agency shall immediately notify the designated Dispatch Center. When all vehicles in service are committed, mutual aid request provisions shall be followed.
8. Member Agency shall not advertise itself or the responding unit as providing advanced life support services unless routinely providing advanced life support services on a continuous twenty-four (24) hour-per-day basis, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7.
9. In the case of emergency ambulance responses, Member Agency shall meet the maximum response times as established in the Prehospital Advanced Life Support and Dispatch Services Contract between El Dorado County and CAL TAHOE.
10. Member Agency shall implement said ALS emergency medical services as a part of CAL TAHOE's response system within the Primary Response Area, and adhere to a System Status Management Plan developed by CAL TAHOE at all times during the term of this Agreement.

Article II - System Designations

1. The designated Base Hospital provides on-line medical control according to the California Health and Safety Code, Division 2.5, Section 1798.000 through and including Section 1798.104. The designated Base Hospital for CSA No. 3 (CSA #3) South Shore Area is Barton Memorial Hospital.
2. The designated Dispatch Center for CSA No. 3 is the City of South Lake Tahoe Dispatch Center. CAL TAHOE shall respond to requests for prehospital Advanced Life Support services from the designated Dispatch Center.

Article III – Personnel Requirements

1. Member Agency shall ensure that all Paramedic personnel are licensed by the State of California and accredited with the County EMS Agency. Member Agency shall ensure that EMT personnel are certified in El Dorado County. Personnel whose certification/accreditation has lapsed shall not be allowed to provide prehospital care within El Dorado County until they have met all requirements to bring current their certification/accreditation. Member Agency shall ensure compliance with all EMT and EMT-P regulations from the State of California Health and Safety Code, Division 2.5, and Title 22, Division 9, and ensure that the County EMS Agency Policies, Procedures and Field Treatment Protocols are followed. For each new employee,

Member Agency shall provide a copy of such records of certification and/or accreditation to CAL TAHOE.

2. Member Agency shall ensure that all personnel will be physically and mentally fit to serve in the prehospital care capacity. No intoxicating substance shall be used while on duty, nor shall they be used in the eight (8) hours prior to reporting for duty.
3. In the case of ambulance service, Member Agency shall maintain a minimum staffing level of not less than one (1) EMT and one (1) Paramedic.
4. In the case of Critical Care Transport (CCT) Ambulance, each CCT ambulance shall be staffed with a minimum of one EMT and one registered nurse qualified at the appropriate level or a physician to provide critical care during transport, as agreed upon by the sending hospital. Each ambulance shall be equipped with appropriate medical equipment and supplies.

In the case of First Responder ALS, Member Agency shall maintain a minimum staffing level of not less than one (1) CAL TAHOE Paramedic.

5. Member Agency shall ensure that the medical certification and/or accreditation level of all personnel be clearly displayed. Said identification shall be worn as deemed operationally necessary.
6. In the case of ambulance service, Member Agency shall ensure that a crew or individual is not being constantly overworked. Overwork is defined as: working an individual in excess of any consecutive hours which may impair patient care, and not allowing an individual at least twelve (12) hours off, immediately following three (3) 24-hour periods worked. Any exceptions due to extenuating circumstances will be reported in writing within 72 hours to CAL TAHOE who may be required to revise its System Status Management Plan, deployment plan, crew hours or additional hours.
7. In the case of ambulance service, the maximum unit hour utilization (UHU) for 24-hour ambulance transport unit crews shall not exceed 0.40 continuously without County approval. County shall review CAL TAHOE's System Status Management Plan any time the ratio of transports to unit-hour production exceeds 0.40 UHU.
8. Member Agency shall maintain good working relationships with fire agencies; law enforcement; base hospitals; County EMS Agency; and City and County staff. The conduct of personnel must be professional and courteous at all times.
9. Member Agency shall provide safe and sanitary living quarters for on-duty personnel.

Article IV - Equal Opportunity Employer

Member Agency shall be an equal opportunity employer and shall be committed to an active Equal Employment Opportunity Program (EEO). It shall be the stated policy of Member Agency that all employees and applicants shall receive equal consideration and

treatment in employment without regard to race, color, religion, ancestry, national origin, age (over 40), sex, marital status, medical condition, or physical handicap.

All recruitment, hiring, placements, transfers and promotions will be on the basis of individual skills, knowledge and abilities, regardless of the above identified basis. All other personnel actions such as compensation, benefits, layoffs, terminations, training, etc., are also administered without discrimination. Equal employment opportunity will be promoted through a continual and progressive EEOP. The objective of an EEOP is to ensure nondiscrimination in employment and, wherever possible, to actively recruit and include for consideration for employment minorities, women and the physically handicapped.

Article V – Training Requirements

1. Member Agency shall maintain records of all EMS training, continuing education and skills maintenance as required by the El Dorado County EMS Agency. Member Agency shall provide to the County EMS Agency specific records upon request.
2. Member Agency shall agree to participate in EMS system components that include paramedic, nurse and trainee field observations including ride-alongs, disaster drills, and continuing education programs, even if such persons are employed by provider.
3. Member Agency shall provide qualified paramedic personnel to be Field Training Officers (FTO's) to instruct and accredit paramedics who are new to the system or who are in an approved paramedic internship program. FTO's shall provide orientation to El Dorado County EMS Policies, Procedures, Protocols, Trauma Plan, EMS Plan, EMS radio communication and Base Station and receiving hospitals. FTO's shall provide training in any optional scope of practice procedure currently in effect in El Dorado County. CAL TAHOE shall ensure that FTO's shall be allowed to attend meetings and/or training pertinent to the El Dorado County EMS system. The County EMS Agency Medical Director shall approve all El Dorado County FTO's.

Article VI – Community Education

Member Agency shall participate in providing community education on 9-1-1 system access, CPR and first aid, and shall utilize community organizations to support and enhance local community efforts in providing public education.

Article VII – Quality Improvement/Quality Assurance

1. Member Agency shall have and maintain a comprehensive internal medical and operational quality assurance program. This program shall, at a minimum, monitor and evaluate the prehospital Advanced Life Support services required in this Agreement. The program shall be reviewed and approved by CAL TAHOE.
2. Member Agency shall participate in assigned CAL TAHOE quality improvement/quality assurance activities, and shall appoint appropriate personnel to serve on prehospital and disaster committees, as needed. These committees and/or activities shall include, but are not limited to, Continuous Quality Improvement

Committee (CQIC), Medical Advisory Committee (MAC), peer review, post incident critiques, and other related activities and committees.

3. Member Agency shall cooperate fully in supplying all requested documentation to CAL TAHOE, the Base Hospital and the County EMS Agency, and shall participate fully in all quality assurance programs mandated by the COUNTY.
4. Member Agency shall allow inspections, site visits or ride-alongs at any time by CAL TAHOE and County EMS Agency staff, with or without notice, for purposes of CAL TAHOE contract compliance and medical quality assurance.

Article VIII – Mutual Aid Requests

1. Mutual aid response shall be performed in accordance with approved cover and mutual aid agreements. In the course of rendering such services, Member Agency shall be exempt from the maximum response time standards. Member Agency shall advise dispatch that they are unable to respond to mutual aid requests if such response is in conflict with a response in the Primary Response Area.
2. Mutual aid response may require Member Agency to respond ALS vehicles into a response area other than that assigned in this Agreement. Whenever Member Agency personnel receive a request for service in another area, Member Agency personnel shall immediately respond an ALS vehicle as directed. If, due to prior or concurrent commitments of on-line units, the Member Agency personnel are unable to respond in a timely manner, the requesting agency shall be notified immediately. If the requesting agency's urgency is such that it would be appropriate to call up staffing of a backup unit, the Member Agency shall initiate such call-up.

Article IX – Disaster/Multicasualty Incident Requirements

1. Member Agency shall cooperate with CAL TAHOE in establishing disaster and multicasualty incident plans, policies and procedures; and assist in planning and participate in interagency disaster/multicasualty incident training exercises annually.
2. During declared disasters or large-scale multicasualty incidents, Member Agency shall be exempt from all responsibilities for response-time performance until notified by CAL TAHOE. When the Member Agency is notified that disaster assistance is no longer required, the Member Agency shall return all its resources to the primary area of responsibility, and shall resume all operations in a timely manner.
3. During the course of a disaster or large-scale multicasualty incident, Member Agency shall use best efforts to provide Priority 1, Priority 2, and Priority 3 service coverage to the assigned Primary Response Area while suspending Priority 4, 5, and 6 service upon notification of such by CAL TAHOE.

Article X – Drugs and Medical Supplies

Member Agency shall possess and agree to maintain adequate drug and solution inventory, drugs, and supplies in compliance with the El Dorado County EMS Agency Policy and Procedure Manual.

Article XI - ALS Medical Equipment

1. Standards for medical equipment shall be in compliance with the County EMS Agency Policy and Procedure Manual promulgated by the County EMS Agency as required for the level of service being provided. The County EMS Agency provides electronic access to the Policy and Procedure Manual and Manual updates on an ongoing basis. Member Agency shall be charged with knowledge of that Policy. The policy shall be updated from time to time as determined necessary by the County EMS Agency.
2. Compliance with these medical equipment requirements is not mandated for inactive "reserve" units. Vehicles, equipment and supplies shall be maintained in a clean, sanitary and safe mechanical condition at all times.
3. Upon inspection by the COUNTY, any primary or backup ambulance failing to meet these medical equipment requirements shall be immediately removed from service and remain out of service until any deficiency is corrected. Upon inspection by the COUNTY, any Advanced Life Support vehicles other than ambulance failing to meet these medical emergency requirements shall immediately discontinue providing advance life support services until all deficiencies are corrected. At the time when a reserve ambulance unit is used to provide the services required by this Agreement, the unit shall comply with all Equipment Requirements as specified in this Agreement.

Article XII – Communications Equipment

Member Agency shall possess and agree to utilize exclusively and maintain two-way communication equipment that is compatible with COUNTY approved dispatch, designated Base Station facilities and all EMS users. Communication capabilities and use of frequencies will be monitored by CAL TAHOE and the County EMS Agency. (No private medical transportation/ambulance system telephone access number shall exist for emergency dispatch.)

SECTION III - DATA COLLECTION AND REPORTING REQUIREMENTS

Member Agency shall submit reports and data to CAL TAHOE in a form and manner approved by CAL TAHOE. The articles hereinafter detail reporting requirements and timetables, which are intended to be mandatory and exemplary but not intended to be all-inclusive.

Member Agency shall be responsible to ensure that all information is provided to CAL TAHOE in a timely manner as indicated throughout this Agreement.

Article I – Patient Care Report

1. Member Agency personnel shall utilize the El Dorado County “Prehospital Care Report” (PCR) for all emergency and non-emergency responses including non-transports.
2. The Prehospital Care Report and billing paperwork shall be submitted to COUNTY according to the time frames established in writing by Ambulance Billing as required by El Dorado County EMS Policy: *“Documentation - Medic Unit Prehospital Care Report Form”*.
3. In the case of ALS first responder where the first responder maintains patient care and rides in the ambulance, one of the following documentation options shall be utilized: a) a PCR may be filled out by the first responder paramedic and be utilized as the only PCR for that patient; or, b) the first responder paramedic completes a first responder PCR, and the ambulance paramedic completes a separate PCR.
4. In the case of ALS first responder, at the time of transfer of patient care to the transporting paramedic, the first responder shall relay all pertinent information including, but not limited to: patient history, mechanism of injury, medications normally taken, allergies, assessment finding, and treatments already performed.
5. In the case of ALS first responder where the first responder report is not completed prior to the ambulance leaving the scene; the first responder shall complete this report within 24 hours and follow the distribution instructions as defined in the El Dorado County EMS documentation policy. If any portion of the incomplete PCR is passed on to the transporting unit, it shall not be considered an official document.
6. Member Agency personnel shall perform due diligence to obtain and transmit all required billing and patient care information. If circumstances arise which limit the availability of patient information, billing information, and associated information, Member Agency shall remain responsible to obtain the required information and submit it to COUNTY. Member Agency personnel shall adhere to the requirements of the El Dorado County EMS Policy: *“Documentation - Medic Unit Prehospital Care Report Form”*.
7. Ambulance Billing shall notify the Member Agency management of failure to adequately complete a PCR. Repeated failures to adequately complete the PCR shall be reported to the JPA, and the JPA shall take the necessary action to correct the omission/error situation. Ambulance Billing personnel shall provide reports no less than monthly to the JPA to help identify personnel in need of additional training.
8. Upon receipt of notification from Ambulance Billing of missing or incomplete items of billing or patient care information, the JPA shall have five calendar days in which to furnish the required information to Ambulance Billing. This reporting timeline may be

adjusted by the County EMS Agency Administrator according to the sensitivity and urgency of required information.

Article II - Incident Report

Member Agency shall furnish its personnel with EMS Event Analysis forms, and shall ensure that its personnel understand and utilize such forms. Member Agency shall notify CAL TAHOE within 24 hours if a sentinel event occurs, i.e., injury to patient, crew or public, or violent or high profile incident. Member Agency may also provide notification and EMS Event Analysis forms to the El Dorado County EMS Agency.

1. Mutual Aid Received or Provided

Member Agency shall document each occurrence of Mutual Aid emergency medical response into the Primary Response Area by an out-of-area ambulance service entity, or Mutual Aid rendered to another agency outside the Primary Response Area on an EMS Event Analysis Form. Such report shall detail the time of incident dispatch, time that mutual aid was requested, location of incident, and the reason Mutual Aid was required.

2. Unusual Activities

Member Agency shall document any and all incidents of unusual activities or occurrences that impacted or had an effect on the normal delivery of services. Events that an attending medic or the Member Agency feel should be documented but are not appropriate to include on the PCR should be included on the EMS Event Analysis form. Such activities may include but are not limited to: acts of violence, combative patients, patient care concerns, inter-agency conflicts, medical equipment failures, obstacles to responses including chronic adverse road conditions, and radio, dispatch, or communication failures. Any other unusual activities that have the potential of affecting patient care shall be documented as well.

3. Vehicle Failure and Accident Reporting

Member Agency shall document vehicle failure above and beyond usual scheduled maintenance and repairs and ambulance vehicle accidents that could potentially have a detrimental effect on patient care issues.

Article III - Ambulance Response Time Report

- 1. Member Agency shall submit a monthly report to CAL TAHOE on all emergency medical response times. Such report shall include data identifying the Incident Number, Date, Unit Number, Response Mode (Priority 1, 2 & 3), and the following times: Time of Dispatch, Arrival at Scene, Depart Scene, and Arrival at Hospital. Emergency medical response time data shall be provided as a computerized report in a tab-delineated format.**

2. For each response within the previous calendar month that exceeds the Response Time Standard for the area of dispatch location (Urban, Semi-Rural/Rural, or Wilderness) Member Agency shall submit a Response Time Exception Report to CAL TAHOE. The reason for the delayed response time shall be clear, precise, and verifiable in order to determine if the exception is acceptable. These reports shall be submitted to CAL TAHOE for the previous calendar month of service on a monthly basis.

SECTION IV – CONTRACT REQUIREMENTS

Article I - Operational Policies

Member Agency shall be responsible to comply with all operational policies and standards currently articulated in this Agreement; CAL TAHOE's Policy and Procedure Manual; the Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9; policies and procedures promulgated by the California Emergency Medical Services Authority, and by the El Dorado County Emergency Medical Services Agency.

Article II – Billing for Services

Parties receiving emergency medical transport services from Member Agency shall be billed by County Ambulance Billing for said services.

Ambulance personnel shall not request nor receive payment for any services provided pursuant to this Agreement, nor shall they quote charges to the patient or any other concerned individuals, or extend promises for special treatment regarding billable charges. CAL TAHOE shall provide ambulance billing rate forms to ambulance personnel, and personnel may make these forms available to individuals upon request.

Article III – Term

This agreement shall become effective when fully executed by the parties hereto and will remain in effect, unless terminated pursuant to provisions in Article V of this section. This Agreement will be reviewed by May 31 of each year for continuation of service.

Article IV - Compensation for Services

(TO BE DETERMINED BY CAL TAHOE)

Article V – Changes to Agreement

This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and approved by the duly authorized boards and fully executed by duly authorized officers of the parties hereto.

This Agreement is subject to termination by mutual agreement, initiated by either party, for any reason during the term of the Agreement. Termination of this Agreement may be initiated by providing written notice to the other party of intent to cancel at least 30 days prior to termination date.

CAL TAHOE may deny, suspend or revoke this Agreement for failure of the Member Agency to comply with this Agreement, the El Dorado County Emergency Medical Service and Medical Transportation Ordinance; or applicable policies, procedures and regulations promulgated by the State of California or by the El Dorado County EMS Agency.

Article VI – Assignment and Delegation

CAL TAHOE engages Member Agency for Member Agency's unique qualifications and skills as well as those of Member Agency's personnel. Member Agency shall not subcontract, delegate or assign services to be provided, in whole or in part, to any other person or entity without prior written consent of CAL TAHOE.

Article VII - Independent Provider Liability

Member Agency is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services required by terms of this Agreement. Member Agency exclusively assumes responsibility for acts of its employees, associates, and subcontractors, if any are authorized herein, as they relate to services to be provided under this Agreement during the course and scope of their employment.

Member Agency shall be responsible for performing the work under this Agreement in a safe, professional, skillful and workmanlike manner and shall be liable for its own negligence and negligent acts of its employees. CAL TAHOE shall not be charged with responsibility of preventing risk to the Member Agency or its employees.

Article VIII - Nondiscrimination in Services, Benefits, and Facilities

- A. Member Agency certifies under the laws of the State of California that Member Agency shall not unlawfully discriminate in the provision of services because of race, color, creed, national origin, sex, age, or physical or mental disability as provided by State and federal law and in accordance with Title VI of the Civil Rights Act of 1964 [42 USC 2000(d)]; Age Discrimination Act of 1975 (42 USC 6101); Rehabilitation Act of 1973 (29 USC 794); Education Amendments of 1972 (20 USC 1681); Americans with Disabilities Act of 1990 (42 USC 12132); Title 45, Code of Federal Regulations, Part 84; provisions of the Fair Employment and Housing Act (Government Code Section 12900 et seq.); and regulations promulgated thereunder (Title 2, CCR,

Section 7285.0 et seq.); Title 2, Division 2, Article 9.5 of the California Government Code, commencing with Section 11135; and Title 9, Division 4, Chapter 6 of the California Code of Regulations, commencing with Section 10800.

- B. For the purpose of this Agreement, discriminations on the basis of race, color, creed, national origin, sex, age, or physical or mental disability include, but are not limited to, the following: denying a participant any service or providing a benefit to a participant which is different, or is provided in a different manner or at a different time from that provided to other participants under this Agreement; subjecting a participant to segregation or separate treatment in any matter related to the receipt of any service; restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit; and/or treating a participant differently from others in determining whether the participant satisfied any admission, enrollment, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service or benefit.

Article IX – Notice to Parties

All notices to be given by the parties hereto shall be in writing and sent postage prepaid by registered mail. Notices to Member Agency shall be addressed as follows, or to such other location as either party directs:

CAL TAHOE

PO BOX 8917
SOUTH LAKE TAHOE CA 96158
Attn: BRYAN POND

Member Agency

LAKE VALLEY FPD
2211 KEETAK STREET
SOUTH LAKE TAHOE CA 96150
Attn: CHIEF HARRIS

Article X - Indemnity

To the fullest extent of the law, Member Agency shall defend, indemnify, and hold CAL TAHOE and the County of El Dorado harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, CAL TAHOE employees, County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Member Agency's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of CAL TAHOE, the County of El Dorado, the Member Agency, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of CAL TAHOE, its officers and employees, the County of El Dorado, its officers and employees, or as expressly provided by statute. This duty of Member Agency to indemnify and save CAL TAHOE and El Dorado County harmless includes the duties to defend set forth in California Civil Code Section 2778.

Article XI - Insurance

The Member Agency shall provide to CAL TAHOE proof of a policy of insurance that is also satisfactory to the El Dorado County Risk Management Division and documentation evidencing that the Member Agency maintains insurance that meets the following requirements set forth hereinafter.

1. Full Worker's Compensation and Employers' Liability Insurance covering all employees of the Member Agency as required by law in the State of California.
2. Commercial General Liability Insurance of not less than \$5,000,000 combined single limit per occurrence for bodily injury and property damage.
3. Automobile Liability Insurance of not less than \$5,000,000 is required on owned, hired, leased and non-owned vehicles used in connection with the Member Agency's business.
4. Professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$5,000,000 per occurrence.
5. Member Agency shall furnish a certificate of insurance satisfactory to the County Risk Management Division as evidence that the insurance required above is being maintained.
6. The insurance shall be issued by an insurance company acceptable to the County Risk Management Division, or be provided through partial or total self-insurance likewise acceptable to the County Risk Management Division.
7. Member Agency agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, Member Agency agrees to provide at least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of term of the Agreement, or for a period of not less than one (1) year. New certificates of insurance are subject to the approval of the County Risk Management Division, and Member Agency agrees that no work or services shall be performed prior to the giving of such approval. In the event Member Agency fails to keep in effect at all times insurance coverage as herein provided, CAL TAHOE may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.
8. The certificate of insurance must include the following provisions stating that:
 - A. The insurer shall not cancel the insured's coverage without thirty (30) days prior written notice to CAL TAHOE; and;
 - B. CAL TAHOE and El Dorado County, their officers, officials, employees, and volunteers are included as additional insured, but only insofar as the operations under this Agreement are concerned. This provision shall apply to

all liability policies except worker's compensation and professional liability insurance policies.

9. Member Agency's insurance coverage shall be primary insurance as respects CAL TAHOE, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by CAL TAHOE or the County of El Dorado, its officers, officials, employees or volunteers shall be in excess of the Member Agency's insurance and shall not contribute with it.
10. Any deductibles or self-insured retentions must be declared to and approved by CAL TAHOE, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects CAL TAHOE, its officers, officials, employees, and volunteers; or Member Agency shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.
11. Any failure to comply with the reporting provisions of the policies shall not affect coverage provided to CAL TAHOE, its officers, officials, employees or volunteers.
12. The insurance companies shall have no recourse against CAL TAHOE, its officers and employees or any of them for payment of any premiums or assessments under any policy issued by any insurance company.
13. The Member Agency's obligations shall not be limited by the foregoing insurance requirements and shall survive expiration of this Agreement.
14. In the event the Member Agency cannot provide an occurrence policy, Member Agency shall provide insurance covering claims made as a result of performance of this Agreement for not less than three (3) years following completion of performance of this Agreement.
15. Certificate of insurance shall meet such additional standards as may be determined by CAL TAHOE either independently or in consultation with the County Risk Management Division, as essential for protection of CAL TAHOE.

Article XII - Interest of Public Official

No official or employee of Member Agency who exercises any functions or responsibilities in review or approval of services to be provided by Member Agency under this Agreement shall participate in or attempt to influence any decision relating to this Agreement which affects personal interest or interest of any corporation, partnership, or association in which he/she is directly or indirectly interested; nor shall any such official or employee of CAL TAHOE have any interest, direct or indirect, in this Agreement or the proceeds thereof.

Article XIII - Interest of Provider

Member Agency covenants that Member Agency presently has no personal interest or financial interest, and shall not acquire same in any manner or degree in either: 1) any other agreement or contract connected with or directly affected by the services to be

performed by this Agreement; or, 2) any other entities connected with or directly affected by the services to be performed by this Agreement. Member Agency further covenants that in the performance of this Agreement no person having any such interest shall be employed by Member Agency.

Article XIV - Venue

Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California. Member Agency waives any removal rights it might have under Code of Civil Procedure Section 394.

Article XV - California Residency (Form 590)

All independent contractors providing services to CAL TAHOE must file a State of California Form 590, certifying their California residency or, in the case of a corporation, certifying that they have a permanent place of business in California. Member Agency shall be required to submit a Form 590 prior to execution of a Contract or CAL TAHOE shall withhold seven (7) percent of each payment made to Member Agency during the term of the Contract. This requirement applies to any contract exceeding \$1,500.00.

Article XVI – Taxpayer Identification / Form W9

Member Agency's federal Taxpayer Identification Number is: 94-6000-511. Member Agency shall provide a fully executed Department of the Treasury Internal Revenue Service Form W-9, "Request for Taxpayer Identification Number and Certification" prior to execution of this Agreement.

Article XVII - Administrator

The CAL TAHOE Officer or employee responsible for administering this Agreement is the JPA Executive Director, or successor.

Article XVIII - Authorized Signatures

The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.

Article XIX - Partial Invalidity

If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way.

Transporting and Non-Transporting
Advanced Life Support Services
Agreement
Between Cal Tahoe and Member Agency

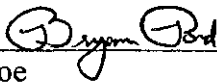
Article IV, Exhibit 1

Compensation for Services

Pursuant to the Member Agency agreement between Cal Tahoe and Lake Valley Fire Protection District annual compensation to the member agency will be stipulated within the Cal Tahoe annual fiscal budget. The budget will be evaluated and approved by the Cal Tahoe Board of Directors which is made up by members of the Member Agency

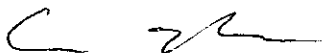
Operational cost by the Member Agency will be compiled and billed to Cal Tahoe on a monthly basis utilizing the billing codes supplied by Cal Tahoe.

Additional compensation paid to the Member Agency will be calculated as part of Cal Tahoe's annual budget process



Cal Tahoe

Date 1-18-12



Service Member Agency

Date 12/24/11



El Dorado County Emergency Services Authority

**ADVANCED LIFE SUPPORT ENGINE AGREEMENT
BETWEEN
EL DORADO COUNTY EMERGENCY SERVICES AUTHORITY
AND**

Rescue Fire Protection District

1. This agreement made and entered into by and between the El Dorado County Emergency Services Authority (hereinafter referred to as "JPA"); and the Rescue Fire Protection District (hereinafter referred to as "Contractor"), whose principal place of business is: 5221 Deer Valley Road, Rescue, CA.

RECITALS

2. WHEREAS, the JPA is responsible for providing coordination of Advanced Life Support (ALS) Pre-Hospital medical care within its jurisdiction; and
3. WHEREAS, Contractor desires to provide Advanced Life Support Pre-Hospital medical care services in El Dorado County; and
4. WHEREAS, this Agreement is developed in compliance with the Master Contract for Pre-Hospital Advanced Life Support and Dispatch Services; (hereafter referred to as the "Master Contract") with the County of El Dorado; and
5. WHEREAS, Member Agency agrees to comply with the requirements of the California Health and Safety Code, Division 2.5, Section 1797 et seq.; California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100167; the County Emergency Medical Service Agency and the Master Contract for Pre-Hospital Advanced Life Support and the standards of the El Dorado County EMS Agency, including but not limited to the County EMS Agency Policy and Procedure Manual, Trauma Plan, State or local statutes, ordinances or regulations; and
6. WHEREAS, the El Dorado County EMS Agency Medical Director, through the County EMS Agency, and as defined in the Master Contract for Pre-Hospital Advanced Life Support and Dispatch Services with the County of El Dorado, has the authority to develop overall plans, policies, and medical standards to ensure that effective levels of ALS care are maintained within the County and that the Medical Director has the authority for establishing the required medical equipment, medication inventories, and medical protocols; and

7. WHEREAS, JPA and the Contractor agree that a higher level of medical training may be necessary to provide patient care. The JPA may require the Contractor to provide a higher standard of medical training than is required by the California Code of Regulations Title 22; and
8. WHEREAS, County is a Covered Entity, as defined in the Privacy Rule of the Health Insurance Portability and Accountability Act, Pub. L. No. 104-161 of 1996 ("HIPAA") the JPA and Member Agency is defined as a Business Associate of the County under this law, which requires protection of any disclosure of PHI pursuant to this Agreement; and includes adherence to the Health Information Technology for Economic and Clinical Health Act (the HITECH Act), as incorporated in the American Recovery and Reinvestment Act of 2009, Public Law 111-005; the Genetic Information Nondiscrimination Act (the GINA).
9. WHEREAS, the El Dorado County EMS Agency Medical Director shall have medical control including access to all medical information pertinent to data collection, evaluation and analysis.

SERVICES TO BE PROVIDED

10. The JPA and Contractor mutually agree as follows:
 - A. Contractor agrees to provide Pre-Hospital Advanced Life Support Services as described in this Agreement. In the performance of its obligation, the Contractor is subject to the medical control of the El Dorado County EMS Agency Medical Director.
 - B. Contractor shall provide Pre-Hospital Advanced Life Support service provided the Contractor has the equipment and personnel available at the time of request for service. To qualify as an ALS engine one of the crew members must be a State of California licensed and locally accredited paramedic. The Contractor shall at the minimum, notify the Emergency Command Center when the ALS engine is responding, when it arrives on scene, when it departs the scene, when it has arrived at its station, or any other status change.
 - Each morning, the Contractor shall advise the Emergency Command Center if the ALS Engine(s) is/are staffed. Any change during the course of the shift shall be reported to the Emergency Command Center, as soon as possible.
 - C. Contractor shall not advertise itself or the responding personnel as providing advanced life support services unless routinely providing advanced life support services on a continuous twenty-four (24) hour-per-day basis, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100167.

STANDARDS

11. Contractor shall, when applicable, meet the requirements set forth by the California Highway Patrol; the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority, the California

Code of Regulations, the El Dorado County EMS Agency Policies, Procedures and Field Treatment Protocols, and any other applicable statute, ordinance, and resolution regulating Advanced Life Support services provided under this Agreement. In the event of any conflicting statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.

- Applicable shall be defined herein as when the Contractor is performing ALS under this agreement.

COMMUNICATION

12. The designated Base Hospital provides on-line medical control according to the California Health and Safety Code, Division 2.5, Section 1798 through and including Section 1798.105. The designated Base Hospital for County Service Area No. 7 is Marshall Hospital.

- The dispatch center for County Service Area #7 is Cal Fire, identified as Camino on the radio and currently located at Mount Danaher.

PERSONNEL REQUIREMENTS

13. Contractor shall ensure that all Paramedic personnel are licensed by the State of California and accredited with the County EMS Agency. Personnel whose certification/accreditation has lapsed shall not be allowed to provide Pre-Hospital care within El Dorado County until they have met all requirements to bring current their certification/accreditation. Contractor shall ensure compliance with all EMT-P regulations from the State of California Health and Safety Code, Division 2.5, and Title 22, Division 9, and ensure that the County EMS Agency Policies, Procedures and Field Treatment Protocols are followed.

- A. Contractor shall maintain good working relationships, with other Member Agencies; first response agencies; law enforcement; base hospitals; County EMS Agency; City and County staff. The conduct of the Contractor's personnel must be professional at all times.
- B. Contractor shall maintain records of all EMS training, continuing education and skills maintenance as required by the El Dorado County EMS Agency. Contractor shall provide, upon the written request from the JPA, training, skills, testing, educational, certifications, or like, records.
- C. The Contractor agrees that paramedics shall receive training and maintain their certifications in Advanced Cardiac Life Support (ACLS)* and Pediatric Advanced Life Support (PALS)* or Pediatric Education for Prehospital Professionals (PEPP) or a comparable advanced pediatric life support course approved by the EMSA Medical Director.

* Per American Heart Association Guidelines.

D. The Contractor agrees that paramedics shall receive training and maintain their

accreditation in the El Dorado County local paramedic renewal program as required annually by the Emergency Medical Services Medical Director. Such training shall not exceed four (4) hours unless approved by the JPA System Status Management Committee prior to the implementation of any proposed training.

- E. Under this Agreement, Contractor will provide services to JPA and in conjunction with the provision of such services, certain Protected Health Information ("PHI") may be made available to Contractor for the purposes of carrying out its obligations. Contractor agrees to comply with all the terms and conditions of Appendix A, HIPAA Business Associate Agreement, attached hereto and made by reference a part hereof, regarding the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations promulgated thereunder.

In as much as an exchange of Protected Health Information (PHI) will occur between JPA and Contractor, Contractor agrees to faithfully distribute to patient the El Dorado County Notice of Privacy Practices, to be supplied by JPA, before the first delivery of service for all non-emergency transfers and dry runs with patient contact, where services were provided to patient. All Notices of Privacy Practices for emergency transfers will be mailed by El Dorado County Ambulance Billing as soon as practical following the provision of services.

- 14. Contractor may participate in providing community education on 9-1-1 system access, CPR and first aid.

QUALITY IMPROVEMENT & QUALITY ASSURANCE

- 15. Contractor shall have and maintain a comprehensive internal medical and operational quality assurance program. This program shall, at a minimum, monitor and evaluate the Pre-Hospital Advanced Life Support services required in this Agreement. The program shall be reviewed and approved by the JPA and the EMS Agency.
 - A. Contractor shall cooperate fully in supplying all requested documentation as it relates to Medical Quality Improvement/Assurance to the JPA, the Base Hospital and the County EMS Agency, and shall participate fully in all quality assurance programs mandated by the County.
 - B. Contractor shall allow inspections, or site visits at any time by JPA and County EMS Agency staff, with a minimum of one (1) hour notice to the Contractor's Chief for purposes of JPA contract compliance and or Medical Quality Improvement/Assurance.

MUTUAL AID & DISASTER

- 16. Contractor shall cooperate in the establishment and maintenance of Mutual Aid Agreements among the JPA and other jurisdictions.

17. Contractor shall cooperate with JPA in establishing disaster and multi-casualty incident plans, policies and procedures; and, assist in planning and participate in interagency disaster/multi-casualty incident training exercises annually.

EQUIPMENT, POLICY & PROCEDURE

18. Standards for medical equipment shall be in compliance with the JPA, and County EMS Agency Policy and Procedure Manuals promulgated by the JPA and County EMS Agency as required for the level of service being provided. The County EMS Agency shall maintain the Policy and Procedure Manual and manual updates online at their website. Contractor shall be charged with the knowledge of the procedures and policies.

- Policies and Procedures shall be reviewed and approved by the Contractor, the JPA, and the EMSA annually. Changes or amendments in the policies and procedures shall be reviewed by the Member Agencies prior to adoption and copies of any changes to the policies or procedures shall be provided to the Member Agencies within 48 hours of adoption.

19. Contractor shall possess and agree to maintain adequate drug and solution inventory, and supplies in compliance with the El Dorado County EMS Agency Policy and Procedure Manual and per Contractor Policy relating to those drugs and/or narcotics requiring 24-hour control and lock up.

- The JPA shall provide or replace to the Contractor medical supplies used during the course of providing patient care, ALS or training.
- Contractor agrees to comply with all federal, state, local laws, rules and regulations and JPA policies and procedures related to the security and protection of medical supplies, equipment and controlled substances.

REPORTING

20. Contractor personnel shall utilize the El Dorado County "Pre-Hospital Care Report" (PCR) (in electronic digital and/or paper form) for all emergency and non-emergency responses including non-transports.

21. Contractor shall be furnished with JPA Report forms which shall be provided to the Contractor's personnel for the purpose of recording unusual, significant, Sentinel, or other peculiar events. The Contractor shall return properly executed reports to the JPA by the next business day. . The Contractor shall ensure that its personnel understand and utilize such forms and reporting systems.

22. JPA shall provide to Contractor a list of CSA No. 7 owned fixed assets assigned to the Contractor no more than one week after the El Dorado County Auditor-Controller's Office provides the list to County Departments. The JPA will also provide the Contractor with a list of JPA owned fixed assets. The list shall clearly separate mobile medical equipment from other equipment provided to the Contractor. The list shall be accompanied by the County established time lines that the Contractor agrees to meet.

23. In the event that there are unallocated/missing items, a letter of explanation is required, signed by the Contractor Board Chairperson, detailing what is missing, why, and what process was used to locate the item. The letter is to be submitted to the JPA Executive Director along with the signed off inventory list. The JPA Executive Director will submit a list of any missing items to the JPA Board of Directors and request Board direction on any action to be taken.

CHANGES & DURATION

24. This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and approved by the duly authorized boards and fully executed by duly authorized officers of the parties hereto.
25. This Agreement is subject to termination by mutual agreement, initiated by either party, for any reason during the term of the Agreement. Termination of this Agreement may be initiated by providing written notice to the other party of intent to cancel at least 30 days prior to termination date.
26. Upon termination of the agreement the Contractor agrees to return all JPA and CSA No. 7 fixed assets to the JPA.
27. The JPA may deny, suspend or revoke this Agreement for failure of the Contractor to comply with this Agreement.
28. This agreement shall become effective when fully executed by the parties hereto and will remain in effect, unless terminated pursuant to provisions within this Agreement. This Agreement will be reviewed by March 1st of each year for continuation of service.
29. All notices to be given by the parties hereto shall be in writing and sent postage prepaid by registered mail. Notices to Contractor shall be addressed as follows, or to such other location as either party directs:

JPA
480 Locust Road
Diamond Springs, CA 95619
Attn: Executive Director

Contractor
Rescue Fire Protection Dist.
PO Box 201
Rescue, CA 95672

INDEMNITY

30. To the fullest extent of the law, Contractor shall defend, indemnify, and hold the JPA harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, JPA employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Contractor's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the JPA, the Contractor, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the JPA, its officers and employees, or as expressly provided by statute. This duty of Contractor to indemnify and save JPA harmless includes the duties to defend set forth in California Civil Code Section 2778.
31. To the fullest extent of the law, JPA shall defend, indemnify, and hold the Contractor harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, Contractor's employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the JPA's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the JPA, the Contractor, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the Contractor's, its officers and employees, or as expressly provided by statute. This duty of JPA to indemnify and save Contractor's harmless includes the duties to defend set forth in California Civil Code Section 2778.

INSURANCE

32. The Contractor shall provide to the JPA a Certificate of Insurance or similar certified proof of insurance for:
- A. Full Workers' Compensation and Employers' Liability Insurance covering all employees of the Contractor as required by law in the State of California.
 - B. Commercial General Liability Insurance of not less than \$5,000,000 combined single limit per occurrence for bodily injury and property damage.
 - C. Automobile Liability Insurance of not less than \$5,000,000 is required on owned, hired, leased and non-owned vehicles used in connection with the Contractor's business.
 - D. Professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$5,000,000 per occurrence.
 - E. Contractor agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, Contractor agrees to provide at

least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of term of the Agreement, or for a period of not less than one (1) year. In the event Contractor fails to keep in effect at all times insurance coverage as herein provided, JPA may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.

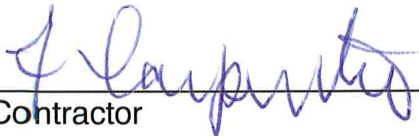
ADMINISTRATION

- 33. Contractor shall maintain fiscal records necessary and prudent to meet the standards for accounting practices in use by the County, County Service Area 7, and the JPA.
- 34. Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California.
- 35. The JPA Officer or employee responsible for administering this Agreement is the Executive Director, or successor.
- 36. The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.
- 37. If any provision of this Agreement is held by a court of appropriate jurisdiction to be invalid, void or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way.
- 38. This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties, and they incorporate or supersede all prior written or oral agreements or understandings.
- 39. In Witness Whereof the parties hereto have executed this Agreement the day and year first below written



For the JPA

Date 12-02-14



For Contractor

Date 11/12/14

Appendix A

HIPAA Business Associate Agreement

EL DORADO COUNTY EMERGENCY SERVICES AUTHORITY AND

Rescue Fire Protection District

This HIPAA Business Associate Agreement Amendment (“Amendment”) entered into by the El Dorado County Emergency Services Authority (hereinafter referred to as “the JPA”) and Rescue Fire Protection District (hereinafter referred to as “Business Associate”) supplements and is made part of the Business Associate Advanced Life Support Engine Agreement. (“Underlying Agreement”) as of the date of approval by the parties (the “Effective Date”).

RECITALS

WHEREAS, JPA and the Business Associate entered into the Underlying Agreement pursuant to which the Business Associate provides services to JPA, and in conjunction with the provision of such services, certain Protected Health Information (“PHI”) may be made available to the Business Associate for the purposes of carrying out its obligations under the Underlying Agreement; and

WHEREAS, the provisions of the Health Insurance Portability and Accountability Act, Pub. L. No. 104-161 of 1996 (“HIPAA”), more specifically the regulations found at Title 45, CFR, Parts 160 and 164 (the “Privacy Rule”), as may be amended from time to time, which are applicable to the protection of any disclosure of PHI pursuant to the Underlying Agreement; and comply with the HITECH (the Health Information Technology for Economic and Clinical Health Act of 2009) and the regulations thereunder (including 45 C.F.R. Sections 164.308, 164.310, 164.312 and 164.316), that apply to a business associate of a covered entity in the same manner that such sections apply to the covered entity.

WHEREAS, County of El Dorado (County) is a Covered Entity, as defined in the Privacy Rule; and

WHEREAS, the JPA and its sub-contracting agencies that are recipients of PHI are Business Associates as defined in the Privacy Rule; and

WHEREAS, the parties agree that any disclosure or use of PHI be in compliance with the Privacy Rule or other applicable law; and

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

1. Definitions. Unless otherwise provided in this Amendment, capitalized terms shall have the same meanings as set forth in the Privacy Rule, as may be amended from time to time.

2. Scope of Use and Disclosure by the Business Associate of County Disclosed PHI.

- A. The Business Associate shall be permitted to use PHI disclosed to it:
- (1) on behalf of the JPA, or to provide services to the JPA for the purposes contained herein, if such use or disclosure would not violate the Privacy Rule if done by the JPA, or the minimum necessary policies and procedures of the JPA and County.
 - (2) As necessary to perform any and all of its obligations under the Underlying Agreement.
- B. Unless otherwise limited herein, in addition to any other uses and/or disclosures permitted or authorized by this Amendment or required by law, the Business Associate may:
- (1) Use the PHI in its possession for its proper management and administration and to fulfill any legal obligations.
 - (2) Disclose the PHI in its possession to a third party for the purpose of the Business Associate's proper management and administration or to fulfill any legal responsibilities of the Business Associate . The Business Associate may disclose PHI as necessary for the Business Associate's operations only if:
 - (a) The disclosure is required by law; or
 - (b) The Business Associate obtains a written Business Associate agreement from any person or organization to which the Business Associate will disclose such PHI that the person or organization will comply with all applicable HIPAA-HITECH laws:
 - (3) Aggregate the PHI and/or aggregate the PHI with that of other data for the purpose of providing JPA and County with data analyses related to the Underlying Agreement, or any other purpose, financial or otherwise, as requested by JPA and the County.
 - (4) Not disclose PHI without first notifying and receiving approval from the JPA and/or County. .
- C. The Business Associate agrees that it will neither use nor disclose PHI it receives from any other business associate, except as permitted or required by this Amendment, or as required by law, or as otherwise permitted by law.

3. Obligations of the Business Associate. In connection with its use of PHI

disclosed to the Business Associate, the Business Associate agrees to:

- A. Use or disclose PHI only as permitted or required by this Amendment or as required by law.
- B. Use reasonable and appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Amendment and applicable laws.
- C. To the extent practical, mitigate any harmful effect that is known to the Business Associate of a use or disclosure of PHI by the Business Associate in violation of this Amendment and applicable laws.
- D. Report to JPA any use or disclosure of PHI not provided for by this Amendment of which the Business Associate becomes aware.
- E. Require sub-contractors or agents to whom the Business Associate provides PHI to agree and sign a Business Associate agreement. .
- F. Use appropriate administrative, technical and physical safeguards to prevent inappropriate use or disclosure of PHI created or received..
- G. Obtain and maintain knowledge of the applicable laws and regulations related to HIPAA and HITECH, as may be amended from time to time.
- H. Business Associate will notify said party in writing within sixty (60) days where PHI may have been intentionally, and/or inadvertently disclosed and if such disclosure has been secured.
- I. Business Associate and their personnel acknowledge that all collected PHI needs to be secured at all times.

4. PHI Access, Amendment and Disclosure Accounting.

The Business Associate agrees to:

- A. Provide access, at the request of JPA, within five (5) days, to PHI in a Designated Record Set, to the JPA, or to an Individual as directed by the JPA.
- B. To make any amendment(s) to PHI in a Designated Record Set that the JPA directs or agrees to at the request of JPA or an Individual within sixty (60) days of the request of JPA.
- C. To assist the JPA in meeting its disclosure accounting under HIPAA:
 - (1) The Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for the JPA to respond to a request by an Individual for an accounting of disclosures of PHI.
 - (2) The JPA agrees to provide to JPA or an Individual, within sixty (60)

days, information collected in accordance with this section to permit the JPA to respond to a request by an Individual for an accounting of disclosures of PHI.

(3) The Business Associate shall have available for the JPA the information required by this section for the six (6) years preceding the JPA's request for information.

- D. Make available to the JPA, the Business Associate's internal practices, books and records relating to the use of and disclosure of PHI for purposes of determining the Business Associate's compliance with the Privacy Rule, subject to any applicable legal restrictions.
- E. Within thirty (30) days of receiving a written request from JPA, make available any and all information necessary for JPA to make an accounting of disclosures of JPA PHI by the Business Associate.
- F. Within thirty (30) days of receiving a written request from JPA, incorporate any amendments or corrections to the PHI in accordance with the Privacy Rule in the event that the PHI in the Business Associate's possession constitutes a Designated Record Set.
- G. Not make any disclosure of PHI that JPA would be prohibited from making.

5. Obligations of JPA.

- A. JPA agrees that it will make its best effort to promptly notify the Business Associate in writing of any restrictions on the use and disclosure of PHI agreed to by JPA that may affect the Business Associate's ability to perform its obligations under the Underlying Agreement, or this Amendment.
- B. JPA agrees that it will make its best effort to promptly notify the Business Associate in writing of any changes in, or revocation of, permission by any Individual to use or disclose PHI, if such changes or revocation may affect the Business Associate's ability to perform its obligations under the Underlying Agreement, of this Amendment.
- C. JPA agrees that it will make its best effort to promptly notify the Business Associate in writing of any known limitation(s) in its notice of privacy practices to the extent that such limitation may affect the Business Associate's use of disclosure of PHI.
- D. JPA shall not request the Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by JPA, except as may be expressly permitted by the Privacy Rule.
- E. JPA will obtain any authorizations necessary for the use or disclosure of PHI, so that the Business Associate can perform its obligations under this

Amendment and/or the Underlying Agreement.

6. Terms and Termination.

This Amendment shall commence upon the Effective Date and terminate upon the termination of the Underlying Agreement, as provided therein.

7. Amendment to Indemnity.

The Business Associate shall indemnify and hold harmless all Agencies, Districts, Special Districts and Departments of the County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives from any liability whatsoever, based or asserted upon any services of the Business Associate, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Amendment, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever including fines, penalties or any other costs and resulting from any reason whatsoever arising from the performance of the Business Associate, its officers, agents, employees, subcontractors, agents or representatives from this Amendment. The Business Associate shall defend, at its sole expense, all costs and fees including but not limited to attorney fees, cost of investigation, defense and settlements or awards all Agencies, Districts, Special Districts and Departments of the County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives in any claim or action based upon such alleged acts or omissions.

With respect to any action or claim subject to indemnification herein by the Business Associate, the Business Associate shall, at their sole cost, have the right to use counsel of their choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of JPA; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes the Business Associate's indemnification to JPA as set forth herein. The Business Associate's obligation to defend, indemnify and hold harmless JPA shall be subject to JPA having given the Business Associate written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at the Business Associate's expense, for the defense or settlement thereof. The Business Associate's obligation hereunder shall be satisfied when the Business Associate has provided to JPA the appropriate form of dismissal relieving JPA from any liability for the action or claim involved.

The specified insurance limits required in the Underlying Agreement of this Amendment shall in no way limit or circumscribe the Member's obligations to indemnify and hold harmless the JPA herein from third party claims arising from the issues of this Amendment.

In the event there is conflict between this clause and California Civil Code

Section 2782, this clause shall be interpreted to comply with Civil Code 2782. Such interpretation shall not relieve the Business Associate from indemnifying the JPA to the fullest extent allowed by law.

In the event there is a conflict between this indemnification clause and an indemnification clause contained in the Underlying Agreement of this Amendment, this indemnification shall only apply to the subject issues included within this Amendment.

8. Amendment. The parties agree to take such action as is necessary to amend this Amendment from time to time as is necessary for JPA to comply with the Privacy Rule and HIPAA generally.
9. Survival. The respective rights and obligations of this Amendment shall survive the termination or expiration of this Amendment.
10. Regulatory References. A reference in this Amendment to a section in the Privacy Rule means the section as in effect or as amended.
11. Conflicts. Any ambiguity in this Amendment and the Underlying Agreement shall be resolved to permit County to comply with the Privacy Rule and HIPAA generally.
12. Except as herein amended, all other parts and sections of this Agreement with the Business Associate, shall remain unchanged and in full force and effect.



**El Dorado County
Emergency Services Authority**

**ADVANCED LIFE SUPPORT ENGINE AGREEMENT
BETWEEN
EL DORADO COUNTY EMERGENCY SERVICES AUTHORITY
AND**

Pioneer Fire Protection District

1. This agreement made and entered into by and between the El Dorado County Emergency Services Authority (hereinafter referred to as "JPA"); and the Pioneer Fire Protection District (hereinafter referred to as "Contractor"), whose principal place of business is:

7061 Mount Avukum Road, Somerset, CA 95684

RECITALS

2. WHEREAS, the JPA is responsible for providing coordination of Advanced Life Support (ALS) Pre-Hospital medical care within its jurisdiction; and
3. WHEREAS, Contractor desires to provide Advanced Life Support Pre-Hospital medical care services in El Dorado County; and
4. WHEREAS, this Agreement is developed in compliance with the Master Contract for Pre-Hospital Advanced Life Support and Dispatch Services; (hereafter referred to as the "Master Contract") with the County of El Dorado; and
5. WHEREAS, Member Agency agrees to comply with the requirements of the California Health and Safety Code, Division 2.5, Section 1797 et seq.; California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100167; the County Emergency Medical Service Agency and the Master Contract for Pre-Hospital Advanced Life Support and the standards of the El Dorado County EMS Agency, including but not limited to the County EMS Agency Policy and Procedure Manual, Trauma Plan, State or local statutes, ordinances or regulations; and
6. WHEREAS, the El Dorado County EMS Agency Medical Director, through the County EMS Agency, and as defined in the Master Contract for Pre-Hospital Advanced Life Support and Dispatch Services with the County of El Dorado, has the authority to develop overall plans, policies, and medical standards to ensure that effective levels of ALS care are maintained within the County and that the Medical Director has the authority for establishing the required medical equipment, medication inventories, and medical protocols; and

7. WHEREAS, JPA and the Contractor agree that a higher level of medical training may be necessary to provide patient care. The JPA may require the Contractor to provide a higher standard of medical training than is required by the California Code of Regulations Title 22; and
8. WHEREAS, County is a Covered Entity, as defined in the Privacy Rule of the Health Insurance Portability and Accountability Act, Pub. L. No. 104-161 of 1996 ("HIPAA") the JPA and Member Agency is defined as a Business Associate of the County under this law, which requires protection of any disclosure of PHI pursuant to this Agreement; and includes adherence to the Health Information Technology for Economic and Clinical Health Act (the HITECH Act), as incorporated in the American Recovery and Reinvestment Act of 2009, Public Law 111-005; the Genetic Information Nondiscrimination Act (the GINA).
9. WHEREAS, the El Dorado County EMS Agency Medical Director shall have medical control including access to all medical information pertinent to data collection, evaluation and analysis.

SERVICES TO BE PROVIDED

10. The JPA and Contractor mutually agree as follows:
 - A. Contractor agrees to provide Pre-Hospital Advanced Life Support Services as described in this Agreement. In the performance of its obligation, the Contractor is subject to the medical control of the El Dorado County EMS Agency Medical Director.
 - B. Contractor shall provide Pre-Hospital Advanced Life Support service provided the Contractor has the equipment and personnel available at the time of request for service. To qualify as an ALS engine one of the crew members must be a State of California licensed and locally accredited paramedic. The Contractor shall at the minimum, notify the Emergency Command Center when the ALS engine is responding, when it arrives on scene, when it departs the scene, when it has arrived at its station, or any other status change.
 - Each morning, the Contractor shall advise the Emergency Command Center if the ALS Engine(s) is/are staffed. Any change during the course of the shift shall be reported to the Emergency Command Center, as soon as possible.
 - C. Contractor shall not advertise itself or the responding personnel as providing advanced life support services unless routinely providing advanced life support services on a continuous twenty-four (24) hour-per-day basis, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100167.

STANDARDS

11. Contractor shall, when applicable, meet the requirements set forth by the California Highway Patrol; the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority, the California

Code of Regulations, the El Dorado County EMS Agency Policies, Procedures and Field Treatment Protocols, and any other applicable statute, ordinance, and resolution regulating Advanced Life Support services provided under this Agreement. In the event of any conflicting statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.

- Applicable shall be defined herein as when the Contractor is performing ALS under this agreement.

COMMUNICATION

12. The designated Base Hospital provides on-line medical control according to the California Health and Safety Code, Division 2.5, Section 1798 through and including Section 1798.105. The designated Base Hospital for County Service Area No. 7 is Marshall Hospital.

- The dispatch center for County Service Area #7 is Cal Fire, identified as Camino on the radio and currently located at Mount Danaher.

PERSONNEL REQUIREMENTS

13. Contractor shall ensure that all Paramedic personnel are licensed by the State of California and accredited with the County EMS Agency. Personnel whose certification/accreditation has lapsed shall not be allowed to provide Pre-Hospital care within El Dorado County until they have met all requirements to bring current their certification/accreditation. Contractor shall ensure compliance with all EMT-P regulations from the State of California Health and Safety Code, Division 2.5, and Title 22, Division 9, and ensure that the County EMS Agency Policies, Procedures and Field Treatment Protocols are followed.

- A. Contractor shall maintain good working relationships, with other Member Agencies; first response agencies; law enforcement; base hospitals; County EMS Agency; City and County staff. The conduct of the Contractor's personnel must be professional at all times.
- B. Contractor shall maintain records of all EMS training, continuing education and skills maintenance as required by the El Dorado County EMS Agency. Contractor shall provide, upon the written request from the JPA, training, skills, testing, educational, certifications, or like, records.
- C. The Contractor agrees that paramedics shall receive training and maintain their certifications in Advanced Cardiac Life Support (ACLS)* and Pediatric Advanced Life Support (PALS)* or Pediatric Education for Prehospital Professionals (PEPP) or a comparable advanced pediatric life support course approved by the EMSA Medical Director.

* Per American Heart Association Guidelines.

- D. The Contractor agrees that paramedics shall receive training and maintain their

accreditation in the El Dorado County local paramedic renewal program as required annually by the Emergency Medical Services Medical Director. Such training shall not exceed four (4) hours unless approved by the JPA System Status Management Committee prior to the implementation of any proposed training.

- E. Under this Agreement, Contractor will provide services to JPA and in conjunction with the provision of such services, certain Protected Health Information ("PHI") may be made available to Contractor for the purposes of carrying out its obligations. Contractor agrees to comply with all the terms and conditions of Appendix A, HIPAA Business Associate Agreement, attached hereto and made by reference a part hereof, regarding the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations promulgated thereunder.

In as much as an exchange of Protected Health Information (PHI) will occur between JPA and Contractor, Contractor agrees to faithfully distribute to patient the El Dorado County Notice of Privacy Practices, to be supplied by JPA, before the first delivery of service for all non-emergency transfers and dry runs with patient contact, where services were provided to patient. All Notices of Privacy Practices for emergency transfers will be mailed by El Dorado County Ambulance Billing as soon as practical following the provision of services.

- 14. Contractor may participate in providing community education on 9-1-1 system access, CPR and first aid.

QUALITY IMPROVEMENT & QUALITY ASSURANCE

- 15. Contractor shall have and maintain a comprehensive internal medical and operational quality assurance program. This program shall, at a minimum, monitor and evaluate the Pre-Hospital Advanced Life Support services required in this Agreement. The program shall be reviewed and approved by the JPA and the EMS Agency.
 - A. Contractor shall cooperate fully in supplying all requested documentation as it relates to Medical Quality Improvement/Assurance to the JPA, the Base Hospital and the County EMS Agency, and shall participate fully in all quality assurance programs mandated by the County.
 - B. Contractor shall allow inspections, or site visits at any time by JPA and County EMS Agency staff, with a minimum of one (1) hour notice to the Contractor's Chief for purposes of JPA contract compliance and or Medical Quality Improvement/Assurance.

MUTUAL AID & DISASTER

- 16. Contractor shall cooperate in the establishment and maintenance of Mutual Aid Agreements among the JPA and other jurisdictions.

17. Contractor shall cooperate with JPA in establishing disaster and multi-casualty incident plans, policies and procedures; and, assist in planning and participate in interagency disaster/multi-casualty incident training exercises annually.

EQUIPMENT, POLICY & PROCEDURE

18. Standards for medical equipment shall be in compliance with the JPA, and County EMS Agency Policy and Procedure Manuals promulgated by the JPA and County EMS Agency as required for the level of service being provided. The County EMS Agency shall maintain the Policy and Procedure Manual and manual updates online at their website. Contractor shall be charged with the knowledge of the procedures and policies.

- Policies and Procedures shall be reviewed and approved by the Contractor, the JPA, and the EMSA annually. Changes or amendments in the policies and procedures shall be reviewed by the Member Agencies prior to adoption and copies of any changes to the policies or procedures shall be provided to the Member Agencies within 48 hours of adoption.

19. Contractor shall possess and agree to maintain adequate drug and solution inventory, and supplies in compliance with the El Dorado County EMS Agency Policy and Procedure Manual and per Contractor Policy relating to those drugs and/or narcotics requiring 24-hour control and lock up.

- The JPA shall provide or replace to the Contractor medical supplies used during the course of providing patient care, ALS or training.
- Contractor agrees to comply with all federal, state, local laws, rules and regulations and JPA policies and procedures related to the security and protection of medical supplies, equipment and controlled substances.

REPORTING

20. Contractor personnel shall utilize the El Dorado County "Pre-Hospital Care Report" (PCR) (in electronic digital and/or paper form) for all emergency and non-emergency responses including non-transports.

21. Contractor shall be furnished with JPA Report forms which shall be provided to the Contractor's personnel for the purpose of recording unusual, significant, Sentinel, or other peculiar events. The Contractor shall return properly executed reports to the JPA by the next business day. . The Contractor shall ensure that its personnel understand and utilize such forms and reporting systems.

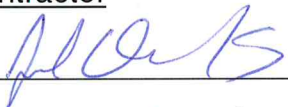
22. JPA shall provide to Contractor a list of CSA No. 7 owned fixed assets assigned to the Contractor no more than one week after the El Dorado County Auditor-Controller's Office provides the list to County Departments. The JPA will also provide the Contractor with a list of JPA owned fixed assets. The list shall clearly separate mobile medical equipment from other equipment provided to the Contractor. The list shall be accompanied by the County established time lines that the Contractor agrees to meet.

23. In the event that there are unallocated/missing items, a letter of explanation is required, signed by the Contractor Board Chairperson, detailing what is missing, why, and what process was used to locate the item. The letter is to be submitted to the JPA Executive Director along with the signed off inventory list. The JPA Executive Director will submit a list of any missing items to the JPA Board of Directors and request Board direction on any action to be taken.

CHANGES & DURATION

24. This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and approved by the duly authorized boards and fully executed by duly authorized officers of the parties hereto.
25. This Agreement is subject to termination by mutual agreement, initiated by either party, for any reason during the term of the Agreement. Termination of this Agreement may be initiated by providing written notice to the other party of intent to cancel at least 30 days prior to termination date.
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28. This agreement shall become effective when fully executed by the parties hereto and will remain in effect, unless terminated pursuant to provisions within this Agreement. This Agreement will be reviewed by March 1st of each year for continuation of service.
29. All notices to be given by the parties hereto shall be in writing and sent postage prepaid by registered mail. Notices to Contractor shall be addressed as follows, or to such other location as either party directs:

JPA
480 Locust Road
Diamond Springs, CA 95619
Attn: Executive Director

Contractor


Pioneer Fire Protection District

7061 Mt. Auburn Rd.

Somerset, CA 95684

INDEMNITY

30. To the fullest extent of the law, Contractor shall defend, indemnify, and hold the JPA harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, JPA employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Contractor's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the JPA, the Contractor, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the JPA, its officers and employees, or as expressly provided by statute. This duty of Contractor to indemnify and save JPA harmless includes the duties to defend set forth in California Civil Code Section 2778.
31. To the fullest extent of the law, JPA shall defend, indemnify, and hold the Contractor harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, Contractor's employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the JPA's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the JPA, the Contractor, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the Contractor's, its officers and employees, or as expressly provided by statute. This duty of JPA to indemnify and save Contractor's harmless includes the duties to defend set forth in California Civil Code Section 2778.

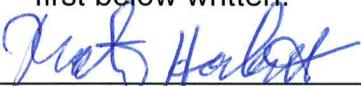
INSURANCE

32. The Contractor shall provide to the JPA a Certificate of Insurance or similar certified proof of insurance for:
- A. Full Workers' Compensation and Employers' Liability Insurance covering all employees of the Contractor as required by law in the State of California.
 - B. Commercial General Liability Insurance of not less than \$5,000,000 combined single limit per occurrence for bodily injury and property damage.
 - C. Automobile Liability Insurance of not less than \$5,000,000 is required on owned, hired, leased and non-owned vehicles used in connection with the Contractor's business.
 - D. Professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$5,000,000 per occurrence.
 - E. Contractor agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, Contractor agrees to provide at

least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of term of the Agreement, or for a period of not less than one (1) year. In the event Contractor fails to keep in effect at all times insurance coverage as herein provided, JPA may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.


ADMINISTRATION

- 33. Contractor shall maintain fiscal records necessary and prudent to meet the standards for accounting practices in use by the County, County Service Area 7, and the JPA.
- 34. Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California.
- 35. The JPA Officer or employee responsible for administering this Agreement is the Executive Director, or successor.
- 36. The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.
- 37. If any provision of this Agreement is held by a court of appropriate jurisdiction to be invalid, void or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way.
- 38. This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties, and they incorporate or supersede all prior written or oral agreements or understandings.
- 39. In Witness Whereof the parties hereto have executed this Agreement the day and year first below written.



For the JPA

Date 10-8-14



For Contractor

Date 10-8-14

Appendix A

HIPAA Business Associate Agreement

EL DORADO COUNTY EMERGENCY SERVICES AUTHORITY

AND

Pioneer

Fire Protection District

This HIPAA Business Associate Agreement Amendment (“Amendment”) entered into by the El Dorado County Emergency Services Authority (hereinafter referred to as “the JPA”) and Pioneer Fire Protection District (hereinafter referred to as “Business Associate”) supplements and is made part of the Business Associate Advanced Life Support Engine Agreement. (“Underlying Agreement”) as of the date of approval by the parties (the “Effective Date”).

RECITALS

WHEREAS, JPA and the Business Associate entered into the Underlying Agreement pursuant to which the Business Associate provides services to JPA, and in conjunction with the provision of such services, certain Protected Health Information (“PHI”) may be made available to the Business Associate for the purposes of carrying out its obligations under the Underlying Agreement; and

WHEREAS, the provisions of the Health Insurance Portability and Accountability Act, Pub. L. No. 104-161 of 1996 (“HIPAA”), more specifically the regulations found at Title 45, CFR, Parts 160 and 164 (the “Privacy Rule”), as may be amended from time to time, which are applicable to the protection of any disclosure of PHI pursuant to the Underlying Agreement; and comply with the HITECH (the Health Information Technology for Economic and Clinical Health Act of 2009) and the regulations thereunder (including 45 C.F.R. Sections 164.308, 164.310, 164.312 and 164.316), that apply to a business associate of a covered entity in the same manner that such sections apply to the covered entity.

WHEREAS, County of El Dorado (County) is a Covered Entity, as defined in the Privacy Rule; and

WHEREAS, the JPA and its sub-contracting agencies that are recipients of PHI are Business Associates as defined in the Privacy Rule; and

WHEREAS, the parties agree that any disclosure or use of PHI be in compliance with the Privacy Rule or other applicable law; and

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

1. Definitions. Unless otherwise provided in this Amendment, capitalized terms shall have the same meanings as set forth in the Privacy Rule, as may be amended from time to time.
2. Scope of Use and Disclosure by the Business Associate of County Disclosed

PHI.

- A. The Business Associate shall be permitted to use PHI disclosed to it:
- (1) on behalf of the JPA, or to provide services to the JPA for the purposes contained herein, if such use or disclosure would not violate the Privacy Rule if done by the JPA, or the minimum necessary policies and procedures of the JPA and County.
 - (2) As necessary to perform any and all of its obligations under the Underlying Agreement.
- B. Unless otherwise limited herein, in addition to any other uses and/or disclosures permitted or authorized by this Amendment or required by law, the Business Associate may:
- (1) Use the PHI in its possession for its proper management and administration and to fulfill any legal obligations.
 - (2) Disclose the PHI in its possession to a third party for the purpose of the Business Associate's proper management and administration or to fulfill any legal responsibilities of the Business Associate . The Business Associate may disclose PHI as necessary for the Business Associate's operations only if:
 - (a) The disclosure is required by law; or
 - (b) The Business Associate obtains a written Business Associate agreement from any person or organization to which the Business Associate will disclose such PHI that the person or organization will comply with all applicable HIPAA-HITECH laws:
 - (3) Aggregate the PHI and/or aggregate the PHI with that of other data for the purpose of providing JPA and County with data analyses related to the Underlying Agreement, or any other purpose, financial or otherwise, as requested by JPA and the County.
 - (4) Not disclose PHI without first notifying and receiving approval from the JPA and/or County. .
- C. The Business Associate agrees that it will neither use nor disclose PHI it receives from any other business associate, except as permitted or required by this Amendment, or as required by law, or as otherwise permitted by law.

3. Obligations of the Business Associate. In connection with its use of PHI disclosed to the Business Associate, the Business Associate agrees to:

- A. Use or disclose PHI only as permitted or required by this Amendment or as required by law.
- B. Use reasonable and appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Amendment and applicable laws.
- C. To the extent practical, mitigate any harmful effect that is known to the Business Associate of a use or disclosure of PHI by the Business Associate in violation of this Amendment and applicable laws.
- D. Report to JPA any use or disclosure of PHI not provided for by this Amendment of which the Business Associate becomes aware.
- E. Require sub-contractors or agents to whom the Business Associate provides PHI to agree and sign a Business Associate agreement. .
- F. Use appropriate administrative, technical and physical safeguards to prevent inappropriate use or disclosure of PHI created or received..
- G. Obtain and maintain knowledge of the applicable laws and regulations related to HIPAA and HITECH, as may be amended from time to time.
- H. Business Associate will notify said party in writing within sixty (60) days where PHI may have been intentionally, and/or inadvertently disclosed and if such disclosure has been secured.
- I. Business Associate and their personnel acknowledge that all collected PHI needs to be secured at all times.

4. PHI Access, Amendment and Disclosure Accounting.

The Business Associate agrees to:

- A. Provide access, at the request of JPA, within five (5) days, to PHI in a Designated Record Set, to the JPA, or to an Individual as directed by the JPA.
- B. To make any amendment(s) to PHI in a Designated Record Set that the JPA directs or agrees to at the request of JPA or an Individual within sixty (60) days of the request of JPA.
- C. To assist the JPA in meeting its disclosure accounting under HIPAA:
 - (1) The Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for the JPA to respond to a request by an Individual for an accounting of disclosures of PHI.
 - (2) The JPA agrees to provide to JPA or an Individual, within sixty (60) days, information collected in accordance with this section to permit the JPA to respond to a request by an Individual for an accounting

of disclosures of PHI.

- (3) The Business Associate shall have available for the JPA the information required by this section for the six (6) years preceding the JPA's request for information.
 - D. Make available to the JPA, the Business Associate's internal practices, books and records relating to the use of and disclosure of PHI for purposes of determining the Business Associate's compliance with the Privacy Rule, subject to any applicable legal restrictions.
 - E. Within thirty (30) days of receiving a written request from JPA, make available any and all information necessary for JPA to make an accounting of disclosures of JPA PHI by the Business Associate.
 - F. Within thirty (30) days of receiving a written request from JPA, incorporate any amendments or corrections to the PHI in accordance with the Privacy Rule in the event that the PHI in the Business Associate's possession constitutes a Designated Record Set.
 - G. Not make any disclosure of PHI that JPA would be prohibited from making.
5. Obligations of JPA.
- A. JPA agrees that it will make its best effort to promptly notify the Business Associate in writing of any restrictions on the use and disclosure of PHI agreed to by JPA that may affect the Business Associate's ability to perform its obligations under the Underlying Agreement, or this Amendment.
 - B. JPA agrees that it will make its best effort to promptly notify the Business Associate in writing of any changes in, or revocation of, permission by any Individual to use or disclose PHI, if such changes or revocation may affect the Business Associate's ability to perform its obligations under the Underlying Agreement, of this Amendment.
 - C. JPA agrees that it will make its best effort to promptly notify the Business Associate in writing of any known limitation(s) in its notice of privacy practices to the extent that such limitation may affect the Business Associate's use of disclosure of PHI.
 - D. JPA shall not request the Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by JPA, except as may be expressly permitted by the Privacy Rule.
 - E. JPA will obtain any authorizations necessary for the use or disclosure of PHI, so that the Business Associate can perform its obligations under this Amendment and/or the Underlying Agreement.

6. Terms and Termination.

This Amendment shall commence upon the Effective Date and terminate upon the termination of the Underlying Agreement, as provided therein.

7. Amendment to Indemnity.

The Business Associate shall indemnify and hold harmless all Agencies, Districts, Special Districts and Departments of the County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives from any liability whatsoever, based or asserted upon any services of the Business Associate, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Amendment, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever including fines, penalties or any other costs and resulting from any reason whatsoever arising from the performance of the Business Associate, its officers, agents, employees, subcontractors, agents or representatives from this Amendment. The Business Associate shall defend, at its sole expense, all costs and fees including but not limited to attorney fees, cost of investigation, defense and settlements or awards all Agencies, Districts, Special Districts and Departments of the County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives in any claim or action based upon such alleged acts or omissions.

With respect to any action or claim subject to indemnification herein by the Business Associate, the Business Associate shall, at their sole cost, have the right to use counsel of their choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of JPA; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes the Business Associate's indemnification to JPA as set forth herein. The Business Associate's obligation to defend, indemnify and hold harmless JPA shall be subject to JPA having given the Business Associate written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at the Business Associate's expense, for the defense or settlement thereof. The Business Associate's obligation hereunder shall be satisfied when the Business Associate has provided to JPA the appropriate form of dismissal relieving JPA from any liability for the action or claim involved.

The specified insurance limits required in the Underlying Agreement of this Amendment shall in no way limit or circumscribe the Member's obligations to indemnify and hold harmless the JPA herein from third party claims arising from the issues of this Amendment.

In the event there is conflict between this clause and California Civil Code Section 2782, this clause shall be interpreted to comply with Civil Code 2782. Such interpretation shall not relieve the Business Associate from indemnifying

the JPA to the fullest extent allowed by law.

In the event there is a conflict between this indemnification clause and an indemnification clause contained in the Underlying Agreement of this Amendment, this indemnification shall only apply to the subject issues included within this Amendment.

8. Amendment. The parties agree to take such action as is necessary to amend this Amendment from time to time as is necessary for JPA to comply with the Privacy Rule and HIPAA generally.
9. Survival. The respective rights and obligations of this Amendment shall survive the termination or expiration of this Amendment.
10. Regulatory References. A reference in this Amendment to a section in the Privacy Rule means the section as in effect or as amended.
11. Conflicts. Any ambiguity in this Amendment and the Underlying Agreement shall be resolved to permit County to comply with the Privacy Rule and HIPAA generally.
12. Except as herein amended, all other parts and sections of this Agreement with the Business Associate, shall remain unchanged and in full force and effect.



**El Dorado County
Emergency Services Authority**

**ADVANCED LIFE SUPPORT ENGINE AGREEMENT
BETWEEN
EL DORADO COUNTY EMERGENCY SERVICES AUTHORITY
AND
Garden Valley Fire Protection District**

1. This agreement made and entered into by and between the El Dorado County Emergency Services Authority (hereinafter referred to as "JPA"); and the Garden Valley Fire Protection District (hereinafter referred to as "Contractor"), whose principal place of business is:
4860 Marshall Road, Garden Valley, CA 95633

RECITALS

2. WHEREAS, the JPA is responsible for providing coordination of Advanced Life Support (ALS) Pre-Hospital medical care within its jurisdiction; and
3. WHEREAS, Contractor desires to provide Advanced Life Support Pre-Hospital medical care services in El Dorado County; and
4. WHEREAS, this Agreement is developed in compliance with the Master Contract for Pre-Hospital Advanced Life Support and Dispatch Services; (hereafter referred to as the "Master Contract") with the County of El Dorado; and
5. WHEREAS, Member Agency agrees to comply with the requirements of the California Health and Safety Code, Division 2.5, Section 1797 et seq.; California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100167; the County Emergency Medical Service Agency and the Master Contract for Pre-Hospital Advanced Life Support and the standards of the El Dorado County EMS Agency, including but not limited to the County EMS Agency Policy and Procedure Manual, Trauma Plan, State or local statutes, ordinances or regulations; and
6. WHEREAS, the El Dorado County EMS Agency Medical Director, through the County EMS Agency, and as defined in the Master Contract for Pre-Hospital Advanced Life Support and Dispatch Services with the County of El Dorado, has the authority to develop overall plans, policies, and medical standards to ensure that effective levels of ALS care are maintained within the County and that the Medical Director has the authority for establishing the required medical equipment, medication inventories, and medical protocols; and

7. WHEREAS, JPA and the Contractor agree that a higher level of medical training may be necessary to provide patient care. The JPA may require the Contractor to provide a higher standard of medical training than is required by the California Code of Regulations Title 22; and
8. WHEREAS, County is a Covered Entity, as defined in the Privacy Rule of the Health Insurance Portability and Accountability Act, Pub. L. No. 104-161 of 1996 ("HIPAA") the JPA and Member Agency is defined as a Business Associate of the County under this law, which requires protection of any disclosure of PHI pursuant to this Agreement; and includes adherence to the Health Information Technology for Economic and Clinical Health Act (the HITECH Act), as incorporated in the American Recovery and Reinvestment Act of 2009, Public Law 111-005; the Genetic Information Nondiscrimination Act (the GINA).
9. WHEREAS, the El Dorado County EMS Agency Medical Director shall have medical control including access to all medical information pertinent to data collection, evaluation and analysis.

SERVICES TO BE PROVIDED

10. The JPA and Contractor mutually agree as follows:

- A. Contractor agrees to provide Pre-Hospital Advanced Life Support Services as described in this Agreement. In the performance of its obligation, the Contractor is subject to the medical control of the El Dorado County EMS Agency Medical Director.
- B. Contractor shall provide Pre-Hospital Advanced Life Support service provided the Contractor has the equipment and personnel available at the time of request for service. To qualify as an ALS engine one of the crew members must be a State of California licensed and locally accredited paramedic. The Contractor shall at the minimum, notify the Emergency Command Center when the ALS engine is responding, when it arrives on scene, when it departs the scene, when it has arrived at its station, or any other status change.
 - Each morning, the Contractor shall advise the Emergency Command Center if the ALS Engine(s) is/are staffed. Any change during the course of the shift shall be reported to the Emergency Command Center, as soon as possible.
- C. Contractor shall not advertise itself or the responding personnel as providing advanced life support services unless routinely providing advanced life support services on a continuous twenty-four (24) hour-per-day basis, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100167.

STANDARDS

11. Contractor shall, when applicable, meet the requirements set forth by the California Highway Patrol; the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority, the California

Code of Regulations, the El Dorado County EMS Agency Policies, Procedures and Field Treatment Protocols, and any other applicable statute, ordinance, and resolution regulating Advanced Life Support services provided under this Agreement. In the event of any conflicting statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.

- Applicable shall be defined herein as when the Contractor is performing ALS under this agreement.

COMMUNICATION

12. The designated Base Hospital provides on-line medical control according to the California Health and Safety Code, Division 2.5, Section 1798 through and including Section 1798.105. The designated Base Hospital for County Service Area No. 7 is Marshall Hospital.

- The dispatch center for County Service Area #7 is Cal Fire, identified as Camino on the radio and currently located at Mount Danaher.

PERSONNEL REQUIREMENTS

13. Contractor shall ensure that all Paramedic personnel are licensed by the State of California and accredited with the County EMS Agency. Personnel whose certification/accreditation has lapsed shall not be allowed to provide Pre-Hospital care within El Dorado County until they have met all requirements to bring current their certification/accreditation. Contractor shall ensure compliance with all EMT-P regulations from the State of California Health and Safety Code, Division 2.5, and Title 22, Division 9, and ensure that the County EMS Agency Policies, Procedures and Field Treatment Protocols are followed.

- A. Contractor shall maintain good working relationships, with other Member Agencies; first response agencies; law enforcement; base hospitals; County EMS Agency; City and County staff. The conduct of the Contractor's personnel must be professional at all times.
- B. Contractor shall maintain records of all EMS training, continuing education and skills maintenance as required by the El Dorado County EMS Agency. Contractor shall provide, upon the written request from the JPA, training, skills, testing, educational, certifications, or like, records.
- C. The Contractor agrees that paramedics shall receive training and maintain their certifications in Advanced Cardiac Life Support (ACLS)* and Pediatric Advanced Life Support (PALS)* or Pediatric Education for Prehospital Professionals (PEPP) or a comparable advanced pediatric life support course approved by the EMSA Medical Director.

* Per American Heart Association Guidelines.

D. The Contractor agrees that paramedics shall receive training and maintain their

accreditation in the El Dorado County local paramedic renewal program as required annually by the Emergency Medical Services Medical Director. Such training shall not exceed four (4) hours unless approved by the JPA System Status Management Committee prior to the implementation of any proposed training.

- E. Under this Agreement, Contractor will provide services to JPA and in conjunction with the provision of such services, certain Protected Health Information ("PHI") may be made available to Contractor for the purposes of carrying out its obligations. Contractor agrees to comply with all the terms and conditions of Appendix A, HIPAA Business Associate Agreement, attached hereto and made by reference a part hereof, regarding the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations promulgated thereunder.

In as much as an exchange of Protected Health Information (PHI) will occur between JPA and Contractor, Contractor agrees to faithfully distribute to patient the El Dorado County Notice of Privacy Practices, to be supplied by JPA, before the first delivery of service for all non-emergency transfers and dry runs with patient contact, where services were provided to patient. All Notices of Privacy Practices for emergency transfers will be mailed by El Dorado County Ambulance Billing as soon as practical following the provision of services.

- 14. Contractor may participate in providing community education on 9-1-1 system access, CPR and first aid.

QUALITY IMPROVEMENT & QUALITY ASSURANCE

- 15. Contractor shall have and maintain a comprehensive internal medical and operational quality assurance program. This program shall, at a minimum, monitor and evaluate the Pre-Hospital Advanced Life Support services required in this Agreement. The program shall be reviewed and approved by the JPA and the EMS Agency.
 - A. Contractor shall cooperate fully in supplying all requested documentation as it relates to Medical Quality Improvement/Assurance to the JPA, the Base Hospital and the County EMS Agency, and shall participate fully in all quality assurance programs mandated by the County.
 - B. Contractor shall allow inspections, or site visits at any time by JPA and County EMS Agency staff, with a minimum of one (1) hour notice to the Contractor's Chief for purposes of JPA contract compliance and or Medical Quality Improvement/Assurance.

MUTUAL AID & DISASTER

- 16. Contractor shall cooperate in the establishment and maintenance of Mutual Aid Agreements among the JPA and other jurisdictions.

17. Contractor shall cooperate with JPA in establishing disaster and multi-casualty incident plans, policies and procedures; and, assist in planning and participate in interagency disaster/multi-casualty incident training exercises annually.

EQUIPMENT, POLICY & PROCEDURE

18. Standards for medical equipment shall be in compliance with the JPA, and County EMS Agency Policy and Procedure Manuals promulgated by the JPA and County EMS Agency as required for the level of service being provided. The County EMS Agency shall maintain the Policy and Procedure Manual and manual updates online at their website. Contractor shall be charged with the knowledge of the procedures and policies.

- Policies and Procedures shall be reviewed and approved by the Contractor, the JPA, and the EMSA annually. Changes or amendments in the policies and procedures shall be reviewed by the Member Agencies prior to adoption and copies of any changes to the policies or procedures shall be provided to the Member Agencies within 48 hours of adoption.

19. Contractor shall possess and agree to maintain adequate drug and solution inventory, and supplies in compliance with the El Dorado County EMS Agency Policy and Procedure Manual and per Contractor Policy relating to those drugs and/or narcotics requiring 24-hour control and lock up.

- The JPA shall provide or replace to the Contractor medical supplies used during the course of providing patient care, ALS or training.
- Contractor agrees to comply with all federal, state, local laws, rules and regulations and JPA policies and procedures related to the security and protection of medical supplies, equipment and controlled substances.

REPORTING

20. Contractor personnel shall utilize the El Dorado County "Pre-Hospital Care Report" (PCR) (in electronic digital and/or paper form) for all emergency and non-emergency responses including non-transport.

21. Contractor shall be furnished with JPA Report forms which shall be provided to the Contractor's personnel for the purpose of recording unusual, significant, Sentinel, or other peculiar events. The Contractor shall return properly executed reports to the JPA by the next business day. . The Contractor shall ensure that its personnel understand and utilize such forms and reporting systems.

22. JPA shall provide to Contractor a list of CSA No. 7 owned fixed assets assigned to the Contractor no more than one week after the El Dorado County Auditor-Controller's Office provides the list to County Departments. The JPA will also provide the Contractor with a list of JPA owned fixed assets. The list shall clearly separate mobile medical equipment from other equipment provided to the Contractor. The list shall be accompanied by the County established time lines that the Contractor agrees to meet.

23. In the event that there are unallocated/missing items, a letter of explanation is required, signed by the Contractor Board Chairperson, detailing what is missing, why, and what process was used to locate the item. The letter is to be submitted to the JPA Executive Director along with the signed off inventory list. The JPA Executive Director will submit a list of any missing items to the JPA Board of Directors and request Board direction on any action to be taken.

CHANGES & DURATION

24. This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and approved by the duly authorized boards and fully executed by duly authorized officers of the parties hereto.
25. This Agreement is subject to termination by mutual agreement, initiated by either party, for any reason during the term of the Agreement. Termination of this Agreement may be initiated by providing written notice to the other party of intent to cancel at least 30 days prior to termination date.
26. Upon termination of the agreement the Contractor agrees to return all JPA and CSA No. 7 fixed assets to the JPA.
27. The JPA may deny, suspend or revoke this Agreement for failure of the Contractor to comply with this Agreement.
28. This agreement shall become effective when fully executed by the parties hereto and will remain in effect, unless terminated pursuant to provisions within this Agreement. This Agreement will be reviewed by March 1st of each year for continuation of service.
29. All notices to be given by the parties hereto shall be in writing and sent postage prepaid by registered mail. Notices to Contractor shall be addressed as follows, or to such other location as either party directs:

JPA
480 Locust Road
Diamond Springs, CA 95619
Attn: Executive Director

Contractor
Garden Valley Fire Protection District
PO Box 408
Garden Valley, Ca 95633

Attn: Fire Chief Bill Dekker

INDEMNITY

30. To the fullest extent of the law, Contractor shall defend, indemnify, and hold the JPA harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, JPA employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Contractor's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the JPA, the Contractor, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the JPA, its officers and employees, or as expressly provided by statute. This duty of Contractor to indemnify and save JPA harmless includes the duties to defend set forth in California Civil Code Section 2778.
31. To the fullest extent of the law, JPA shall defend, indemnify, and hold the Contractor harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, Contractor's employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the JPA's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the JPA, the Contractor, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the Contractor's, its officers and employees, or as expressly provided by statute. This duty of JPA to indemnify and save Contractor's harmless includes the duties to defend set forth in California Civil Code Section 2778.

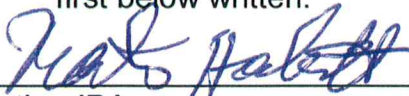
INSURANCE

32. The Contractor shall provide to the JPA a Certificate of Insurance or similar certified proof of insurance for:
- A. Full Workers' Compensation and Employers' Liability Insurance covering all employees of the Contractor as required by law in the State of California.
 - B. Commercial General Liability Insurance of not less than \$5,000,000 combined single limit per occurrence for bodily injury and property damage.
 - C. Automobile Liability Insurance of not less than \$5,000,000 is required on owned, hired, leased and non-owned vehicles used in connection with the Contractor's business.
 - D. Professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$5,000,000 per occurrence.
 - E. Contractor agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, Contractor agrees to provide at

least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of term of the Agreement, or for a period of not less than one (1) year. In the event Contractor fails to keep in effect at all times insurance coverage as herein provided, JPA may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.

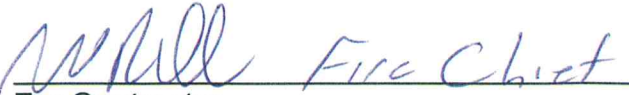
ADMINISTRATION

- 33. Contractor shall maintain fiscal records necessary and prudent to meet the standards for accounting practices in use by the County, County Service Area 7, and the JPA.
- 34. Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California.
- 35. The JPA Officer or employee responsible for administering this Agreement is the Executive Director, or successor.
- 36. The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.
- 37. If any provision of this Agreement is held by a court of appropriate jurisdiction to be invalid, void or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way.
- 38. This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties, and they incorporate or supersede all prior written or oral agreements or understandings.
- 39. In Witness Whereof the parties hereto have executed this Agreement the day and year first below written.



For the JPA

Date 10-22-14



For Contractor

Date 9/14/14

Appendix A

HIPAA Business Associate Agreement

EL DORADO COUNTY EMERGENCY SERVICES AUTHORITY AND Garden Valley Fire Protection District

This HIPAA Business Associate Agreement Amendment (“Amendment”) entered into by the El Dorado County Emergency Services Authority (hereinafter referred to as “the JPA”) and Garden Valley Fire Protection District (hereinafter referred to as “Business Associate”) supplements and is made part of the Business Associate Advanced Life Support Engine Agreement. (“Underlying Agreement”) as of the date of approval by the parties (the “Effective Date”).

RECITALS

WHEREAS, JPA and the Business Associate entered into the Underlying Agreement pursuant to which the Business Associate provides services to JPA, and in conjunction with the provision of such services, certain Protected Health Information (“PHI”) may be made available to the Business Associate for the purposes of carrying out its obligations under the Underlying Agreement; and

WHEREAS, the provisions of the Health Insurance Portability and Accountability Act, Pub. L. No. 104-161 of 1996 (“HIPAA”), more specifically the regulations found at Title 45, CFR, Parts 160 and 164 (the “Privacy Rule”), as may be amended from time to time, which are applicable to the protection of any disclosure of PHI pursuant to the Underlying Agreement; and comply with the HITECH (the Health Information Technology for Economic and Clinical Health Act of 2009) and the regulations thereunder (including 45 C.F.R. Sections 164.308, 164.310, 164.312 and 164.316), that apply to a business associate of a covered entity in the same manner that such sections apply to the covered entity.

WHEREAS, County of El Dorado (County) is a Covered Entity, as defined in the Privacy Rule; and

WHEREAS, the JPA and its sub-contracting agencies that are recipients of PHI are Business Associates as defined in the Privacy Rule; and

WHEREAS, the parties agree that any disclosure or use of PHI be in compliance with the Privacy Rule or other applicable law; and

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

1. Definitions. Unless otherwise provided in this Amendment, capitalized terms shall have the same meanings as set forth in the Privacy Rule, as may be amended from time to time.

2. Scope of Use and Disclosure by the Business Associate of County Disclosed PHI.

- A. The Business Associate shall be permitted to use PHI disclosed to it:
- (1) on behalf of the JPA, or to provide services to the JPA for the purposes contained herein, if such use or disclosure would not violate the Privacy Rule if done by the JPA, or the minimum necessary policies and procedures of the JPA and County.
 - (2) As necessary to perform any and all of its obligations under the Underlying Agreement.
- B. Unless otherwise limited herein, in addition to any other uses and/or disclosures permitted or authorized by this Amendment or required by law, the Business Associate may:
- (1) Use the PHI in its possession for its proper management and administration and to fulfill any legal obligations.
 - (2) Disclose the PHI in its possession to a third party for the purpose of the Business Associate's proper management and administration or to fulfill any legal responsibilities of the Business Associate. The Business Associate may disclose PHI as necessary for the Business Associate's operations only if:
 - (a) The disclosure is required by law; or
 - (b) The Business Associate obtains a written Business Associate agreement from any person or organization to which the Business Associate will disclose such PHI that the person or organization will comply with all applicable HIPAA-HITECH laws:
 - (3) Aggregate the PHI and/or aggregate the PHI with that of other data for the purpose of providing JPA and County with data analyses related to the Underlying Agreement, or any other purpose, financial or otherwise, as requested by JPA and the County.
 - (4) Not disclose PHI without first notifying and receiving approval from the JPA and/or County. .
- C. The Business Associate agrees that it will neither use nor disclose PHI it receives from any other business associate, except as permitted or required by this Amendment, or as required by law, or as otherwise permitted by law.

3. Obligations of the Business Associate. In connection with its use of PHI

disclosed to the Business Associate, the Business Associate agrees to:

- A. Use or disclose PHI only as permitted or required by this Amendment or as required by law.
- B. Use reasonable and appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Amendment and applicable laws.
- C. To the extent practical, mitigate any harmful effect that is known to the Business Associate of a use or disclosure of PHI by the Business Associate in violation of this Amendment and applicable laws.
- D. Report to JPA any use or disclosure of PHI not provided for by this Amendment of which the Business Associate becomes aware.
- E. Require sub-contractors or agents to whom the Business Associate provides PHI to agree and sign a Business Associate agreement.
- F. Use appropriate administrative, technical and physical safeguards to prevent inappropriate use or disclosure of PHI created or received..
- G. Obtain and maintain knowledge of the applicable laws and regulations related to HIPAA and HITECH, as may be amended from time to time.
- H. Business Associate will notify said party in writing within sixty (60) days where PHI may have been intentionally, and/or inadvertently disclosed and if such disclosure has been secured.
- I. Business Associate and their personnel acknowledge that all collected PHI needs to be secured at all times.

4. PHI Access, Amendment and Disclosure Accounting.

The Business Associate agrees to:

- A. Provide access, at the request of JPA, within five (5) days, to PHI in a Designated Record Set, to the JPA, or to an Individual as directed by the JPA.
- B. To make any amendment(s) to PHI in a Designated Record Set that the JPA directs or agrees to at the request of JPA or an Individual within sixty (60) days of the request of JPA.
- C. To assist the JPA in meeting its disclosure accounting under HIPAA:
 - (1) The Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for the JPA to respond to a request by an Individual for an accounting of disclosures of PHI.
 - (2) The JPA agrees to provide to JPA or an Individual, within sixty (60)

days, information collected in accordance with this section to permit the JPA to respond to a request by an Individual for an accounting of disclosures of PHI.

- (3) The Business Associate shall have available for the JPA the information required by this section for the six (6) years preceding the JPA's request for information.
 - D. Make available to the JPA, the Business Associate's internal practices, books and records relating to the use of and disclosure of PHI for purposes of determining the Business Associate's compliance with the Privacy Rule, subject to any applicable legal restrictions.
 - E. Within thirty (30) days of receiving a written request from JPA, make available any and all information necessary for JPA to make an accounting of disclosures of JPA PHI by the Business Associate.
 - F. Within thirty (30) days of receiving a written request from JPA, incorporate any amendments or corrections to the PHI in accordance with the Privacy Rule in the event that the PHI in the Business Associate's possession constitutes a Designated Record Set.
 - G. Not make any disclosure of PHI that JPA would be prohibited from making.
5. Obligations of JPA.
- A. JPA agrees that it will make its best effort to promptly notify the Business Associate in writing of any restrictions on the use and disclosure of PHI agreed to by JPA that may affect the Business Associate's ability to perform its obligations under the Underlying Agreement, or this Amendment.
 - B. JPA agrees that it will make its best effort to promptly notify the Business Associate in writing of any changes in, or revocation of, permission by any Individual to use or disclose PHI, if such changes or revocation may affect the Business Associate's ability to perform its obligations under the Underlying Agreement, of this Amendment.
 - C. JPA agrees that it will make its best effort to promptly notify the Business Associate in writing of any known limitation(s) in its notice of privacy practices to the extent that such limitation may affect the Business Associate's use of disclosure of PHI.
 - D. JPA shall not request the Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by JPA, except as may be expressly permitted by the Privacy Rule.
 - E. JPA will obtain any authorizations necessary for the use or disclosure of PHI, so that the Business Associate can perform its obligations under this

Amendment and/or the Underlying Agreement.

6. Terms and Termination.

This Amendment shall commence upon the Effective Date and terminate upon the termination of the Underlying Agreement, as provided therein.

7. Amendment to Indemnity.

The Business Associate shall indemnify and hold harmless all Agencies, Districts, Special Districts and Departments of the County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives from any liability whatsoever, based or asserted upon any services of the Business Associate, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Amendment, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever including fines, penalties or any other costs and resulting from any reason whatsoever arising from the performance of the Business Associate, its officers, agents, employees, subcontractors, agents or representatives from this Amendment. The Business Associate shall defend, at its sole expense, all costs and fees including but not limited to attorney fees, cost of investigation, defense and settlements or awards all Agencies, Districts, Special Districts and Departments of the County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives in any claim or action based upon such alleged acts or omissions.

With respect to any action or claim subject to indemnification herein by the Business Associate, the Business Associate shall, at their sole cost, have the right to use counsel of their choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of JPA; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes the Business Associate's indemnification to JPA as set forth herein. The Business Associate's obligation to defend, indemnify and hold harmless JPA shall be subject to JPA having given the Business Associate written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at the Business Associate's expense, for the defense or settlement thereof. The Business Associate's obligation hereunder shall be satisfied when the Business Associate has provided to JPA the appropriate form of dismissal relieving JPA from any liability for the action or claim involved.

The specified insurance limits required in the Underlying Agreement of this Amendment shall in no way limit or circumscribe the Member's obligations to indemnify and hold harmless the JPA herein from third party claims arising from the issues of this Amendment.

In the event there is conflict between this clause and California Civil Code

Section 2782, this clause shall be interpreted to comply with Civil Code 2782. Such interpretation shall not relieve the Business Associate from indemnifying the JPA to the fullest extent allowed by law.

In the event there is a conflict between this indemnification clause and an indemnification clause contained in the Underlying Agreement of this Amendment, this indemnification shall only apply to the subject issues included within this Amendment.

8. Amendment. The parties agree to take such action as is necessary to amend this Amendment from time to time as is necessary for JPA to comply with the Privacy Rule and HIPAA generally.
9. Survival. The respective rights and obligations of this Amendment shall survive the termination or expiration of this Amendment.
10. Regulatory References. A reference in this Amendment to a section in the Privacy Rule means the section as in effect or as amended.
11. Conflicts. Any ambiguity in this Amendment and the Underlying Agreement shall be resolved to permit County to comply with the Privacy Rule and HIPAA generally.
12. Except as herein amended, all other parts and sections of this Agreement with the Business Associate, shall remain unchanged and in full force and effect.



**El Dorado County
Emergency Services Authority**

**ADVANCED LIFE SUPPORT ENGINE AGREEMENT
BETWEEN
EL DORADO COUNTY EMERGENCY SERVICES AUTHORITY
AND
Georgetown Fire Protection District**

1. This agreement made and entered into by and between the El Dorado County Emergency Services Authority (hereinafter referred to as "JPA"); and the Georgetown Fire Protection District (hereinafter referred to as "Contractor"), whose principal place of business is:

6281 Main Street, Georgetown, CA 95634

RECITALS

2. WHEREAS, the JPA is responsible for providing coordination of Advanced Life Support (ALS) Pre-Hospital medical care within its jurisdiction; and
3. WHEREAS, Contractor desires to provide Advanced Life Support Pre-Hospital medical care services in El Dorado County; and
4. WHEREAS, this Agreement is developed in compliance with the Master Contract for Pre-Hospital Advanced Life Support and Dispatch Services; (hereafter referred to as the "Master Contract") with the County of El Dorado; and
5. WHEREAS, Member Agency agrees to comply with the requirements of the California Health and Safety Code, Division 2.5, Section 1797 et seq.; California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100167; the County Emergency Medical Service Agency and the Master Contract for Pre-Hospital Advanced Life Support and the standards of the El Dorado County EMS Agency, including but not limited to the County EMS Agency Policy and Procedure Manual, Trauma Plan, State or local statutes, ordinances or regulations; and
6. WHEREAS, the El Dorado County EMS Agency Medical Director, through the County EMS Agency, and as defined in the Master Contract for Pre-Hospital Advanced Life Support and Dispatch Services with the County of El Dorado, has the authority to develop overall plans, policies, and medical standards to ensure that effective levels of ALS care are maintained within the County and that the Medical Director has the authority for establishing the required medical equipment, medication inventories, and medical protocols; and

7. WHEREAS, JPA and the Contractor agree that a higher level of medical training may be necessary to provide patient care. The JPA may require the Contractor to provide a higher standard of medical training than is required by the California Code of Regulations Title 22; and
8. WHEREAS, County is a Covered Entity, as defined in the Privacy Rule of the Health Insurance Portability and Accountability Act, Pub. L. No. 104-161 of 1996 ("HIPAA") the JPA and Member Agency is defined as a Business Associate of the County under this law, which requires protection of any disclosure of PHI pursuant to this Agreement; and includes adherence to the Health Information Technology for Economic and Clinical Health Act (the HITECH Act), as incorporated in the American Recovery and Reinvestment Act of 2009, Public Law 111-005; the Genetic Information Nondiscrimination Act (the GINA).
9. WHEREAS, the El Dorado County EMS Agency Medical Director shall have medical control including access to all medical information pertinent to data collection, evaluation and analysis.

SERVICES TO BE PROVIDED

10. The JPA and Contractor mutually agree as follows:
 - A. Contractor agrees to provide Pre-Hospital Advanced Life Support Services as described in this Agreement. In the performance of its obligation, the Contractor is subject to the medical control of the El Dorado County EMS Agency Medical Director.
 - B. Contractor shall provide Pre-Hospital Advanced Life Support service provided the Contractor has the equipment and personnel available at the time of request for service. To qualify as an ALS engine one of the crew members must be a State of California licensed and locally accredited paramedic. The Contractor shall at the minimum, notify the Emergency Command Center when the ALS engine is responding, when it arrives on scene, when it departs the scene, when it has arrived at its station, or any other status change.
 - Each morning, the Contractor shall advise the Emergency Command Center if the ALS Engine(s) is/are staffed. Any change during the course of the shift shall be reported to the Emergency Command Center, as soon as possible.
 - C. Contractor shall not advertise itself or the responding personnel as providing advanced life support services unless routinely providing advanced life support services on a continuous twenty-four (24) hour-per-day basis, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100167.

STANDARDS

11. Contractor shall, when applicable, meet the requirements set forth by the California Highway Patrol; the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority, the California

Code of Regulations, the El Dorado County EMS Agency Policies, Procedures and Field Treatment Protocols, and any other applicable statute, ordinance, and resolution regulating Advanced Life Support services provided under this Agreement. In the event of any conflicting statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.

- Applicable shall be defined herein as when the Contractor is performing ALS under this agreement.

COMMUNICATION

12. The designated Base Hospital provides on-line medical control according to the California Health and Safety Code, Division 2.5, Section 1798 through and including Section 1798.105. The designated Base Hospital for County Service Area No. 7 is Marshall Hospital.

- The dispatch center for County Service Area #7 is Cal Fire, identified as Camino on the radio and currently located at Mount Danaher.

PERSONNEL REQUIREMENTS

13. Contractor shall ensure that all Paramedic personnel are licensed by the State of California and accredited with the County EMS Agency. Personnel whose certification/accreditation has lapsed shall not be allowed to provide Pre-Hospital care within El Dorado County until they have met all requirements to bring current their certification/accreditation. Contractor shall ensure compliance with all EMT-P regulations from the State of California Health and Safety Code, Division 2.5, and Title 22, Division 9, and ensure that the County EMS Agency Policies, Procedures and Field Treatment Protocols are followed.

- A. Contractor shall maintain good working relationships, with other Member Agencies; first response agencies; law enforcement; base hospitals; County EMS Agency; City and County staff. The conduct of the Contractor's personnel must be professional at all times.
- B. Contractor shall maintain records of all EMS training, continuing education and skills maintenance as required by the El Dorado County EMS Agency. Contractor shall provide, upon the written request from the JPA, training, skills, testing, educational, certifications, or like, records.
- C. The Contractor agrees that paramedics shall receive training and maintain their certifications in Advanced Cardiac Life Support (ACLS)* and Pediatric Advanced Life Support (PALS)* or Pediatric Education for Prehospital Professionals (PEPP) or a comparable advanced pediatric life support course approved by the EMSA Medical Director.

* Per American Heart Association Guidelines.

D. The Contractor agrees that paramedics shall receive training and maintain their

accreditation in the El Dorado County local paramedic renewal program as required annually by the Emergency Medical Services Medical Director. Such training shall not exceed four (4) hours unless approved by the JPA System Status Management Committee prior to the implementation of any proposed training.

- E. Under this Agreement, Contractor will provide services to JPA and in conjunction with the provision of such services, certain Protected Health Information ("PHI") may be made available to Contractor for the purposes of carrying out its obligations. Contractor agrees to comply with all the terms and conditions of Appendix A, HIPAA Business Associate Agreement, attached hereto and made by reference a part hereof, regarding the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations promulgated thereunder.

In as much as an exchange of Protected Health Information (PHI) will occur between JPA and Contractor, Contractor agrees to faithfully distribute to patient the El Dorado County Notice of Privacy Practices, to be supplied by JPA, before the first delivery of service for all non-emergency transfers and dry runs with patient contact, where services were provided to patient. All Notices of Privacy Practices for emergency transfers will be mailed by El Dorado County Ambulance Billing as soon as practical following the provision of services.

- 14. Contractor may participate in providing community education on 9-1-1 system access, CPR and first aid.

QUALITY IMPROVEMENT & QUALITY ASSURANCE

- 15. Contractor shall have and maintain a comprehensive internal medical and operational quality assurance program. This program shall, at a minimum, monitor and evaluate the Pre-Hospital Advanced Life Support services required in this Agreement. The program shall be reviewed and approved by the JPA and the EMS Agency.
 - A. Contractor shall cooperate fully in supplying all requested documentation as it relates to Medical Quality Improvement/Assurance to the JPA, the Base Hospital and the County EMS Agency, and shall participate fully in all quality assurance programs mandated by the County.
 - B. Contractor shall allow inspections, or site visits at any time by JPA and County EMS Agency staff, with a minimum of one (1) hour notice to the Contractor's Chief for purposes of JPA contract compliance and or Medical Quality Improvement/Assurance.

MUTUAL AID & DISASTER

- 16. Contractor shall cooperate in the establishment and maintenance of Mutual Aid Agreements among the JPA and other jurisdictions.

17. Contractor shall cooperate with JPA in establishing disaster and multi-casualty incident plans, policies and procedures; and, assist in planning and participate in interagency disaster/multi-casualty incident training exercises annually.

EQUIPMENT, POLICY & PROCEDURE

18. Standards for medical equipment shall be in compliance with the JPA, and County EMS Agency Policy and Procedure Manuals promulgated by the JPA and County EMS Agency as required for the level of service being provided. The County EMS Agency shall maintain the Policy and Procedure Manual and manual updates online at their website. Contractor shall be charged with the knowledge of the procedures and policies.

- Policies and Procedures shall be reviewed and approved by the Contractor, the JPA, and the EMSA annually. Changes or amendments in the policies and procedures shall be reviewed by the Member Agencies prior to adoption and copies of any changes to the policies or procedures shall be provided to the Member Agencies within 48 hours of adoption.

19. Contractor shall possess and agree to maintain adequate drug and solution inventory, and supplies in compliance with the El Dorado County EMS Agency Policy and Procedure Manual and per Contractor Policy relating to those drugs and/or narcotics requiring 24-hour control and lock up.

- The JPA shall provide or replace to the Contractor medical supplies used during the course of providing patient care, ALS or training.
- Contractor agrees to comply with all federal, state, local laws, rules and regulations and JPA policies and procedures related to the security and protection of medical supplies, equipment and controlled substances.

REPORTING

20. Contractor personnel shall utilize the El Dorado County "Pre-Hospital Care Report" (PCR) (in electronic digital and/or paper form) for all emergency and non-emergency responses including non-transports.

21. Contractor shall be furnished with JPA Report forms which shall be provided to the Contractor's personnel for the purpose of recording unusual, significant, Sentinel, or other peculiar events. The Contractor shall return properly executed reports to the JPA by the next business day. . The Contractor shall ensure that its personnel understand and utilize such forms and reporting systems.

22. JPA shall provide to Contractor a list of CSA No. 7 owned fixed assets assigned to the Contractor no more than one week after the El Dorado County Auditor-Controller's Office provides the list to County Departments. The JPA will also provide the Contractor with a list of JPA owned fixed assets. The list shall clearly separate mobile medical equipment from other equipment provided to the Contractor. The list shall be accompanied by the County established time lines that the Contractor agrees to meet.

23. In the event that there are unallocated/missing items, a letter of explanation is required, signed by the Contractor Board Chairperson, detailing what is missing, why, and what process was used to locate the item. The letter is to be submitted to the JPA Executive Director along with the signed off inventory list. The JPA Executive Director will submit a list of any missing items to the JPA Board of Directors and request Board direction on any action to be taken.

CHANGES & DURATION

24. This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and approved by the duly authorized boards and fully executed by duly authorized officers of the parties hereto.
25. This Agreement is subject to termination by mutual agreement, initiated by either party, for any reason during the term of the Agreement. Termination of this Agreement may be initiated by providing written notice to the other party of intent to cancel at least 30 days prior to termination date.
26. Upon termination of the agreement the Contractor agrees to return all JPA and CSA No. 7 fixed assets to the JPA.
27. The JPA may deny, suspend or revoke this Agreement for failure of the Contractor to comply with this Agreement.
28. This agreement shall become effective when fully executed by the parties hereto and will remain in effect, unless terminated pursuant to provisions within this Agreement. This Agreement will be reviewed by March 1st of each year for continuation of service.
29. All notices to be given by the parties hereto shall be in writing and sent postage prepaid by registered mail. Notices to Contractor shall be addressed as follows, or to such other location as either party directs:

JPA
480 Locust Road
Diamond Springs, CA 95619
Attn: Executive Director

Contractor

INDEMNITY

30. To the fullest extent of the law, Contractor shall defend, indemnify, and hold the JPA harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, JPA employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Contractor's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the JPA, the Contractor, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the JPA, its officers and employees, or as expressly provided by statute. This duty of Contractor to indemnify and save JPA harmless includes the duties to defend set forth in California Civil Code Section 2778.
31. To the fullest extent of the law, JPA shall defend, indemnify, and hold the Contractor harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, Contractor's employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the JPA's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the JPA, the Contractor, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the Contractor's, its officers and employees, or as expressly provided by statute. This duty of JPA to indemnify and save Contractor's harmless includes the duties to defend set forth in California Civil Code Section 2778.

INSURANCE

32. The Contractor shall provide to the JPA a Certificate of Insurance or similar certified proof of insurance for:
- A. Full Workers' Compensation and Employers' Liability Insurance covering all employees of the Contractor as required by law in the State of California.
 - B. Commercial General Liability Insurance of not less than \$5,000,000 combined single limit per occurrence for bodily injury and property damage.
 - C. Automobile Liability Insurance of not less than \$5,000,000 is required on owned, hired, leased and non-owned vehicles used in connection with the Contractor's business.
 - D. Professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$5,000,000 per occurrence.
 - E. Contractor agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, Contractor agrees to provide at

least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of term of the Agreement, or for a period of not less than one (1) year. In the event Contractor fails to keep in effect at all times insurance coverage as herein provided, JPA may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.

ADMINISTRATION

- 33. Contractor shall maintain fiscal records necessary and prudent to meet the standards for accounting practices in use by the County, County Service Area 7, and the JPA.
- 34. Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California.
- 35. The JPA Officer or employee responsible for administering this Agreement is the Executive Director, or successor.
- 36. The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.
- 37. If any provision of this Agreement is held by a court of appropriate jurisdiction to be invalid, void or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way.
- 38. This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties, and they incorporate or supersede all prior written or oral agreements or understandings.
- 39. In Witness Whereof the parties hereto have executed this Agreement the day and year first below written.

Marty Hochett

For the JPA

Date 8-19-14

[Signature]

For Contractor

Date 08-12-14

Appendix A

HIPAA Business Associate Agreement

EL DORADO COUNTY EMERGENCY SERVICES AUTHORITY AND Georgetown Fire Protection District

This HIPAA Business Associate Agreement Amendment (“Amendment”) entered into by the El Dorado County Emergency Services Authority (hereinafter referred to as “the JPA”) and Georgetown Fire Protection District (hereinafter referred to as “Business Associate”) supplements and is made part of the Business Associate Advanced Life Support Engine Agreement. (“Underlying Agreement”) as of the date of approval by the parties (the “Effective Date”).

RECITALS

WHEREAS, JPA and the Business Associate entered into the Underlying Agreement pursuant to which the Business Associate provides services to JPA, and in conjunction with the provision of such services, certain Protected Health Information (“PHI”) may be made available to the Business Associate for the purposes of carrying out its obligations under the Underlying Agreement; and

WHEREAS, the provisions of the Health Insurance Portability and Accountability Act, Pub. L. No. 104-161 of 1996 (“HIPAA”), more specifically the regulations found at Title 45, CFR, Parts 160 and 164 (the “Privacy Rule”), as may be amended from time to time, which are applicable to the protection of any disclosure of PHI pursuant to the Underlying Agreement; and comply with the HITECH (the Health Information Technology for Economic and Clinical Health Act of 2009) and the regulations thereunder (including 45 C.F.R. Sections 164.308, 164.310, 164.312 and 164.316), that apply to a business associate of a covered entity in the same manner that such sections apply to the covered entity.

WHEREAS, County of El Dorado (County) is a Covered Entity, as defined in the Privacy Rule; and

WHEREAS, the JPA and its sub-contracting agencies that are recipients of PHI are Business Associates as defined in the Privacy Rule; and

WHEREAS, the parties agree that any disclosure or use of PHI be in compliance with the Privacy Rule or other applicable law; and

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

1. Definitions. Unless otherwise provided in this Amendment, capitalized terms shall have the same meanings as set forth in the Privacy Rule, as may be amended from time to time.

2. Scope of Use and Disclosure by the Business Associate of County Disclosed PHI.

- A. The Business Associate shall be permitted to use PHI disclosed to it:
- (1) on behalf of the JPA, or to provide services to the JPA for the purposes contained herein, if such use or disclosure would not violate the Privacy Rule if done by the JPA, or the minimum necessary policies and procedures of the JPA and County.
 - (2) As necessary to perform any and all of its obligations under the Underlying Agreement.
- B. Unless otherwise limited herein, in addition to any other uses and/or disclosures permitted or authorized by this Amendment or required by law, the Business Associate may:
- (1) Use the PHI in its possession for its proper management and administration and to fulfill any legal obligations.
 - (2) Disclose the PHI in its possession to a third party for the purpose of the Business Associate's proper management and administration or to fulfill any legal responsibilities of the Business Associate. The Business Associate may disclose PHI as necessary for the Business Associate's operations only if:
 - (a) The disclosure is required by law; or
 - (b) The Business Associate obtains a written Business Associate agreement from any person or organization to which the Business Associate will disclose such PHI that the person or organization will comply with all applicable HIPAA-HITECH laws:
 - (3) Aggregate the PHI and/or aggregate the PHI with that of other data for the purpose of providing JPA and County with data analyses related to the Underlying Agreement, or any other purpose, financial or otherwise, as requested by JPA and the County.
 - (4) Not disclose PHI without first notifying and receiving approval from the JPA and/or County. .
- C. The Business Associate agrees that it will neither use nor disclose PHI it receives from any other business associate, except as permitted or required by this Amendment, or as required by law, or as otherwise permitted by law.

3. Obligations of the Business Associate. In connection with its use of PHI

disclosed to the Business Associate, the Business Associate agrees to:

- A. Use or disclose PHI only as permitted or required by this Amendment or as required by law.
 - B. Use reasonable and appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Amendment and applicable laws.
 - C. To the extent practical, mitigate any harmful effect that is known to the Business Associate of a use or disclosure of PHI by the Business Associate in violation of this Amendment and applicable laws.
 - D. Report to JPA any use or disclosure of PHI not provided for by this Amendment of which the Business Associate becomes aware.
 - E. Require sub-contractors or agents to whom the Business Associate provides PHI to agree and sign a Business Associate agreement. .
 - F. Use appropriate administrative, technical and physical safeguards to prevent inappropriate use or disclosure of PHI created or received..
 - G. Obtain and maintain knowledge of the applicable laws and regulations related to HIPAA and HITECH, as may be amended from time to time.
 - H. Business Associate will notify said party in writing within sixty (60) days where PHI may have been intentionally, and/or inadvertently disclosed and if such disclosure has been secured.
 - I. Business Associate and their personnel acknowledge that all collected PHI needs to be secured at all times.
4. PHI Access, Amendment and Disclosure Accounting.

The Business Associate agrees to:

- A. Provide access, at the request of JPA, within five (5) days, to PHI in a Designated Record Set, to the JPA, or to an Individual as directed by the JPA.
- B. To make any amendment(s) to PHI in a Designated Record Set that the JPA directs or agrees to at the request of JPA or an Individual within sixty (60) days of the request of JPA.
- C. To assist the JPA in meeting its disclosure accounting under HIPAA:
 - (1) The Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for the JPA to respond to a request by an Individual for an accounting of disclosures of PHI.
 - (2) The JPA agrees to provide to JPA or an Individual, within sixty (60)

days, information collected in accordance with this section to permit the JPA to respond to a request by an Individual for an accounting of disclosures of PHI.

- (3) The Business Associate shall have available for the JPA the information required by this section for the six (6) years preceding the JPA's request for information.
- D. Make available to the JPA, the Business Associate's internal practices, books and records relating to the use of and disclosure of PHI for purposes of determining the Business Associate's compliance with the Privacy Rule, subject to any applicable legal restrictions.
- E. Within thirty (30) days of receiving a written request from JPA, make available any and all information necessary for JPA to make an accounting of disclosures of JPA PHI by the Business Associate.
- F. Within thirty (30) days of receiving a written request from JPA, incorporate any amendments or corrections to the PHI in accordance with the Privacy Rule in the event that the PHI in the Business Associate's possession constitutes a Designated Record Set.
- G. Not make any disclosure of PHI that JPA would be prohibited from making.

5. Obligations of JPA.

- A. JPA agrees that it will make its best effort to promptly notify the Business Associate in writing of any restrictions on the use and disclosure of PHI agreed to by JPA that may affect the Business Associate's ability to perform its obligations under the Underlying Agreement, or this Amendment.
- B. JPA agrees that it will make its best effort to promptly notify the Business Associate in writing of any changes in, or revocation of, permission by any Individual to use or disclose PHI, if such changes or revocation may affect the Business Associate's ability to perform its obligations under the Underlying Agreement, of this Amendment.
- C. JPA agrees that it will make its best effort to promptly notify the Business Associate in writing of any known limitation(s) in its notice of privacy practices to the extent that such limitation may affect the Business Associate's use of disclosure of PHI.
- D. JPA shall not request the Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by JPA, except as may be expressly permitted by the Privacy Rule.
- E. JPA will obtain any authorizations necessary for the use or disclosure of PHI, so that the Business Associate can perform its obligations under this

Amendment and/or the Underlying Agreement.

6. Terms and Termination.

This Amendment shall commence upon the Effective Date and terminate upon the termination of the Underlying Agreement, as provided therein.

7. Amendment to Indemnity.

The Business Associate shall indemnify and hold harmless all Agencies, Districts, Special Districts and Departments of the County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives from any liability whatsoever, based or asserted upon any services of the Business Associate, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Amendment, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever including fines, penalties or any other costs and resulting from any reason whatsoever arising from the performance of the Business Associate, its officers, agents, employees, subcontractors, agents or representatives from this Amendment. The Business Associate shall defend, at its sole expense, all costs and fees including but not limited to attorney fees, cost of investigation, defense and settlements or awards all Agencies, Districts, Special Districts and Departments of the County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives in any claim or action based upon such alleged acts or omissions.

With respect to any action or claim subject to indemnification herein by the Business Associate, the Business Associate shall, at their sole cost, have the right to use counsel of their choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of JPA; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes the Business Associate's indemnification to JPA as set forth herein. The Business Associate's obligation to defend, indemnify and hold harmless JPA shall be subject to JPA having given the Business Associate written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at the Business Associate's expense, for the defense or settlement thereof. The Business Associate's obligation hereunder shall be satisfied when the Business Associate has provided to JPA the appropriate form of dismissal relieving JPA from any liability for the action or claim involved.

The specified insurance limits required in the Underlying Agreement of this Amendment shall in no way limit or circumscribe the Member's obligations to indemnify and hold harmless the JPA herein from third party claims arising from the issues of this Amendment.

In the event there is conflict between this clause and California Civil Code

Section 2782, this clause shall be interpreted to comply with Civil Code 2782. Such interpretation shall not relieve the Business Associate from indemnifying the JPA to the fullest extent allowed by law.

In the event there is a conflict between this indemnification clause and an indemnification clause contained in the Underlying Agreement of this Amendment, this indemnification shall only apply to the subject issues included within this Amendment.

8. Amendment. The parties agree to take such action as is necessary to amend this Amendment from time to time as is necessary for JPA to comply with the Privacy Rule and HIPAA generally.
9. Survival. The respective rights and obligations of this Amendment shall survive the termination or expiration of this Amendment.
10. Regulatory References. A reference in this Amendment to a section in the Privacy Rule means the section as in effect or as amended.
11. Conflicts. Any ambiguity in this Amendment and the Underlying Agreement shall be resolved to permit County to comply with the Privacy Rule and HIPAA generally.
12. Except as herein amended, all other parts and sections of this Agreement with the Business Associate, shall remain unchanged and in full force and effect.



**El Dorado County
Emergency Services Authority**

**ADVANCED LIFE SUPPORT ENGINE AGREEMENT
BETWEEN
EL DORADO COUNTY EMERGENCY SERVICES AUTHORITY
AND
CAMERON PARK COMMUNITY SERVICE DISTRICT**

1. This agreement made and entered into by and between the El Dorado County Emergency Services Authority (hereinafter referred to as "JPA"); and the Cameron Park Community Service District (hereinafter referred to as "Contractor"), whose principal place of business is: 3200 Country Club Drive, Cameron Park, CA 95682.

RECITALS

2. WHEREAS, the JPA is responsible for providing coordination of Advanced Life Support (ALS) Pre-Hospital medical care within its jurisdiction; and
3. WHEREAS, Contractor desires to provide Advanced Life Support Pre-Hospital medical care services in El Dorado County; and
4. WHEREAS, this Agreement is developed in compliance with the Master Contract for Pre-Hospital Advanced Life Support and Dispatch Services; (hereafter referred to as the "Master Contract") with the County of El Dorado; and
5. WHEREAS, Member Agency agrees to comply with the requirements of the California Health and Safety Code, Division 2.5, Section 1797 et seq.; California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100167; the County Emergency Medical Service Agency and the Master Contract for Pre-Hospital Advanced Life Support and the standards of the El Dorado County EMS Agency, including but not limited to the County EMS Agency Policy and Procedure Manual, Trauma Plan, State or local statutes, ordinances or regulations; and
6. WHEREAS, the El Dorado County EMS Agency Medical Director, through the County EMS Agency, and as defined in the Master Contract for Pre-Hospital Advanced Life Support and Dispatch Services with the County of El Dorado, has the authority to develop overall plans, policies, and medical standards to ensure that effective levels of ALS care are maintained within the County and that the Medical Director has the authority for establishing the required medical equipment, medication inventories, and medical protocols; and
7. WHEREAS, JPA and the Contractor agree that a higher level of medical training may be necessary to provide patient care. The JPA may require the Contractor to provide a

higher standard of medical training than is required by the California Code of Regulations Title 22; and

8. WHEREAS, County is a Covered Entity, as defined in the Privacy Rule of the Health Insurance Portability and Accountability Act, Pub. L. No. 104-161 of 1996 ("HIPAA") the JPA and Member Agency is defined as a Business Associate of the County under this law, which requires protection of any disclosure of PHI pursuant to this Agreement; and includes adherence to the Health Information Technology for Economic and Clinical Health Act (the HITECH Act), as incorporated in the American Recovery and Reinvestment Act of 2009, Public Law 111-005; the Genetic Information Nondiscrimination Act (the GINA).
9. WHEREAS, the El Dorado County EMS Agency Medical Director shall have medical control including access to all medical information pertinent to data collection, evaluation and analysis.

SERVICES TO BE PROVIDED

10. The JPA and Contractor mutually agree as follows:

- A. Contractor agrees to provide Pre-Hospital Advanced Life Support Services as described in this Agreement. In the performance of its obligation, the Contractor is subject to the medical control of the El Dorado County EMS Agency Medical Director.
- B. Contractor shall provide Pre-Hospital Advanced Life Support service provided the Contractor has the equipment and personnel available at the time of request for service. To qualify as an ALS engine one of the crew members must be a State of California licensed and locally accredited paramedic. The Contractor shall at the minimum, notify the Emergency Command Center when the ALS engine is responding, when it arrives on scene, when it departs the scene, when it has arrived at its station, or any other status change.
 - Each morning, the Contractor shall advise the Emergency Command Center if the ALS Engine(s) is/are staffed. Any change during the course of the shift shall be reported to the Emergency Command Center, as soon as possible.
- C. Contractor shall not advertise itself or the responding personnel as providing advanced life support services unless routinely providing advanced life support services on a continuous twenty-four (24) hour-per-day basis, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100167.

STANDARDS

11. Contractor shall, when applicable, meet the requirements set forth by the California Highway Patrol; the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority, the California Code of Regulations, the El Dorado County EMS Agency Policies, Procedures and Field Treatment Protocols, and any other applicable statute, ordinance, and resolution

regulating Advanced Life Support services provided under this Agreement. In the event of any conflicting statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.

- Applicable shall be defined herein as when the Contractor is performing ALS under this agreement.

COMMUNICATION

12. The designated Base Hospital provides on-line medical control according to the California Health and Safety Code, Division 2.5, Section 1798 through and including Section 1798.105. The designated Base Hospital for County Service Area No. 7 is Marshall Hospital.

- The dispatch center for County Service Area #7 is Cal Fire, identified as Camino on the radio and currently located at Mount Danaher.

PERSONNEL REQUIREMENTS

13. Contractor shall ensure that all Paramedic personnel are licensed by the State of California and accredited with the County EMS Agency. Personnel whose certification/accreditation has lapsed shall not be allowed to provide Pre-Hospital care within El Dorado County until they have met all requirements to bring current their certification/accreditation. Contractor shall ensure compliance with all EMT-P regulations from the State of California Health and Safety Code, Division 2.5, and Title 22, Division 9, and ensure that the County EMS Agency Policies, Procedures and Field Treatment Protocols are followed.

- A. Contractor shall maintain good working relationships, with other Member Agencies; first response agencies; law enforcement; base hospitals; County EMS Agency; City and County staff. The conduct of the Contractor's personnel must be professional at all times.
- B. Contractor shall maintain records of all EMS training, continuing education and skills maintenance as required by the El Dorado County EMS Agency. Contractor shall provide, upon the written request from the JPA, training, skills, testing, educational, certifications, or like, records.
- C. The Contractor agrees that paramedics shall receive training and maintain their certifications in Advanced Cardiac Life Support (ACLS)* and Pediatric Advanced Life Support (PALS)* or Pediatric Education for Prehospital Professionals (PEPP) or a comparable advanced pediatric life support course approved by the EMSA Medical Director.

* Per American Heart Association Guidelines.

- D. The Contractor agrees that paramedics shall receive training and maintain their accreditation in the El Dorado County local paramedic renewal program as required annually by the Emergency Medical Services Medical Director. Such training shall

not exceed four (4) hours unless approved by the JPA System Status Management Committee prior to the implementation of any proposed training.

- E. Under this Agreement, Contractor will provide services to JPA and in conjunction with the provision of such services, certain Protected Health Information ("PHI") may be made available to Contractor for the purposes of carrying out its obligations. Contractor agrees to comply with all the terms and conditions of Appendix A, HIPAA Business Associate Agreement, attached hereto and made by reference a part hereof, regarding the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations promulgated thereunder.

In as much as an exchange of Protected Health Information (PHI) will occur between JPA and Contractor, Contractor agrees to faithfully distribute to patient the El Dorado County Notice of Privacy Practices, to be supplied by JPA, before the first delivery of service for all non-emergency transfers and dry runs with patient contact, where services were provided to patient. All Notices of Privacy Practices for emergency transfers will be mailed by El Dorado County Ambulance Billing as soon as practical following the provision of services.

- 14. Contractor may participate in providing community education on 9-1-1 system access, CPR and first aid.

QUALITY IMPROVEMENT & QUALITY ASSURANCE

- 15. Contractor shall have and maintain a comprehensive internal medical and operational quality assurance program. This program shall, at a minimum, monitor and evaluate the Pre-Hospital Advanced Life Support services required in this Agreement. The program shall be reviewed and approved by the JPA and the EMS Agency.
 - A. Contractor shall cooperate fully in supplying all requested documentation as it relates to Medical Quality Improvement/Assurance to the JPA, the Base Hospital and the County EMS Agency, and shall participate fully in all quality assurance programs mandated by the County.
 - B. Contractor shall allow inspections, or site visits at any time by JPA and County EMS Agency staff, with a minimum of one (1) hour notice to the Contractor's Chief for purposes of JPA contract compliance and or Medical Quality Improvement/Assurance.

MUTUAL AID & DISASTER

- 16. Contractor shall cooperate in the establishment and maintenance of Mutual Aid Agreements among the JPA and other jurisdictions.
- 17. Contractor shall cooperate with JPA in establishing disaster and multi-casualty incident plans, policies and procedures; and, assist in planning and participate in interagency disaster/multi-casualty incident training exercises annually.

EQUIPMENT, POLICY & PROCEDURE

18. Standards for medical equipment shall be in compliance with the JPA, and County EMS Agency Policy and Procedure Manuals promulgated by the JPA and County EMS Agency as required for the level of service being provided. The County EMS Agency shall maintain the Policy and Procedure Manual and manual updates online at their website. Contractor shall be charged with the knowledge of the procedures and policies.

- Policies and Procedures shall be reviewed and approved by the Contractor, the JPA, and the EMSA annually. Changes or amendments in the policies and procedures shall be reviewed by the Member Agencies prior to adoption and copies of any changes to the policies or procedures shall be provided to the Member Agencies within 48 hours of adoption.

19. Contractor shall possess and agree to maintain adequate drug and solution inventory, and supplies in compliance with the El Dorado County EMS Agency Policy and Procedure Manual and per Contractor Policy relating to those drugs and/or narcotics requiring 24-hour control and lock up.

- The JPA shall provide or replace to the Contractor medical supplies used during the course of providing patient care, ALS or training.
- Contractor agrees to comply with all federal, state, local laws, rules and regulations and JPA policies and procedures related to the security and protection of medical supplies, equipment and controlled substances.

REPORTING

20. Contractor personnel shall utilize the El Dorado County "Pre-Hospital Care Report" (PCR) (in electronic digital and/or paper form) for all emergency and non-emergency responses including non-transports.

21. Contractor shall be furnished with JPA Report forms which shall be provided to the Contractor's personnel for the purpose of recording unusual, significant, Sentinel, or other peculiar events. The Contractor shall return properly executed reports to the JPA by the next business day. . The Contractor shall ensure that its personnel understand and utilize such forms and reporting systems.

22. JPA shall provide to Contractor a list of CSA No. 7 owned fixed assets assigned to the Contractor no more than one week after the El Dorado County Auditor-Controller's Office provides the list to County Departments. The JPA will also provide the Contractor with a list of JPA owned fixed assets. The list shall clearly separate mobile medical equipment from other equipment provided to the Contractor. The list shall be accompanied by the County established time lines that the Contractor agrees to meet.

23. In the event that there are unallocated/missing items, a letter of explanation is required, signed by the Contractor Board Chairperson, detailing what is missing, why, and what process was used to locate the item. The letter is to be submitted to the JPA Executive Director along with the signed off inventory list. The JPA Executive Director will submit a

list of any missing items to the JPA Board of Directors and request Board direction on any action to be taken.

CHANGES & DURATION

24. This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and approved by the duly authorized boards and fully executed by duly authorized officers of the parties hereto.
25. This Agreement is subject to termination by mutual agreement, initiated by either party, for any reason during the term of the Agreement. Termination of this Agreement may be initiated by providing written notice to the other party of intent to cancel at least 30 days prior to termination date.
26. Upon termination of the agreement the Contractor agrees to return all JPA and CSA No. 7 fixed assets to the JPA.
27. The JPA may deny, suspend or revoke this Agreement for failure of the Contractor to comply with this Agreement.
28. This agreement shall become effective when fully executed by the parties hereto and will remain in effect, unless terminated pursuant to provisions within this Agreement. This Agreement will be reviewed by March 1st of each year for continuation of service.
29. All notices to be given by the parties hereto shall be in writing and sent postage prepaid by registered mail. Notices to Contractor shall be addressed as follows, or to such other location as either party directs:

JPA
480 Locust Road
Diamond Springs, CA 95619
Attn: Executive Director

Contractor
CAMERON PARK COMMUNITY
SERVICE DISTRICT
3200 Country Club Drive
Cameron Park, CA 95682

INDEMNITY

30. To the fullest extent of the law, Contractor shall defend, indemnify, and hold the JPA harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, JPA employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Contractor's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the JPA, the Contractor, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the JPA, its officers and employees, or as expressly provided by statute. This duty of Contractor to indemnify and save JPA harmless includes the duties to defend set forth in California Civil Code Section 2778.
31. To the fullest extent of the law, JPA shall defend, indemnify, and hold the Contractor harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, Contractor's employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the JPA's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the JPA, the Contractor, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the Contractor's, its officers and employees, or as expressly provided by statute. This duty of JPA to indemnify and save Contractor's harmless includes the duties to defend set forth in California Civil Code Section 2778.

INSURANCE

32. The Contractor shall provide to the JPA a Certificate of Insurance or similar certified proof of insurance for:
- A. Full Workers' Compensation and Employers' Liability Insurance covering all employees of the Contractor as required by law in the State of California.
 - B. Commercial General Liability Insurance of not less than \$5,000,000 combined single limit per occurrence for bodily injury and property damage.
 - C. Automobile Liability Insurance of not less than \$5,000,000 is required on owned, hired, leased and non-owned vehicles used in connection with the Contractor's business.
 - D. Professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$5,000,000 per occurrence.
 - E. Contractor agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at

any time or times during the term of this Agreement, Contractor agrees to provide at least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of term of the Agreement, or for a period of not less than one (1) year. In the event Contractor fails to keep in effect at all times insurance coverage as herein provided, JPA may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.

ADMINISTRATION

- 33. Contractor shall maintain fiscal records necessary and prudent to meet the standards for accounting practices in use by the County, County Service Area 7, and the JPA.
- 34. Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California.
- 35. The JPA Officer or employee responsible for administering this Agreement is the Executive Director, or successor.
- 36. The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.
- 37. If any provision of this Agreement is held by a court of appropriate jurisdiction to be invalid, void or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way.
- 38. This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties, and they incorporate or supersede all prior written or oral agreements or understandings.
- 39. In Witness Whereof the parties hereto have executed this Agreement the day and year first below written.



Marty Hackett, JPA Executive Director

Date 12-15-14



For Contractor, CPCSD
Director

Date 11/12/14

Appendix A

HIPAA Business Associate Agreement

EL DORADO COUNTY EMERGENCY SERVICES AUTHORITY AND CAMERON PARK COMMUNITY SERVICE DISTRICT

This HIPAA Business Associate Agreement Amendment ("Amendment") entered into by the El Dorado County Emergency Services Authority (hereinafter referred to as "the JPA") and Cameron Park Community Service District (hereinafter referred to as "Business Associate") supplements and is made part of the Business Associate Advanced Life Support Engine Agreement. ("Underlying Agreement") as of the date of approval by the parties (the "Effective Date").

RECITALS

WHEREAS, JPA and the Business Associate entered into the Underlying Agreement pursuant to which the Business Associate provides services to JPA, and in conjunction with the provision of such services, certain Protected Health Information ("PHI") may be made available to the Business Associate for the purposes of carrying out its obligations under the Underlying Agreement; and

WHEREAS, the provisions of the Health Insurance Portability and Accountability Act, Pub. L. No. 104-161 of 1996 ("HIPAA"), more specifically the regulations found at Title 45, CFR, Parts 160 and 164 (the "Privacy Rule"), as may be amended from time to time, which are applicable to the protection of any disclosure of PHI pursuant to the Underlying Agreement; and comply with the HITECH (the Health Information Technology for Economic and Clinical Health Act of 2009) and the regulations thereunder (including 45 C.F.R. Sections 164.308, 164.310, 164.312 and 164.316), that apply to a business associate of a covered entity in the same manner that such sections apply to the covered entity.

WHEREAS, County of El Dorado (County) is a Covered Entity, as defined in the Privacy Rule; and

WHEREAS, the JPA and its sub-contracting agencies that are recipients of PHI are Business Associates as defined in the Privacy Rule; and

WHEREAS, the parties agree that any disclosure or use of PHI be in compliance with the Privacy Rule or other applicable law; and

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

1. Definitions. Unless otherwise provided in this Amendment, capitalized terms shall have the same meanings as set forth in the Privacy Rule, as may be amended from time to time.

2. Scope of Use and Disclosure by the Business Associate of County Disclosed PHI.

- A. The Business Associate shall be permitted to use PHI disclosed to it:
 - (1) on behalf of the JPA, or to provide services to the JPA for the purposes contained herein, if such use or disclosure would not violate the Privacy Rule if done by the JPA, or the minimum necessary policies and procedures of the JPA and County.
 - (2) As necessary to perform any and all of its obligations under the Underlying Agreement.
- B. Unless otherwise limited herein, in addition to any other uses and/or disclosures permitted or authorized by this Amendment or required by law, the Business Associate may:
 - (1) Use the PHI in its possession for its proper management and administration and to fulfill any legal obligations.
 - (2) Disclose the PHI in its possession to a third party for the purpose of the Business Associate's proper management and administration or to fulfill any legal responsibilities of the Business Associate. The Business Associate may disclose PHI as necessary for the Business Associate's operations only if:
 - (a) The disclosure is required by law; or
 - (b) The Business Associate obtains a written Business Associate agreement from any person or organization to which the Business Associate will disclose such PHI that the person or organization will comply with all applicable HIPAA-HITECH laws:
 - (3) Aggregate the PHI and/or aggregate the PHI with that of other data for the purpose of providing JPA and County with data analyses related to the Underlying Agreement, or any other purpose, financial or otherwise, as requested by JPA and the County.
 - (4) Not disclose PHI without first notifying and receiving approval from the JPA and/or County.
- C. The Business Associate agrees that it will neither use nor disclose PHI it receives from any other business associate, except as permitted or required by this Amendment, or as required by law, or as otherwise permitted by law.

3. Obligations of the Business Associate. In connection with its use of PHI

disclosed to the Business Associate, the Business Associate agrees to:

- A. Use or disclose PHI only as permitted or required by this Amendment or as required by law.
- B. Use reasonable and appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Amendment and applicable laws.
- C. To the extent practical, mitigate any harmful effect that is known to the Business Associate of a use or disclosure of PHI by the Business Associate in violation of this Amendment and applicable laws.
- D. Report to JPA any use or disclosure of PHI not provided for by this Amendment of which the Business Associate becomes aware.
- E. Require sub-contractors or agents to whom the Business Associate provides PHI to agree and sign a Business Associate agreement. .
- F. Use appropriate administrative, technical and physical safeguards to prevent inappropriate use or disclosure of PHI created or received..
- G. Obtain and maintain knowledge of the applicable laws and regulations related to HIPAA and HITECH, as may be amended from time to time.
- H. Business Associate will notify said party in writing within sixty (60) days where PHI may have been intentionally, and/or inadvertently disclosed and if such disclosure has been secured.
- I. Business Associate and their personnel acknowledge that all collected PHI needs to be secured at all times.

4. PHI Access, Amendment and Disclosure Accounting.

The Business Associate agrees to:

- A. Provide access, at the request of JPA, within five (5) days, to PHI in a Designated Record Set, to the JPA, or to an Individual as directed by the JPA.
- B. To make any amendment(s) to PHI in a Designated Record Set that the JPA directs or agrees to at the request of JPA or an Individual within sixty (60) days of the request of JPA.
- C. To assist the JPA in meeting its disclosure accounting under HIPAA:
 - (1) The Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for the JPA to respond to a request by an Individual for an accounting of disclosures of PHI.
 - (2) The JPA agrees to provide to JPA or an Individual, within sixty (60)

days, information collected in accordance with this section to permit the JPA to respond to a request by an Individual for an accounting of disclosures of PHI.

- (3) The Business Associate shall have available for the JPA the information required by this section for the six (6) years preceding the JPA's request for information.
- D. Make available to the JPA, the Business Associate's internal practices, books and records relating to the use of and disclosure of PHI for purposes of determining the Business Associate's compliance with the Privacy Rule, subject to any applicable legal restrictions.
- E. Within thirty (30) days of receiving a written request from JPA, make available any and all information necessary for JPA to make an accounting of disclosures of JPA PHI by the Business Associate.
- F. Within thirty (30) days of receiving a written request from JPA, incorporate any amendments or corrections to the PHI in accordance with the Privacy Rule in the event that the PHI in the Business Associate's possession constitutes a Designated Record Set.
- G. Not make any disclosure of PHI that JPA would be prohibited from making.

5. Obligations of JPA.

- A. JPA agrees that it will make its best effort to promptly notify the Business Associate in writing of any restrictions on the use and disclosure of PHI agreed to by JPA that may affect the Business Associate's ability to perform its obligations under the Underlying Agreement, or this Amendment.
- B. JPA agrees that it will make its best effort to promptly notify the Business Associate in writing of any changes in, or revocation of, permission by any Individual to use or disclose PHI, if such changes or revocation may affect the Business Associate's ability to perform its obligations under the Underlying Agreement, of this Amendment.
- C. JPA agrees that it will make its best effort to promptly notify the Business Associate in writing of any known limitation(s) in its notice of privacy practices to the extent that such limitation may affect the Business Associate's use of disclosure of PHI.
- D. JPA shall not request the Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by JPA, except as may be expressly permitted by the Privacy Rule.
- E. JPA will obtain any authorizations necessary for the use or disclosure of PHI, so that the Business Associate can perform its obligations under this

Amendment and/or the Underlying Agreement.

6. Terms and Termination.

This Amendment shall commence upon the Effective Date and terminate upon the termination of the Underlying Agreement, as provided therein.

7. Amendment to Indemnity.

The Business Associate shall indemnify and hold harmless all Agencies, Districts, Special Districts and Departments of the County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives from any liability whatsoever, based or asserted upon any services of the Business Associate, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Amendment, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever including fines, penalties or any other costs and resulting from any reason whatsoever arising from the performance of the Business Associate, its officers, agents, employees, subcontractors, agents or representatives from this Amendment. The Business Associate shall defend, at its sole expense, all costs and fees including but not limited to attorney fees, cost of investigation, defense and settlements or awards all Agencies, Districts, Special Districts and Departments of the County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives in any claim or action based upon such alleged acts or omissions.

With respect to any action or claim subject to indemnification herein by the Business Associate, the Business Associate shall, at their sole cost, have the right to use counsel of their choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of JPA; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes the Business Associate's indemnification to JPA as set forth herein. The Business Associate's obligation to defend, indemnify and hold harmless JPA shall be subject to JPA having given the Business Associate written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at the Business Associate's expense, for the defense or settlement thereof. The Business Associate's obligation hereunder shall be satisfied when the Business Associate has provided to JPA the appropriate form of dismissal relieving JPA from any liability for the action or claim involved.

The specified insurance limits required in the Underlying Agreement of this Amendment shall in no way limit or circumscribe the Member's obligations to indemnify and hold harmless the JPA herein from third party claims arising from the issues of this Amendment.

In the event there is conflict between this clause and California Civil Code

Section 2782, this clause shall be interpreted to comply with Civil Code 2782. Such interpretation shall not relieve the Business Associate from indemnifying the JPA to the fullest extent allowed by law.

In the event there is a conflict between this indemnification clause and an indemnification clause contained in the Underlying Agreement of this Amendment, this indemnification shall only apply to the subject issues included within this Amendment.

8. Amendment. The parties agree to take such action as is necessary to amend this Amendment from time to time as is necessary for JPA to comply with the Privacy Rule and HIPAA generally.
9. Survival. The respective rights and obligations of this Amendment shall survive the termination or expiration of this Amendment.
10. Regulatory References. A reference in this Amendment to a section in the Privacy Rule means the section as in effect or as amended.
11. Conflicts. Any ambiguity in this Amendment and the Underlying Agreement shall be resolved to permit County to comply with the Privacy Rule and HIPAA generally.
12. Except as herein amended, all other parts and sections of this Agreement with the Business Associate, shall remain unchanged and in full force and effect.

RESOLUTION NO. 2014-18
Of the Board of Directors
Of the Cameron Park Community Services District
November 12, 2014

RESOLUTION APPROVING THE ADVANCED LIFE SUPPORT ENGINE AGREEMENT BETWEEN
EL DORADO COUNTY EMERGENCY SERVICES AUTHORITY
AND
CAMERON PARK COMMUNITY SERVICES DISTRICT

WHEREAS the Board of Directors of the Cameron Park Community Services District has reviewed the proposed Advanced Life Support (ALS) Engine Agreement between the El Dorado County Emergency Services Authority (Hereinafter referred to as "JPA") and the Cameron Park Community Services District (CPCSD); and

WHEREAS the proposed ALS Engine agreement is reviewed and reaffirmed by both the JPA and CPCSD to provide ALS services in El Dorado County, be it for an emergency, at a special, or routine medical transportation; and

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Cameron Park Community Services District does hereby approve the ALS Engine Agreement between the JPA and CPCSD.

BE IT FURTHER RESOLVED, that the president of the CPCSD Board be and hereby is authorized to sign and execute the said ALS Engine Agreement on behalf of the CPCSD.

PASSED AND ADOPTED by the Board of Directors of the Cameron Park Community Services District at a regularly scheduled meeting held on November 12, 2014, by the following poll vote of said Board:

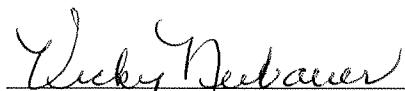
AYES: VN, GS, SM

NOES: 0


ABSTAIN: 0

ABSENT: 0

ATTEST:



President, Board of Directors



General Manager



El Dorado County Emergency Services Authority

ADVANCED LIFE SUPPORT ENGINE AGREEMENT BETWEEN EL DORADO COUNTY EMERGENCY SERVICES AUTHORITY AND Diamond Springs El Dorado Fire Protection District

1. This agreement made and entered into by and between the El Dorado County Emergency Services Authority (hereinafter referred to as "JPA"); and the Diamond Springs El Dorado Fire Protection District (hereinafter referred to as "Contractor"), whose principal place of business is 501 Main Street Diamond Springs CA 95619.

RECITALS

2. WHEREAS, the JPA is responsible for providing coordination of Advanced Life Support (ALS) Pre-Hospital medical care within its jurisdiction; and
3. WHEREAS, Contractor desires to provide Advanced Life Support Pre-Hospital medical care services in El Dorado County; and
4. WHEREAS, this Agreement is developed in compliance with the Master Contract for Pre-Hospital Advanced Life Support and Dispatch Services; (hereafter referred to as the "Master Contract") with the County of El Dorado; and
5. WHEREAS, Member Agency agrees to comply with the requirements of the California Health and Safety Code, Division 2.5, Section 1797 et seq.; California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100167; the County Emergency Medical Service Agency and the Master Contract for Pre-Hospital Advanced Life Support and the standards of the El Dorado County EMS Agency, including but not limited to the County EMS Agency Policy and Procedure Manual, Trauma Plan, State or local statutes, ordinances or regulations; and
6. WHEREAS, the El Dorado County EMS Agency Medical Director, through the County EMS Agency, and as defined in the Master Contract for Pre-Hospital Advanced Life Support and Dispatch Services with the County of El Dorado, has the authority to develop overall plans, policies, and medical standards to ensure that effective levels of ALS care are maintained within the County and that the Medical Director has the authority for establishing the required medical equipment, medication inventories, and medical protocols; and
7. WHEREAS, JPA and the Contractor agree that a higher level of medical training may be

necessary to provide patient care. The JPA may require the Contractor to provide a higher standard of medical training than is required by the California Code of Regulations Title 22; and

8. WHEREAS, County is a Covered Entity, as defined in the Privacy Rule of the Health Insurance Portability and Accountability Act, Pub. L. No. 104-161 of 1996 ("HIPAA") the JPA and Member Agency is defined as a Business Associate of the County under this law, which requires protection of any disclosure of PHI pursuant to this Agreement; and includes adherence to the Health Information Technology for Economic and Clinical Health Act (the HITECH Act), as incorporated in the American Recovery and Reinvestment Act of 2009, Public Law 111-005; the Genetic Information Nondiscrimination Act (the GINA).
9. WHEREAS, the El Dorado County EMS Agency Medical Director shall have medical control including access to all medical information pertinent to data collection, evaluation and analysis.

SERVICES TO BE PROVIDED

10. The JPA and Contractor mutually agree as follows:

- A. Contractor agrees to provide Pre-Hospital Advanced Life Support Services as described in this Agreement. In the performance of its obligation, the Contractor is subject to the medical control of the El Dorado County EMS Agency Medical Director.
- B. Contractor shall provide Pre-Hospital Advanced Life Support service provided the Contractor has the equipment and personnel available at the time of request for service. To qualify as an ALS engine one of the crew members must be a State of California licensed and locally accredited paramedic. The Contractor shall at the minimum, notify the Emergency Command Center when the ALS engine is responding, when it arrives on scene, when it departs the scene, when it has arrived at its station, or any other status change.
 - Each morning, the Contractor shall advise the Emergency Command Center if the ALS Engine(s) is/are staffed. Any change during the course of the shift shall be reported to the Emergency Command Center, as soon as possible.
- C. Contractor shall not advertise itself or the responding personnel as providing advanced life support services unless routinely providing advanced life support services on a continuous twenty-four (24) hour-per-day basis, as provided in the California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7, Section 100167.

STANDARDS

11. Contractor shall, when applicable, meet the requirements set forth by the California Highway Patrol; the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority, the California Code of Regulations, the El Dorado County EMS Agency Policies, Procedures and

Field Treatment Protocols, and any other applicable statute, ordinance, and resolution regulating Advanced Life Support services provided under this Agreement. In the event of any conflicting statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.

- Applicable shall be defined herein as when the Contractor is performing ALS under this agreement.

COMMUNICATION

12. The designated Base Hospital provides on-line medical control according to the California Health and Safety Code, Division 2.5, Section 1798 through and including Section 1798.105. The designated Base Hospital for County Service Area No. 7 is Marshall Hospital.

- The dispatch center for County Service Area #7 is Cal Fire, identified as Camino on the radio and currently located at Mount Danaher.

PERSONNEL REQUIREMENTS

13. Contractor shall ensure that all Paramedic personnel are licensed by the State of California and accredited with the County EMS Agency. Personnel whose certification/accreditation has lapsed shall not be allowed to provide Pre-Hospital care within El Dorado County until they have met all requirements to bring current their certification/accreditation. Contractor shall ensure compliance with all EMT-P regulations from the State of California Health and Safety Code, Division 2.5, and Title 22, Division 9, and ensure that the County EMS Agency Policies, Procedures and Field Treatment Protocols are followed.

- A. Contractor shall maintain good working relationships, with other Member Agencies; first response agencies; law enforcement; base hospitals; County EMS Agency; City and County staff. The conduct of the Contractor's personnel must be professional at all times.
- B. Contractor shall maintain records of all EMS training, continuing education and skills maintenance as required by the El Dorado County EMS Agency. Contractor shall provide, upon the written request from the JPA, training, skills, testing, educational, certifications, or like, records.
- C. The Contractor agrees that paramedics shall receive training and maintain their certifications in Advanced Cardiac Life Support (ACLS)* and Pediatric Advanced Life Support (PALS)* or Pediatric Education for Prehospital Professionals (PEPP) or a comparable advanced pediatric life support course approved by the EMSA Medical Director.

* Per American Heart Association Guidelines.

- D. The Contractor agrees that paramedics shall receive training and maintain their accreditation in the El Dorado County local paramedic renewal program as required

annually by the Emergency Medical Services Medical Director. Such training shall not exceed four (4) hours unless approved by the JPA System Status Management Committee prior to the implementation of any proposed training.

- E. Under this Agreement, Contractor will provide services to JPA and in conjunction with the provision of such services, certain Protected Health Information ("PHI") may be made available to Contractor for the purposes of carrying out its obligations. Contractor agrees to comply with all the terms and conditions of Appendix A, HIPAA Business Associate Agreement, attached hereto and made by reference a part hereof, regarding the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations promulgated thereunder.

In as much as an exchange of Protected Health Information (PHI) will occur between JPA and Contractor, Contractor agrees to faithfully distribute to patient the El Dorado County Notice of Privacy Practices, to be supplied by JPA, before the first delivery of service for all non-emergency transfers and dry runs with patient contact, where services were provided to patient. All Notices of Privacy Practices for emergency transfers will be mailed by El Dorado County Ambulance Billing as soon as practical following the provision of services.

- 14. Contractor may participate in providing community education on 9-1-1 system access, CPR and first aid.

QUALITY IMPROVEMENT & QUALITY ASSURANCE

- 15. Contractor shall have and maintain a comprehensive internal medical and operational quality assurance program. This program shall, at a minimum, monitor and evaluate the Pre-Hospital Advanced Life Support services required in this Agreement. The program shall be reviewed and approved by the JPA and the EMS Agency.
 - A. Contractor shall cooperate fully in supplying all requested documentation as it relates to Medical Quality Improvement/Assurance to the JPA, the Base Hospital and the County EMS Agency, and shall participate fully in all quality assurance programs mandated by the County.
 - B. Contractor shall allow inspections, or site visits at any time by JPA and County EMS Agency staff, with a minimum of one (1) hour notice to the Contractor's Chief for purposes of JPA contract compliance and or Medical Quality Improvement/Assurance.

MUTUAL AID & DISASTER

- 16. Contractor shall cooperate in the establishment and maintenance of Mutual Aid Agreements among the JPA and other jurisdictions.

17. Contractor shall cooperate with JPA in establishing disaster and multi-casualty incident plans, policies and procedures; and, assist in planning and participate in interagency disaster/multi-casualty incident training exercises annually.

EQUIPMENT, POLICY & PROCEDURE

18. Standards for medical equipment shall be in compliance with the JPA, and County EMS Agency Policy and Procedure Manuals promulgated by the JPA and County EMS Agency as required for the level of service being provided. The County EMS Agency shall maintain the Policy and Procedure Manual and manual updates online at their website. Contractor shall be charged with the knowledge of the procedures and policies.
 - Policies and Procedures shall be reviewed and approved by the Contractor, the JPA, and the EMSA annually. Changes or amendments in the policies and procedures shall be reviewed by the Member Agencies prior to adoption and copies of any changes to the policies or procedures shall be provided to the Member Agencies within 48 hours of adoption.
19. Contractor shall possess and agree to maintain adequate drug and solution inventory, and supplies in compliance with the El Dorado County EMS Agency Policy and Procedure Manual and per Contractor Policy relating to those drugs and/or narcotics requiring 24-hour control and lock up.
 - The JPA shall provide or replace to the Contractor medical supplies used during the course of providing patient care, ALS or training.
 - Contractor agrees to comply with all federal, state, local laws, rules and regulations and JPA policies and procedures related to the security and protection of medical supplies, equipment and controlled substances.

REPORTING

20. Contractor personnel shall utilize the El Dorado County "Pre-Hospital Care Report" (PCR) (in electronic digital and/or paper form) for all emergency and non-emergency responses including non-transports.
21. Contractor shall be furnished with JPA Report forms which shall be provided to the Contractor's personnel for the purpose of recording unusual, significant, Sentinel, or other peculiar events. The Contractor shall return properly executed reports to the JPA by the next business day. . The Contractor shall ensure that its personnel understand and utilize such forms and reporting systems.
22. JPA shall provide to Contractor a list of CSA No. 7 owned fixed assets assigned to the Contractor no more than one week after the El Dorado County Auditor-Controller's Office provides the list to County Departments. The JPA will also provide the Contractor with a list of JPA owned fixed assets. The list shall clearly separate mobile medical equipment from other equipment provided to the Contractor. The list shall be accompanied by the County established time lines that the Contractor agrees to meet.

23. In the event that there are unallocated/missing items, a letter of explanation is required, signed by the Contractor Board Chairperson, detailing what is missing, why, and what process was used to locate the item. The letter is to be submitted to the JPA Executive Director along with the signed off inventory list. The JPA Executive Director will submit a list of any missing items to the JPA Board of Directors and request Board direction on any action to be taken.

CHANGES & DURATION

24. This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and approved by the duly authorized boards and fully executed by duly authorized officers of the parties hereto.
25. This Agreement is subject to termination by mutual agreement, initiated by either party, for any reason during the term of the Agreement. Termination of this Agreement may be initiated by providing written notice to the other party of intent to cancel at least 30 days prior to termination date.
26. Upon termination of the agreement the Contractor agrees to return all JPA and CSA No. 7 fixed assets to the JPA.
27. The JPA may deny, suspend or revoke this Agreement for failure of the Contractor to comply with this Agreement.
28. This agreement shall become effective when fully executed by the parties hereto and will remain in effect, unless terminated pursuant to provisions within this Agreement. This Agreement will be reviewed by March 1st of each year for continuation of service.
29. All notices to be given by the parties hereto shall be in writing and sent postage prepaid by registered mail. Notices to Contractor shall be addressed as follows, or to such other location as either party directs:

JPA
480 Locust Road
Diamond Springs, CA 95619
Attn: Executive Director

Contractor
Diamond Springs El Dorado
Fire Protection District
501 Main Street
Diamond Springs CA 95619

INDEMNITY

30. To the fullest extent of the law, Contractor shall defend, indemnify, and hold the JPA harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, JPA employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Contractor's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the JPA, the Contractor, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the JPA, its officers and employees, or as expressly provided by statute. This duty of Contractor to indemnify and save JPA harmless includes the duties to defend set forth in California Civil Code Section 2778.
31. To the fullest extent of the law, JPA shall defend, indemnify, and hold the Contractor harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, Contractor's employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the JPA's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the JPA, the Contractor, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the Contractor's, its officers and employees, or as expressly provided by statute. This duty of JPA to indemnify and save Contractor's harmless includes the duties to defend set forth in California Civil Code Section 2778.

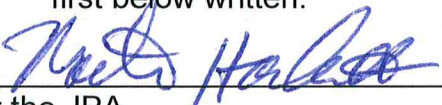
INSURANCE

32. The Contractor shall provide to the JPA a Certificate of Insurance or similar certified proof of insurance for:
- A. Full Workers' Compensation and Employers' Liability Insurance covering all employees of the Contractor as required by law in the State of California.
 - B. Commercial General Liability Insurance of not less than \$5,000,000 combined single limit per occurrence for bodily injury and property damage.
 - C. Automobile Liability Insurance of not less than \$5,000,000 is required on owned, hired, leased and non-owned vehicles used in connection with the Contractor's business.
 - D. Professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$5,000,000 per occurrence.
 - E. Contractor agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, Contractor agrees to provide at

least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of term of the Agreement, or for a period of not less than one (1) year. In the event Contractor fails to keep in effect at all times insurance coverage as herein provided, JPA may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.


ADMINISTRATION

33. Contractor shall maintain fiscal records necessary and prudent to meet the standards for accounting practices in use by the County, County Service Area 7, and the JPA.
34. Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California.
35. The JPA Officer or employee responsible for administering this Agreement is the Executive Director, or successor.
36. The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.
37. If any provision of this Agreement is held by a court of appropriate jurisdiction to be invalid, void or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way.
38. This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties, and they incorporate or supersede all prior written or oral agreements or understandings.
39. In Witness Whereof the parties hereto have executed this Agreement the day and year first below written.



For the JPA

Date 01-27-15



For Contractor

Date 1-27-15

Appendix A

HIPAA Business Associate Agreement

EL DORADO COUNTY EMERGENCY SERVICES AUTHORITY AND Diamond Springs El Dorado Fire Protection District

This HIPAA Business Associate Agreement Amendment (“Amendment”) entered into by the El Dorado County Emergency Services Authority (hereinafter referred to as “the JPA”) and Diamond Springs El Dorado Fire Protection District (hereinafter referred to as “Business Associate”) supplements and is made part of the Business Associate Advanced Life Support Engine Agreement. (“Underlying Agreement”) as of the date of approval by the parties (the “Effective Date”).

RECITALS

WHEREAS, JPA and the Business Associate entered into the Underlying Agreement pursuant to which the Business Associate provides services to JPA, and in conjunction with the provision of such services, certain Protected Health Information (“PHI”) may be made available to the Business Associate for the purposes of carrying out its obligations under the Underlying Agreement; and

WHEREAS, the provisions of the Health Insurance Portability and Accountability Act, Pub. L. No. 104-161 of 1996 (“HIPAA”), more specifically the regulations found at Title 45, CFR, Parts 160 and 164 (the “Privacy Rule”), as may be amended from time to time, which are applicable to the protection of any disclosure of PHI pursuant to the Underlying Agreement; and comply with the HITECH (the Health Information Technology for Economic and Clinical Health Act of 2009) and the regulations thereunder (including 45 C.F.R. Sections 164.308, 164.310, 164.312 and 164.316), that apply to a business associate of a covered entity in the same manner that such sections apply to the covered entity.

WHEREAS, County of El Dorado (County) is a Covered Entity, as defined in the Privacy Rule; and

WHEREAS, the JPA and its sub-contracting agencies that are recipients of PHI are Business Associates as defined in the Privacy Rule; and

WHEREAS, the parties agree that any disclosure or use of PHI be in compliance with the Privacy Rule or other applicable law; and

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

1. Definitions. Unless otherwise provided in this Amendment, capitalized terms shall have the same meanings as set forth in the Privacy Rule, as may be amended from time to time.

2. Scope of Use and Disclosure by the Business Associate of County Disclosed PHI.

- A. The Business Associate shall be permitted to use PHI disclosed to it:
- (1) on behalf of the JPA, or to provide services to the JPA for the purposes contained herein, if such use or disclosure would not violate the Privacy Rule if done by the JPA, or the minimum necessary policies and procedures of the JPA and County.
 - (2) As necessary to perform any and all of its obligations under the Underlying Agreement.
- B. Unless otherwise limited herein, in addition to any other uses and/or disclosures permitted or authorized by this Amendment or required by law, the Business Associate may:
- (1) Use the PHI in its possession for its proper management and administration and to fulfill any legal obligations.
 - (2) Disclose the PHI in its possession to a third party for the purpose of the Business Associate's proper management and administration or to fulfill any legal responsibilities of the Business Associate . The Business Associate may disclose PHI as necessary for the Business Associate's operations only if:
 - (a) The disclosure is required by law; or
 - (b) The Business Associate obtains a written Business Associate agreement from any person or organization to which the Business Associate will disclose such PHI that the person or organization will comply with all applicable HIPAA-HITECH laws:
 - (3) Aggregate the PHI and/or aggregate the PHI with that of other data for the purpose of providing JPA and County with data analyses related to the Underlying Agreement, or any other purpose, financial or otherwise, as requested by JPA and the County.
 - (4) Not disclose PHI without first notifying and receiving approval from the JPA and/or County. .
- C. The Business Associate agrees that it will neither use nor disclose PHI it receives from any other business associate, except as permitted or required by this Amendment, or as required by law, or as otherwise permitted by law.

3. Obligations of the Business Associate. In connection with its use of PHI

disclosed to the Business Associate, the Business Associate agrees to:

- A. Use or disclose PHI only as permitted or required by this Amendment or as required by law.
- B. Use reasonable and appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Amendment and applicable laws.
- C. To the extent practical, mitigate any harmful effect that is known to the Business Associate of a use or disclosure of PHI by the Business Associate in violation of this Amendment and applicable laws.
- D. Report to JPA any use or disclosure of PHI not provided for by this Amendment of which the Business Associate becomes aware.
- E. Require sub-contractors or agents to whom the Business Associate provides PHI to agree and sign a Business Associate agreement. .
- F. Use appropriate administrative, technical and physical safeguards to prevent inappropriate use or disclosure of PHI created or received..
- G. Obtain and maintain knowledge of the applicable laws and regulations related to HIPAA and HITECH, as may be amended from time to time.
- H. Business Associate will notify said party in writing within sixty (60) days where PHI may have been intentionally, and/or inadvertently disclosed and if such disclosure has been secured.
- I. Business Associate and their personnel acknowledge that all collected PHI needs to be secured at all times.

4. PHI Access, Amendment and Disclosure Accounting.

The Business Associate agrees to:

- A. Provide access, at the request of JPA, within five (5) days, to PHI in a Designated Record Set, to the JPA, or to an Individual as directed by the JPA.
- B. To make any amendment(s) to PHI in a Designated Record Set that the JPA directs or agrees to at the request of JPA or an Individual within sixty (60) days of the request of JPA.
- C. To assist the JPA in meeting its disclosure accounting under HIPAA:
 - (1) The Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for the JPA to respond to a request by an Individual for an accounting of disclosures of PHI.
 - (2) The JPA agrees to provide to JPA or an Individual, within sixty (60)

days, information collected in accordance with this section to permit the JPA to respond to a request by an Individual for an accounting of disclosures of PHI.

- (3) The Business Associate shall have available for the JPA the information required by this section for the six (6) years preceding the JPA's request for information.
 - D. Make available to the JPA, the Business Associate's internal practices, books and records relating to the use of and disclosure of PHI for purposes of determining the Business Associate's compliance with the Privacy Rule, subject to any applicable legal restrictions.
 - E. Within thirty (30) days of receiving a written request from JPA, make available any and all information necessary for JPA to make an accounting of disclosures of JPA PHI by the Business Associate.
 - F. Within thirty (30) days of receiving a written request from JPA, incorporate any amendments or corrections to the PHI in accordance with the Privacy Rule in the event that the PHI in the Business Associate's possession constitutes a Designated Record Set.
 - G. Not make any disclosure of PHI that JPA would be prohibited from making.
5. Obligations of JPA.
- A. JPA agrees that it will make its best effort to promptly notify the Business Associate in writing of any restrictions on the use and disclosure of PHI agreed to by JPA that may affect the Business Associate's ability to perform its obligations under the Underlying Agreement, or this Amendment.
 - B. JPA agrees that it will make its best effort to promptly notify the Business Associate in writing of any changes in, or revocation of, permission by any Individual to use or disclose PHI, if such changes or revocation may affect the Business Associate's ability to perform its obligations under the Underlying Agreement, of this Amendment.
 - C. JPA agrees that it will make its best effort to promptly notify the Business Associate in writing of any known limitation(s) in its notice of privacy practices to the extent that such limitation may affect the Business Associate's use of disclosure of PHI.
 - D. JPA shall not request the Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by JPA, except as may be expressly permitted by the Privacy Rule.
 - E. JPA will obtain any authorizations necessary for the use or disclosure of PHI, so that the Business Associate can perform its obligations under this

Amendment and/or the Underlying Agreement.

6. Terms and Termination.

This Amendment shall commence upon the Effective Date and terminate upon the termination of the Underlying Agreement, as provided therein.

7. Amendment to Indemnity.

The Business Associate shall indemnify and hold harmless all Agencies, Districts, Special Districts and Departments of the County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives from any liability whatsoever, based or asserted upon any services of the Business Associate, its officers, employees, subcontractors, agents or representatives arising out of or in any way relating to this Amendment, including but not limited to property damage, bodily injury, or death or any other element of any kind or nature whatsoever including fines, penalties or any other costs and resulting from any reason whatsoever arising from the performance of the Business Associate, its officers, agents, employees, subcontractors, agents or representatives from this Amendment. The Business Associate shall defend, at its sole expense, all costs and fees including but not limited to attorney fees, cost of investigation, defense and settlements or awards all Agencies, Districts, Special Districts and Departments of the County, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives in any claim or action based upon such alleged acts or omissions.

With respect to any action or claim subject to indemnification herein by the Business Associate, the Business Associate shall, at their sole cost, have the right to use counsel of their choice and shall have the right to adjust, settle, or compromise any such action or claim without the prior consent of JPA; provided, however, that any such adjustment, settlement or compromise in no manner whatsoever limits or circumscribes the Business Associate's indemnification to JPA as set forth herein. The Business Associate's obligation to defend, indemnify and hold harmless JPA shall be subject to JPA having given the Business Associate written notice within a reasonable period of time of the claim or of the commencement of the related action, as the case may be, and information and reasonable assistance, at the Business Associate's expense, for the defense or settlement thereof. The Business Associate's obligation hereunder shall be satisfied when the Business Associate has provided to JPA the appropriate form of dismissal relieving JPA from any liability for the action or claim involved.

The specified insurance limits required in the Underlying Agreement of this Amendment shall in no way limit or circumscribe the Member's obligations to indemnify and hold harmless the JPA herein from third party claims arising from the issues of this Amendment.

In the event there is conflict between this clause and California Civil Code

Section 2782, this clause shall be interpreted to comply with Civil Code 2782. Such interpretation shall not relieve the Business Associate from indemnifying the JPA to the fullest extent allowed by law.

In the event there is a conflict between this indemnification clause and an indemnification clause contained in the Underlying Agreement of this Amendment, this indemnification shall only apply to the subject issues included within this Amendment.

8. Amendment. The parties agree to take such action as is necessary to amend this Amendment from time to time as is necessary for JPA to comply with the Privacy Rule and HIPAA generally.
9. Survival. The respective rights and obligations of this Amendment shall survive the termination or expiration of this Amendment.
- 10 Regulatory References. A reference in this Amendment to a section in the Privacy Rule means the section as in effect or as amended.
11. Conflicts. Any ambiguity in this Amendment and the Underlying Agreement shall be resolved to permit County to comply with the Privacy Rule and HIPAA generally.
12. Except as herein amended, all other parts and sections of this Agreement with the Business Associate, shall remain unchanged and in full force and effect.

PAID
10/12/18

RECEIVED

OCT 12 2018

**EMERGENCY MEDICAL
SERVICES AGENCY**

**APPLICATION & AGREEMENT
Advanced Life Support Non-Transporting Unit
Advanced Life Support Assessment Unit**

THIS AGREEMENT for Advanced Life Support (ALS) Non-Transporting Unit and/or ALS Assessment Unit is made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and Diamond Springs-El Dorado Fire Protection District (hereinafter referred to as "Fire District");

RECITALS

WHEREAS, the County directly provides ambulance services through a Public Utility Model (PUM) Emergency Medical Services (EMS) system; and

WHEREAS, Fire District desires to provide ALS Non-Transporting Unit or ALS Assessment Unit services; therefore, Fire District makes this application for authorization to provide such services in accordance with the conditions set forth in this Agreement; and

WHEREAS, in accordance with California Health and Safety Code Section 1797.227, the County has contracted for an electronic Prehospital Care Report (ePCR) software and database, which provides the capability to utilize tablets, computers, and other devices to collect and transmit ePCR data; and

WHEREAS, in February 2017, the California Emergency Medical Services Authority awarded the County grant funding opportunity number C16-041 for the purchase of Electronic Mobile Devices as part of the Data Quality Improvement Program to collect and transmit patient care data to the County consistent with Health and Safety Code 1797.227 with subsequent transmission to the California Emergency Medical Services information System (CEMSIS) database; and

WHEREAS, to facilitate wireless connectivity between the Emergency Medical Technician (EMT) and EMT-Paramedic staff with the ePCR database, the County has purchased tablets in sufficient quantity to provide for ALS Non-Transporting Units and ALS Assessment Units to have a dedicated ePCR tablet, based on availability; and

WHEREAS, Fire District agrees that in exchange for the initial purchase of said tablets, Fire District will maintain, accessorize, update, repair, and replace each tablet and associated components on an as needed basis at the Fire District's sole cost and expense; and

Whereas, in accordance with County Emergency Medical Services Agency policy, Fire District shall submit annual certifications that each ALS Non-Transporting Unit or ALS Assessment Unit complies with the County's minimum equipment requirements; and

WHEREAS, it is the intent of the parties hereto that such services be in conformity with County of El Dorado Code of Ordinances, Chapter 8.74 County Emergency Medical Service and Medical Transportation (hereinafter referred to as the "Ambulance Ordinance") as well as all federal, State and local laws, statutes, ordinances, regulations, policies, procedures and protocols applicable to the emergency medical services that are provided pursuant to this Agreement.

NOW, THEREFORE, County and Fire District mutually agree that the Recitals are incorporated herein and further mutually agree as follows:

- I. All activities and services resulting from and provided pursuant to this application and Agreement shall be provided in Fire District's capacity as an independent fire district and in accordance with the County of El Dorado Ambulance Ordinance, available for reference at :
https://www.edcgov.us/Government/EMS/Pages/ambulance_ordinance.aspx. In the event there is any discrepancy between this Agreement and the Ambulance Ordinance, the provisions in the Ambulance Ordinance control. Fire District warrants and represents that it has read and is fully aware of and knowledgeable of all applicable provisions in the Ambulance Ordinance that relate to and govern services provided pursuant to this Agreement.
- II. This application and Agreement pertain only to the provision of ALS Non-Transporting Unit and ALS Assessment Unit services.
- III. Fire District shall at all times meet the requirements set forth by the California Highway Patrol (CHP); the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority; the California Code of Regulations; the County Emergency Medical Service and Medical Transportation Ordinance; the Policies, Procedures and Field Treatment Protocols established by the medical control within the Fire District's local jurisdiction; and any and all other applicable statute, ordinance, and resolution regulating prehospital Advanced Life Support services provided under this Agreement, including but not by way of limitation, personnel, vehicles, equipment, services, and supplies. In the event of any conflicting statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.
- IV. Fire District is applying for the following permits:
Advanced Life Support Non-Transporting Unit
Advanced Life Support Assessment Unit
- V. Change in Circumstances: Fire District shall notify the Permit officer if any information in this application changes during the pendency of the application, and shall provide, within five (5) days of that notification, updated information.
- VI. Changes to Operations: The Fire District shall notify the County about changes to business location and phone numbers, hours of operations, service charges and rates, insurance coverage, changes to the Fire District, registered owner, partner, officer, director, controlling shareholder, or any other substantive change to this application on file, within fifteen (15) days of such changes.
- VII. *In accordance with Ambulance Ordinance 8.74.080, Fire District shall document herein below the names and addresses of the Fire District, officers, and directors.

APPLICATION FOR ALS NON-TRANSPORT UNIT OR ALS ASSESSMENT UNIT PROVIDER PERMIT

Name under which Fire District proposes to engage in business:	Diamond Springs-El Dorado Fire Protection District
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Physical Address:	501 Pleasant Valley Road, Diamond Springs, CA 95619
Mailing Address (if different):	
Telephone Number (Office):	(530) 626-3190
Telephone Number (Cell):	
If Corporation: Name of Corporation:	
State of Incorporation:	
Date of Incorporation: (Use format MM/DD/YYYY)	

Name of Corporate Officers / Board of Directors*	Title	Address
Patrick Williams	Director	7160 Crystal Blvd, El Dorado, CA 95623
Peter Moffett	Director	5388 Silverlode Drive, Placerville, CA 95667
Gary Cooper	Director	4041 Strickland Mine Road, Placerville, CA 95667
Paul Watkins	Director	4860 Studebaker Road, Placerville, CA 95667
Martin Cordeiro	Director	5500 Prairie Loop, Placerville, CA 95657
Agent for Service of Process:		

VIII. The following required Statements are attached hereto and incorporated herein by reference:

Required Statement	Check if attached
1. A written statement identifying the type and level of service proposed.	<input checked="" type="checkbox"/>
2. A written statement specifying whether the Fire District has provided any EMS services outside the County, and if so, under what name, what type of service, where, and for how long.	<input checked="" type="checkbox"/>
3. If Fire District is required to be licensed and permitted by the California Highway Patrol , they shall hold a valid license and permit prior to submitting the application. Please provide:	
a. A copy of a current CHP Authorized Emergency Vehicle Permit for each emergency vehicle, if required by the CHP.	<input checked="" type="checkbox"/>
4. A copy of a current El Dorado County Business License and a copy of the business license for each city in which the Fire District is doing business.	<input checked="" type="checkbox"/>
5. A written statement of the legal history of the Fire District inclusive of all criminal and civil convictions, suspensions, or termination of EMS contracts and/or permits. The statement shall be accompanied by a completed application for a criminal record check.	<input checked="" type="checkbox"/>
6. A written statement that the Fire District will abide, where applicable, by regulations of the California Vehicle Code and the California Code of Regulations, Title 13, Motor Vehicles.	<input checked="" type="checkbox"/>
7. A written statement specifying the education, training, and experience of the Fire District in the care of patients.	<input checked="" type="checkbox"/>
8. A written statement that the Fire District understands and will comply with the County's EMS Agency's policies and procedures for staffing, equipment, and supply specifications and requirements, including automated external defibrillators (AEDs).	<input checked="" type="checkbox"/>
9. A detailed description of the Fire District's training and orientation programs for all EMS personnel, inclusive of EMTs and EMT-Ps, drivers, and maintenance staff.	<input checked="" type="checkbox"/>
10. A detailed description of the radio equipment including vehicle radios as well as cellular phones in use.	<input checked="" type="checkbox"/>
11. A detailed statement demonstrating that the Fire District owns or controls, in good mechanical condition, the required equipment to consistently provide the type of EMS service for which the Fire District is applying, and that Fire District owns or controls a suitable facility(ies) from which contracted or permitted services will be operated, and the address(es) and hours of operation for each facility listed.	<input checked="" type="checkbox"/>

Required Statement	Check if attached
12. A detailed description of the number of ALS Non-Transporting Unit and/or ALS Assessment Unit vehicles in use and for each: the make and model, year, vehicle identification number, State vehicle license number and proof of current Department of Motor Vehicles registration.,	<input checked="" type="checkbox"/>
13. Evidence of Insurance meeting the requirements of the County, as noted in Section XVII.	<input checked="" type="checkbox"/>
14. A written statement, signed by the Fire Chief, certifying that: 1) the Fire District understands and will comply with the County's EMS vehicle inspection process and policies, including County EMS Policy titled "ALS Unit Minimum Equipment Inventories for ALS Non-Transport and Assessment Units," 2) each ALS Non-Transporting Unit or ALS Assessment Unit that is permitted under this permit is currently in compliance with such policies and, 3) Fire District will submit to the County EMSA an annual certification letter for each ALS Non-transporting Unit or ALS Assessment Unit certifying that such unit has been inspected by the Fire District and that such unit is in full compliance with the inspection policies and minimum equipment inventories. Each annual certification must be signed by the Chief of the Fire District, and submitted within five (5) days of each anniversary of this permit agreement. Any units added to the fleet after issuance of the permit will require an initial certification by the Fire Chief within five (5) days of the unit starting service and subsequent annual certifications shall occur on the same date as the existing fleet annual certifications.	<input checked="" type="checkbox"/>
15. A detailed description of the Fire District's program for maintenance for vehicles and equipment.	<input checked="" type="checkbox"/>
16. A quality assurance plan that meets EMS policies for the specific level of service in accordance with California Code of Regulations Title 22, Chapter 12.	<input checked="" type="checkbox"/>
17. A detailed list of all EMS personnel, inclusive of EMT's, EMT-P/s, with each person's license and certification information, license number and expiration date.	<input checked="" type="checkbox"/>
18. A written statement that the Fire District shall only employ personnel who comply with the requirements of the California Code of Regulations, Title 22; Health and Safety Code, Division 2.5 Statutes, Section 1797 et seq., County's Ambulance Ordinance, and County's Emergency Medical Services Agency Policy and Procedure Manual.	<input checked="" type="checkbox"/>
19. A staffing or deployment plan that describes the Fire District's method of operation within the County.	<input checked="" type="checkbox"/>
20. The application fee as set by the County (available at https://www.edcgov.us/Government/EMS/Pages/ambulance_ordinance.aspx under "EMS Fees"), payable by cash, money order, or cashier's check made payable to County of El Dorado Emergency Medical Services Agency, or by credit card.	<input checked="" type="checkbox"/>

Required Statement	Check if attached
21. A written statement that the Fire District will participate in the County's disaster response plan.	<input checked="" type="checkbox"/>
22. Any other information that the County deems necessary for determination of compliance with the Ambulance Ordinance.	<input checked="" type="checkbox"/>

Fire District warrants and represents that the information in the application and Statements above, are true and correct.

- IX. **Services:** Fire District is authorized to provide ALS Non-Transporting Unit and/or ALS Assessment Unit services subject to and in accordance with the conditions set forth in this Agreement. Fire District is prohibited from subcontracting, delegating or assigning any services authorized pursuant to this Agreement, in whole or in part, to any other person or entity.
- X. **Term:** This Agreement shall become effective upon final execution by both parties hereto and shall expire three (3) years from the date thereof.
- XI. **Changes to Agreement:** This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the parties hereto.
- XII. **ePCR Requirements:** County may purchase an initial supply of ePCR mobile tablets for ALS Non-Transporting/Assessment Units, to be distributed based on availability.
 - A. ePCR mobile tablets shall remain property of the State of California and may not be transferred for use by another entity or another department of a local government or disposed of without written approval of California State Emergency Medical Services Authority (EMSA). A detailed description of the provided ePCR equipment will be maintained and updated routinely during the annual County property inventory.
 - B. Fire District shall provide tablet maintenance and repair, as well as operating system updates for each tablet. Fire District will be solely responsible for the purchase and replacement of all accessories to the tablet(s) including, but not limited to: batteries, plugs, power cords, protective cases, and screen protectors. In the event a tablet needs to be replaced, Fire District shall, at its sole cost and expense, purchase the replacement tablet in an updated make and model capable of performing in accordance with the ePCR platform system requirements. Fire District shall ensure that a sufficient number of mobile ePCR tablets are available for replacement in the event of a breakdown, maintenance, and disaster operations.
 - C. After ePCR implementation, Fire District shall utilize an ePCR meeting the standards and specifications of the EMS Agency Medical Director. The ePCR is required to be completed for all patients for whom care is rendered at the scene, regardless of whether the patient is transported.
 - i. To ensure that the County and EMS Agency Medical Director can conduct system-wide quality improvement activities, Fire District is required to provide County with electronic copies of accurately completed patient care forms including but not limited to correct name, address, date of birth, social security number, and signature of the patient or patient representative (or clearly stated reason why patient is unable to sign) and sufficient information to appropriate document medical necessity.

- ii. Properly completed ePCR reports shall be delivered or electronically available to the County within forty-eight (48) hours of the completion of each call.
 - iii. In the event that hardware, software, communications, licensing, or other technical problems temporarily prohibit the real-time capture of ePCR data and information, Fire District shall have an immediately available backup system to manually collect all required information. Upon manual collection of this information, it shall be Fire District's responsibility to enter it into appropriate electronic databases to assure compliance with the reporting requirements and timelines of this agreement.
- D. In the event the ePCR format is not available, Fire District personnel shall utilize the El Dorado County approved Prehospital Care Report form(s) for all emergency and non-emergency responses.
- i. In the case of an ALS first responder where the first responder maintains patient care and rides in the ambulance, a single Prehospital Care Report form may be filled out noting any action the first responder has taken to provide care for the patient, and shall be transferred with the patient.
 - ii. In the case where the first responder does not maintain patient care and ride in the ambulance, the ALS first responder report will be forwarded/faxed within twenty-four (24) hours to the hospital, to be attached to the patient record, to complete the prehospital patient care documentation completed by the paramedic who maintained patient care until delivery to the hospital.
 - iii. In the case of ALS first responder, at the time of transfer of patient care to the transporting paramedic, the first responder shall relay all pertinent information including, but not limited to, patient history, mechanism of injury, medications normally taken, allergies, assessment finding, and treatments already performed.
 - iv. In the case of ALS first responder where the first responder report is not completed prior to the ambulance leaving the scene, the first responder shall complete this report within twenty-four (24) hours and follow the distribution instructions as defined in the El Dorado County EMS documentation policy. If any portion of the incomplete record is passed on to the transporting unit, it shall not be considered an official document.
 - v. Fire District personnel shall perform due diligence to obtain and transmit all required patient care information. If circumstances arise which limit the availability of patient information, billing information, and associated information, the Fire District shall remain responsible to obtain the required information and submit it to the County. Fire District personnel shall adhere to the requirements in the El Dorado County EMS Policy: "EMS Documentation Policies and Procedures."

XIII. **Liability:** Fire District is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services authorized by this Agreement. Fire District exclusively assumes responsibility for any and all acts of its officers, employees, agents, and associates as they relate to services authorized and provided pursuant to this Agreement during the course and scope of their employment.

Fire District shall be solely responsible for performing services authorized by this Agreement in a safe, professional, skillful, and workmanlike manner and shall be liable for its own negligence and negligent acts of its officers, employees, agents and associates. County shall have no right of control over the manner in which services are provided and shall, therefore, not be charged with responsibility of preventing risk to Fire District or its officers, employees, agents and associates.

The parties to this Agreement are not partners or joint ventures and nothing contained herein shall be construed to create a partnership or joint venture between the parties or to constitute any party the agent of the other. Neither party shall hold itself out contrary to the terms of this section nor shall either party become liable by any representation, act, or omission of the other contrary to the provisions herein.

XIV. Default, Termination, and Cancellation:

- A. **Default/Violation:** Upon the occurrence of any default or violation of the provisions of this Agreement, the Permit Officer shall give written notice of said default or violation to the Fire District (notice). If the Fire District does not cure the default or violation within ten (10) days of the date of notice (time to cure), then the Fire District shall be in default. Upon failure to cure the default or violation within the specified time to cure, the Permit Officer may, in their sole discretion extend the time to cure, or suspend, revoke or terminate the Fire District's permit in accordance with the paragraph "Suspension, Revocation and/or Termination" herein below.

Any extension of time to cure must be in writing, prepared by the Fire District for signature by the Permit Officer and must specify the reason(s) for the extension and the date on which the extension of time to cure expires.

Notice given under this section shall specify the alleged default or violation, and the applicable Agreement provision or cite the appropriate section of the Ambulance Ordinance, and shall demand that the Fire District perform the provisions of this Agreement within the applicable period of time.

- B. **Termination or Cancellation without Cause:** Either party may terminate this Agreement in whole or in part upon seven (7) calendar days written notice without cause. Upon receipt of a Notice of Termination, Fire District shall promptly discontinue all services affected, as of the effective date of termination set forth in such Notice of Termination, unless the notice directs otherwise.
- C. **Enforcement:** In accordance with Ambulance Ordinance Section 8.74.140, Enforcement, the County shall have the following rights and remedies.
1. *Inspections and investigations.*
 - a. The County shall have the right to inspect and audit records, facilities, equipment, supplies, personnel, and methods of operation of a Fire District whenever the County deems such inspection necessary.
 - b. The Fire District shall cooperate with County in any investigations of possible violations and shall make all dispatch logs and similar dispatch records including tape recordings available for inspection and copying at reasonable times at the Fire District's regular place of business. All tape recordings shall remain available for a minimum of sixty (60) days from the date the recording was made.
 - c. The Fire District shall allow County to inspect, on a pre-announced or unannounced basis, all ALS Non-Transporting/Assessment vehicles used by the Fire District within the County. The purpose of such inspection is to determine if the vehicle and its equipment and supplies are in good working order, properly maintained and equipped for the provision of the emergency medical services for which it is permitted. The inspection for vehicles will be for all equipment identified in the County's Emergency Medical Services Agency Policy and Procedure Manual which has not been inspected by the CHP. The Fire District shall inform the County of any suspension and/or revocation of their CHP vehicle certificate or permit for emergency vehicles used within the County.

2. *Consumer complaints:* Any person alleging that a Fire District has provided unsatisfactory or inappropriate emergency medical services as defined herein this Agreement may file a written complaint with the Permit Officer setting forth such allegations. The Permit Officer shall notify the Fire District in writing of the receipt of the complaint. The Permit Officer shall investigate the complaint to determine whether the Fire District has committed any improper act or failed to satisfactorily perform any duty specified herein. Fire District may provide a written response to the Permit Officer in writing within ten (10) business days from the receipt of that notification. If the Permit Officer determines that the Fire District has committed a violation, the Permit Officer shall take timely and reasonable actions to secure compliance with the requirements herein. If the Permit Officer is unable to secure compliance, the Permit Officer will initiate action to suspend, revoke, or terminate the contract or permit.
3. *Suspension, revocation and/or termination:*
 - a. Following the procedures specified in the Article titled "Default Termination, and Cancellation" paragraph "Default/Violation" herein, the County may suspend or revoke a permit or contract for:
 - i. Violating any provision of the contract or permit;
 - ii. Violating any provisions of this chapter or violating any provisions of statute, regulations or other laws relating to emergency medical services;
 - iii. Changing the operational or financial capabilities of the Fire District or contractor in such a manner that had that change been known at the time of the application, the application could have been denied;
 - iv. Failing to pay any fine issued pursuant to this section within ten business days.
 - b. The County may suspend, revoke, or terminate this Agreement and Permit as specified herein above.
 - c. Suspension is not a condition precedent to revocation.
4. *Penalties:* The County may impose fines for noncompliance infractions. Infractions of a contract or permit are punishable by a fine not exceeding: \$100.00 for a first violation; \$200.00 for a second violation of the same infraction within one year; and \$500.00 for each additional violation of the same infraction within one year.
5. *Appeals:* Requests to challenge the decision to terminate this Agreement and Permit may be appealed in writing to the Emergency Medical Services Agency Administrator within fifteen (15) business days from the date of the mailed notice of suspension, revocation, or termination. The appeal shall be signed by an authorized representative of appellant and shall set forth all relevant facts and law in support of the appeal. If the Fire District disagrees with the decision of the EMS Agency Administrator, the Fire District may appeal in writing to the Health and Human Services Agency Director within seven (7) calendar days of receipt of the EMS Agency Administrator's decision. The decision of the Health and Human Services Agency Director is final, unless otherwise provided by law.

In any case where the Health and Human Services Director determines to uphold the decision to suspend or revoke a permit, the Director shall prepare a written notice of suspension or revocation which includes a statement of the proposed action, a concise explanation of the reasons and basis for the proposed action and an explanation of the Fire District's right to appeal to the Board of Supervisors. Within five business days of the mailing of the Director's notice, the Fire District may file an application for appeal to be held in accordance with the procedures set forth in El Dorado County Ordinance Chapter 2.09.

6. *Exception to hearing procedure:* When, in the opinion of the Health and Human Services Director, there is a clear and imminent threat to the safety and protection of the public, the Health and Human Services Director may suspend a permit without following the procedure set forth in Ambulance Ordinance Section 8.74.080 D. A written notice of decision and the basis relied upon for such action shall be provided to the Fire District. The Fire District may file an application for appeal to the Board of Supervisors in accordance with the procedures set forth in El Dorado County Ordinance Chapter 2.09.
7. *Notification:* When a permit is suspended or revoked or a contract terminated, the Permit Officer shall notify all public safety agencies, hospitals and other interested parties in the County of this fact, specifying the name of the Fire District and the action taken.

XV. **Indemnity:** To the fullest extent of the law, the Fire District shall defend, indemnify, and hold the County, its Board of Supervisors, agents, officers and employees harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorney's fees and costs incurred, brought for, or on account of, personal injury, sickness, disease, injuries to or death of any person, including but not limited to workers, County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Fire District's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the County, the Fire District, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the County, its officers and employees, or as expressly prescribed by statute. This duty of Fire District to indemnify and save County harmless includes the duties to defend set forth in California Civil Code Section 2778.

In the event of any suspension, revocation or termination of this Agreement, any and all obligations of Fire District to defend, indemnify and/or hold harmless County, its Board of Supervisors, agents, officers and employees, including but not limited to this indemnification provision, shall survive such suspension, revocation and/or termination.

XVI. **Insurance:** Fire District shall maintain at its sole cost and expense, and keep in force during the term of this agreement, the following insurance coverages:

- A. Workers' Compensation Insurance with statutory limits, as required by the laws of any and all states in which Contractor's employees are located and; Employer's Liability insurance on an "occurrence" basis with a limit of not less than \$1,000,000.
- B. Commercial General Liability Insurance at least as broad as CG 00 01, covering premises and operations and including but not limited to, owners and contractors protective, product and completed operations, personal and advertising injury and contractual liability coverage with a minimum per occurrence limit of \$3,000,000 covering bodily injury and property damage; General Aggregate limit of \$5,000,000; Products and Completed Operations Aggregate limit of \$2,000,000 and Personal & Advertising Injury limit of \$2,000,000, written on an occurrence form. If Fire District's general liability limits fail to meet the limits required above Fire District may carry excess or umbrella liability insurance providing excess coverage at least as broad as the underlying coverage for general liability with a limit equal to or above the amount stated above on a per occurrence and aggregate basis.
- C. Automobile Liability Insurance at least as broad as CA 00 01 with Code 1 (any auto, including ambulances, fire engines and other emergency services mobile equipment. Inland Marine insurance specific to emergency mobile equipment will be acceptable to meet this requirement together with the automobile liability insurance), covering use of all owned, non-

- owned, and hired automobiles with a minimum combined single limit of \$1,000,000 per occurrence for bodily injury and property damage liability.
- D. Professional Liability Insurance covering liability imposed by law or contract arising out of an error, omission or negligent act in the performance, or lack thereof, of professional services and any physical property damage, bodily injury or death resulting there from, with a limit of not less than \$6,000,000 per claim and in the aggregate. The insurance shall include a vicarious liability endorsement to indemnify, defend, and hold harmless El Dorado County for claims arising out of covered professional services and shall have an extended reporting period of not less than two years. That policy retroactive date coincides with or precedes Fire District's start of work (including subsequent policies purchased as renewals or replacements).
- E. If the policy is terminated for any reason during the term of this Agreement, Fire District shall either purchase a replacement policy with a retroactive date coinciding with or preceding the retroactive date of the terminating policy, or shall purchase an extended reporting provision of at least two (2) years to report claims arising from work performed in connection with this Agreement and a replacement policy with a retroactive date coinciding with or preceding the expiration date of the terminating policy.
- F. If this Agreement is terminated or not renewed, Fire District shall maintain the policy in effect on the date of termination or non-renewal for a period of not less than two years there from. If that policy is terminated for any reason during the two (2) year period, Fire District shall purchase an extended reporting provision at least covering the balance of the two (2) year period to report claims arising from work performed in connection with this Agreement or a replacement policy with a retroactive date coinciding with or preceding the retroactive date of the terminating policy.
- G. All policies of insurance shall provide for the following:
- i. Name El Dorado County, members of the Board of Supervisors of El Dorado County, its officers, agents and employees, as additional insureds except with respect to Workers' Compensation and Professional Liability.
 - ii. Be primary and non-contributory with respect to all obligations assumed by Fire District pursuant to this Agreement or any other services provided. Any insurance carried by El Dorado County shall not contribute to, or be excess of insurance maintained by Fire District, nor in any way provide benefit to Fire District, its affiliates, officers, directors, employees, subsidiaries, parent company, if any, or agents.
- H. Be issued by insurance carriers with a rating of not less than A VII, as rated in the most currently available "Best's Insurance Guide."
- I. Include a severability of interest clause and cross-liability coverage where El Dorado County is an additional insured.
- J. Provide a waiver of subrogation in favor of El Dorado County, members of the Board of Supervisors of El Dorado County, its officers, agents and employees.
- K. Provide defense in addition to limits of liability.
- L. Upon execution of this Agreement and each extension of the Term thereafter, Fire District shall cause its insurers to issue certificates of insurance evidencing that the coverages and policy endorsements required under this Agreement are maintained in force and that not less than 30 days written notice shall be given to El Dorado County prior to any material modification, cancellation, or non-renewal of the policies. Certificates shall expressly confirm at least the following: (i) El Dorado County's additional insured status on the general liability, and auto liability policies; (ii) and the waiver of subrogation applicable to the workers' compensation and professional liability policies. Fire District shall also furnish El Dorado County with endorsements effecting coverage required by this insurance requirements clause. The endorsements are to be signed by a person authorized by the Insurer to bind coverage on its behalf. The certificate of insurance and all required

endorsements shall be delivered to El Dorado County's address as set forth in the Notices provision of this Agreement.

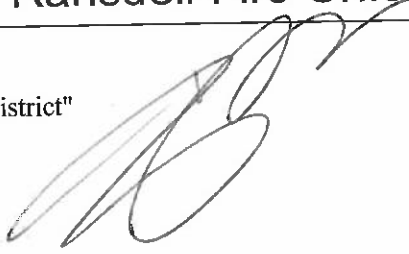
- M. All endorsements are to be received and approved by the County of El Dorado before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.
 - N. Unless otherwise agreed by the parties, Fire District shall cause all of its Subcontractors to maintain the insurance coverages specified in this Insurance section and name Fire District as an additional insured on all such coverages. Evidence thereof shall be furnished as El Dorado County may reasonably request.
 - O. The coverage types and limits required pursuant to this Agreement shall in no way limit the liability of Fire District.
- XVII. **HIPAA:** Fire District acknowledges its obligations under the Health Insurance Portability and Accountability Act (HIPAA) and agrees that it shall comply with all applicable HIPAA requirements and obligations at all times, in accordance the Business Associate Agreement attached hereto as Exhibit A and incorporated by reference herein.
- XVIII. **County Business License:** It is unlawful for any person to furnish supplies or services, or transact any kind of business in the unincorporated territory of El Dorado County without possessing a County business license unless exempt under County Code Section 5.08.070.
- XIX. **Licenses:** Fire District hereby represents and warrants that Fire District, its officers, employees, agents and associates have all the applicable licenses, permits, and certifications that are legally required for Fire District, its officers, employees, agents and associates to practice its profession or provide the services or work authorized under this Agreement in the State of California. Fire District, its officers, employees, agents and associates shall maintain said applicable licenses, permits, or certificates in good standing throughout the term of this Agreement.
- XX. **Administrator:** The County Officer or employee with responsibility for administering this Agreement is Richard W. Todd, M.B.A., Emergency Medical Services Agency Administrator, or successor.
- XXI. **Authorized Signatures:** The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.
- XXII. **Partial Invalidity:** If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will continue in full force and effect without being impaired or invalidated in any way.
- XXIII. **Venue:** Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California.
- XXIV. **No Third Party Beneficiaries:** Nothing in this Agreement is intended, nor will be deemed, to confer rights or remedies upon any person or legal entity not a party to this agreement.
- XXV. **Entire Agreement:** This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties and they incorporate or supersede all prior written or oral Agreements or understandings.

County Authorized Signer:

By: _____ Dated: _____
Health and Human Services Agency Director, or designee

-- FIRE DISTRICT --

By: **Bryan Ransdell-Fire Chief** Dated: **10/10/2018**
Name: _____
Title: _____
"Fire District"



October 10, 2018

Richard W. Todd, MBA
EMS Agency Administrator – MHOAC
El Dorado County, Health and Human Services Agency
2900 Fair Lane Court

RE: ALS Non-Transporting / ALS Assessment Application & Agreement

Dear Mr. Todd,

The Diamond Springs-El Dorado Fire Protection District is formally requesting to enter in to an agreement with the County EMSA to be approved as an ALS Non-transporting and ALS Assessment agency per the Ambulance Ordinance. Below are the written responses that correspond with the required statements in section VIII:

1) A written statement identifying the type and level of service proposed.

Please accept this written statement as part of the application and agreement for the Diamond Springs-El Dorado Fire Protection District or as DSP to provide the following level of services in El Dorado County:

- **Advanced Life Support Non-Transporting Unit**
- **Advanced Life Support Assessment Unit services**

2) A written statement specifying whether the Fire District has provided any EMS services outside the County, and if so, under what name, what type of service, where, and for how long.

The Diamond Springs-El Dorado Fire Protection District has provided ALS services outside of El Dorado County (Sacramento County and throughout the State of California) when deployed to Strike Team assignments or move-up assignments as part of California's Master Mutual Aid systems. While providing these services outside of El Dorado County, we operate under the DSP name. We provide fire suppression, emergency medical and other emergency services for indefinite periods of time.

- 3) *If Fire District is required to be licensed and permitted by the California Highway Patrol, they shall hold a valid license and permit prior to submitting the application. Please provide:*
 - a. *A copy of a current CHP Authorized Emergency Vehicle Permit for each emergency vehicle, if required by the CHP.*

The Diamond Springs-El Dorado Fire Protection District fire apparatus are not required to be licensed and permitted by the California Highway Patrol.

- 4) *A copy of a current El Dorado County Business License and a copy of the business license for each city in which the Fire District is doing business.*

As a Special District in El Dorado County a Business License is not required.

- 5) *A written statement of the legal history of the Fire District inclusive of all criminal and civil convictions, suspensions, or termination of EMS contracts and/or permits. The statement shall be accompanied by a completed application for a criminal record check.*

The DSP has no legal history inclusive of any criminal or civil convictions, suspensions, or termination of EMS contracts and permits.

- 6) *A written statement that the Fire District will abide, where applicable, by regulations of the California Vehicle Code and the California Code of Regulations, Title 13, Motor Vehicles.*

The DSP will abide, where applicable, by regulations of the California Vehicle Code and the California Code of Regulations, Title 13, Motor Vehicles.

- 7) *A written statement specifying the education, training, and experience of the Fire District in the care of patients.*

The DSP provides education, training, and experience in the care of patients we provide service to. All our employees are trained to the level of EMT or EMT-Paramedic. Each employee is required to complete monthly and annual continuing education. All paramedics are accredited by El Dorado County and meet the annual education, training and experience requirements associated with that accreditation.

- 8) *A written statement that the Fire District understands and will comply with the County's EMS Agency's policies and procedures for staffing, equipment, and supply specifications and requirements, including automated external defibrillators (AEDs).*

The DSP understands and will comply with the County's EMS Agency's policies and procedures for staffing, equipment, and supply specifications and requirements, including automated external defibrillators (AEDs).

9) *A detailed description of the Fire District's training and orientation programs for all EMS personnel, inclusive of EMTs and EMT-Ps, drivers, and maintenance staff.*

The DSP's training and orientation programs for all EMS personnel begin upon employment. All safety employees are required to hold a minimum; California State Firefighter 1 Certificate and are California State Licensed Paramedics or El Dorado County Licensed Emergency Medical Technicians. Each employee is trained in fire and EMS operations, hospital locations, ambulance operations, ePCR, and incident reporting requirements. All Paramedics are also trained in 12 lead EKG. All employees serve a probationary period where they are trained and tested by Fire Captains, Chief Officers, and peers.

10) *A detailed description of the radio equipment including vehicle radios as well as cellular phones in use.*

Emergency vehicles are equipped with the following radio/cell equipment:

- One (1) iPad
- One (1) Cell Phone
- One (1) Kenwood TK-790 VHF
- Four (4) Bendix King GPH-CMD portable radios

11) *A detailed statement demonstrating that the Fire District owns or controls, in good mechanical condition, the required equipment to consistently provide the type of EMS service for which the Fire District is applying, and that Fire District owns or controls a suitable facility (ies) from which contracted or permitted services will be operated, and the address (es) and hours of operation for each facility listed.*

The DSP owns and controls, in good mechanical condition, all required equipment to consistently provide ALS EMS service for which we are applying. The DSP holds and manages a total of 5 stations, only one is staffed, Station 49, 501 Pleasant Valley Rd., Diamond Springs, CA 95619, which operates 24/7/365:

- Station 44, 6109 Quartz Drive, El Dorado, CA 95623 (Not staffed)
- Station 46, 6170 Pleasant Valley Road, El Dorado, CA 95623 (Not Staffed)
- Station 47, 2312 Oakvale Drive, Shingle Springs, CA 95682 (Not Staffed)
- Station 48, 3840 Missouri Flat Rd, Placerville, CA 95667 (Not Staffed)

12) A detailed description of the number of ALS Non-Transporting Unit and/or ALS Assessment Unit vehicles in use and for each: the make and model, year, vehicle identification number, State vehicle license number and proof of current Department of Motor Vehicles registration.

UNIT	ID	YEAR	MAKE/MODEL	TYPE	VIN	LICENSE
R49	028	2002	HME	TYPE 1	44KFT42852WZ20017	1152141
E246	029	2004	International	TYPE 2	1HTWCADR64J017372	1170892
E249	030	2004	International	TYPE 2	1HTWCADR4JO14331	1170891
E46	031	2006	HME	TYPE 1	44KFT42876WZ20851	1206292
E49	035	2014	KME	TYPE 1	1K9AF4287FN058929	1327124
8101	037	2017	Dodge Ram 2500	PICKUP	3C6UR5FJ1HG737971	1505946
B49	040	2017	Dodge Ram 1500	PICKUP	1C6RR7FT6JS130689	1505993

13) Evidence of Insurance meeting the requirements of the County, as noted in Section XVII.

Evidence of Insurance meeting the requirements of the County, as noted in Section XVII are attached.

14) A written statement, signed by the Fire Chief, certifying that: 1) the Fire District understands and will comply with the County's EMS vehicle inspection process and policies, including County EMS Policy titled "ALS Unit Minimum Equipment Inventories for ALS Non-Transport and Assessment Units," 2) each ALS Non-Transporting Unit or ALS Assessment Unit that is permitted under this permit is currently in compliance with such policies and, 3) Fire District will submit to the County EMSA an annual certification letter for each ALS Non-transporting Unit or ALS Assessment Unit certifying that such unit has been inspected by the Fire District and that such unit is in full compliance with the inspection policies and minimum equipment inventories. Each annual certification must be signed by the Chief of the Fire District, and submitted within five (5) days of each anniversary of this permit agreement. Any units added to the fleet after issuance of the permit will require an initial certification by the Fire Chief within five (5) days of the unit starting service and subsequent annual certifications shall occur on the same date as the existing fleet annual certifications.

As Fire Chief, I am at this moment certifying that:

- The DSP understands and will comply with the County's EMS vehicle inspection process and policies, including County EMS Policy titled "ALS Unit Minimum Equipment Inventories for ALS Non-Transport and Assessment Units."
- Each ALS Non-Transporting Unit or ALS Assessment Unit that is permitted under this permit is currently in compliance with such policies.

- The DSP will submit to the County EMSA an annual certification letter for each ALS Non-transporting Unit or ALS Assessment Unit certifying that the DSP has inspected such unit and that such unit is in full compliance with the inspection policies and minimum equipment inventories. Each annual certification will be signed by the Fire Chief of the DSP and submitted within five (5) days of each anniversary of this permit agreement. We understand that any units added to the fleet after issuance of the permit will require an initial certification by the Fire Chief within five (5) days of the unit starting service and subsequent annual certifications shall occur on the same date as the existing fleet yearly certifications.

15) A detailed description of the Fire District's program for maintenance for vehicles and equipment.

From an inspection perspective, each day, professionally trained Captains, Engineers and Firefighters inspect our apparatus. During this time (the usually first thing in the morning) all EMS equipment is tested and inspected for response readiness. Weekly all of our apparatus undergo an extensive and detailed inspection. Detailed records and check sheets are maintained for all these inspections and are available to review at any time.

The DSP uses local fleet service professional vendors, primarily, *Jon Lyons Truck Repair*, Golden State Fire Apparatus, West Coast Fire Apparatus, Ford, Chevy, etc. We also have professional third-party annual inspections completed by *Jon Lyons Truck Repair* for every fire engine.

16) A quality assurance plan that meets EMS policies for the specific level of service by the California Code of Regulations Title 22, Chapter 12.

The DSP maintains a quality assurance plan that meets EMS policies for the specific level of service by the California Code of Regulations Title 22, Chapter 12.

17) A detailed list of all EMS personnel, inclusive of EMT's, EMT-P/s, with each person's license and certification information, license number and expiration date.

Employee	License	License Number	Expiration
Alsaker, Eric	EMT	E118380	12/31/2019
Daniels, Jack	EMT	E029242	12/31/2019
Earle, Ken	Paramedic	P02973	6/30/2020
Fisher, Blaine	EMT	E099905	6/30/2019
Franzen, Mike	Paramedic	P33637	6/30/2020
Gallagher, Matt	Paramedic	P14635	3/31/2020
Hadl, Haydn	Paramedic	P36265	5/31/2020
Herr, Jourdan	Paramedic	P37536	6/30/2019
Kellogg, Shawn	Paramedic	P33223	2/29/2020
LaCurelle, Calvin	Paramedic	P35376	9/30/2019
Morgan, Spencer	Paramedic	P24921	5/31/2019
Parsons, Travis	Paramedic	P30687	2/29/2020
Phillips, David	EMT	E013914	6/30/2020
Quinn, Ronald	EMT	E123633	6/30/2020
Ransdell, Bryan	EMT	E043680	10/31/2019
Russell, Austin	EMT	E121051	4/30/2020
Stirling, Derek	Paramedic	P39150	8/31/2020
Woods, Mitchell	EMT	E137165	2/29/2020
Yaws, Leah	Paramedic	P09456	1/31/2019

18) A written statement that the Fire District shall only employ personnel who comply with the requirements of the California Code of Regulations, Title 22; Health and Safety Code, Division 2.5 Statutes, Section 1797 et seq., County's Ambulance Ordinance, and County's Emergency Medical Services Agency Policy and Procedure Manual.

The DSP only employs personnel who comply with the requirements of the California Code of Regulations, Title 22; Health and Safety Code, Division 2.5 Statutes, Section 1797 et seq., County's Ambulance Ordinance, and County's Emergency Medical Services Agency Policy and Procedure Manual.

19) A staffing or deployment plan that describes the Fire District's method of operation within the County.

Daily Staffing is executed with one staffed engine; with a Captain and an Engineer and a Firefighter; 3 person engine company minimum. One Apprentice Firefighter, that is a variable day-to-day, will make a four person engine company. At least one Paramedic provides ALS at all times. We also cross-staff a water tender, Ladder Truck, and a Medium (Type 2) Rescue when needed.

20) The application fee as set by the County (available at https://www.edcgov.us/Government/EMS/Pages/ambulance_ordinance.aspx under "EMS Fees"), payable by cash, money order, or cashier's check made payable to County of El Dorado Emergency Medical Services Agency, or by credit card.

The DSP will pay the application fee as set by the County.

21) A written statement that the Fire District will participate in the County's disaster response plan.

The DSP will participate in the County's disaster response plan.

22) Any other information that the County deems necessary for the determination of compliance with the Ambulance Ordinance.

None.

**FIRE AGENCIES SELF INSURANCE SYSTEM
(FASIS)**

WORKERS' COMPENSATION COVERAGE

DECLARATIONS

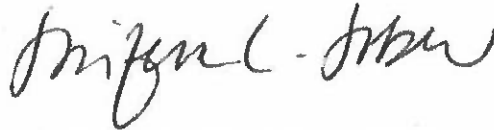
FASIS FORM 2018-1-WC

1. **NAMED COVERED MEMBER:** Fire Agencies Self Insurance System, et al
As per Endorsement No. 1
1750 Creekside Oaks Drive, Suite 200
Sacramento, CA 95833
2. **TERM:**

Inception: 12:01 a.m. Pacific Standard Time on July 1, 2018
Expiration: 12:01 a.m. Pacific Standard Time on July 1, 2019
3. **LIMITS OF LIABILITY:**
Workers' Compensation \$750,000 any one loss
Employer's Liability \$750,000 any one loss
4. **ENDORSEMENTS:** Endorsement No. 1. Covered Party—additional named covered parties
FORMING PART OF THE COVERAGE AT INCEPTION Endorsement No. 2. Form 2018-1WC—Memorandum of Coverage

ON BEHALF OF FIRE AGENCIES SELF INSURANCE SYSTEM

AUTHORIZED REPRESENTATIVE



FIRE AGENCIES SELF INSURANCE SYSTEM (FASIS)

MEMORANDUM OF COVERAGE

WORKERS' COMPENSATION COVERAGE

ENDORSEMENT NO. 1 – Covered Party – Additional Named Covered Parties

The named Covered Party on the Declarations Page shall include, in addition to the named Covered Party shown in item #1 of the Declarations, the following named Covered Party:

Adin Fire Protection District
Alta Fire Protection District
Amador Fire Protection District
American Canyon Fire Protection District
Anderson Fire Protection District
Antelope Valley Fire Protection District
Arbuckle-College City Fire Protection District
Bald Mountain Fire Protection District
Bennett Valley Fire Protection District
Big Valley Fire Protection District
Bodega Bay Fire Protection District Of Sonoma County
Bollinas Fire Protection District
Borrego Springs Fire Protection District
Bridgeport Fire Protection District
Burbank-Paradise Fire District
Cachagua Fire Protection District
Canby Volunteer Fire Department
Carlotta Community Services District
Carmel Highlands Fire Protection District
Castella Fire Protection District
Cazadero Community Services District
Cedarville Fire Protection District
Central Calaveras Fire and Rescue Protection District
Chalfant Valley Fire Department
Chester Public Utility District
Clements Rural County Protection District
Cloverdale Fire Protection District
Coastside Fire Protection District
Collegeville Fire Protection District
Copperopolis Fire Protection District
Cordelia Fire Protection District
Cottonwood Fire Protection District
Covelo Fire Protection District
Crescent Mills Fire Protection District
Cypress Fire Protection District
Daggett Community Services District
Davis Creek Fire Protection District

Denair Fire Protection District
Diamond Springs/El Dorado Fire Protection District
Douglas City Community Services District
Doyle Fire Protection District
East Contra Costa Fire Protection District
Eastern Plumas Rural Fire Protection District
El Dorado County Fire Protection District
Escalon Consolidated Fire District
Fairview Fire Protection District
Farmington Rural Fire Protection District
Ferndale Fire Protection District
Foresthill Fire Protection District
Forestville Fire District
Fort Bidwell Fire District
Fort Bragg Fire Protection Authority
Fort Dick Fire Protection District
French Camp-McKinley Rural Fire Protection District
Fresno County Fire Protection District
Garberville Fire Protection District
Gasquet Fire Protection District
Gazelle Fire Protection District
Georgetown Fire District
Georgetown SA #7
Geyserville Fire Protection District
Gold Ridge Fire Protection District
Graeagle Fire Protection District
Graton Fire Protection District
Happy Valley Fire Protection District
Hayfork Fire Protection District
Herald Fire Protection District
Huntington Lake Volunteer Fire Department
Hyampom Community Services District
Independence Fire Protection District
Indian Valley Community Services District
Janesville Fire Protection District
Junction City Fire Protection District
June Lake Fire Protection District
Kanawha Fire Protection District
Kelseyville Fire Protection District
Kentfield Fire Protection District
Kenwood Fire Protection District
Keyes Fire Protection District
Klamath Fire District No 3
Lake City Volunteer Fire Department
Lake County Fire Protection District
Lake Forest Fire Protection District
Lathrop-Manteca Fire Protection District

Lee Vining Fire Protection District
Leggett Valley Fire Protection District
Lewiston Community Services District
Liberty Rural County Fire Protection District
Linden-Peters Rural Fire Protection District
Little Lake Fire Protection District
Lockwood Fire Protection District
Loma Rica/Browns Valley Community Services District
Lone Pine Fire Department
Long Valley Community Services District
Lookout Fire Protection District
Mammoth Lakes Fire Protection District
Mayten Fire District
McArthur Fire Protection District
Meadow Valley Fire Protection District
Meeks Bay Fire Protection District
Milford Fire District
Millville Fire Protection District
Mokelumne Hill Fire Protection District
Mokelumne Rural County Fire Protection District
Mono City Volunteer Fire Protection District
Monte Rio Fire Protection District
Moraga-Orinda Fire Protection District
Mosquito Fire Protection District
Mountain Gate Community Services District
Mountain Valley Fire Department
Mountain View Fire Protection District
Murphys Fire Protection District
Newberry Community Services District
Newcastle Fire Protection District
North San Juan Fire Protection District
North Sonoma Coast Fire Protection District
North Tahoe Fire Protection District
Novato Fire Protection District
Oakdale County Fire Protection District
Occidental Community Services District
Olancho Community Service District
Ophir Hill Fire Protection District
Orange Cove Fire Protection District
Paradise Fire Protection District
Peardale-Chicago Park Fire Protection District
Penryn Fire Protection District
Petrolia Fire Protection District
Pioneer Fire Protection District
Plumas Eureka Community Services District
Post Mountain Public Utility District
Prattville-Almanor Fire Protection District


Princeton County Fire Protection District
Quincy Fire Protection District
Rescue Fire Protection District
Rincon Valley Fire Protection District
Rio Dell Fire Protection District
Ripon Consolidated Fire District
Rodeo-Hercules Fire Protection District
Ross Valley Fire Department
Rough & Ready Fire Protection District
Russian River Fire Protection District
Sacramento River Fire Protection District of Colusa County
Salida Fire Protection District
Salyer Community Service District
Samoa Peninsula Fire Protection District
Santa Margarita Fire Protection District
Schell-Vista Fire Protection District
Scott Valley Fire Protection District
Shasta Lake Fire Protection District
Shaver Lake Volunteer Fire District
Sierra City Volunteer Fire Protection District
Sierra Valley Fire Protection District
Smith River Fire Protection District
South Coast Fire Protection District
South Lake County Fire Protection District
South Monterey County Fire Protection District
South Placer Fire Protection District
South Yreka Fire Protection District
Southern Inyo Fire Protection District
Southern Marin Fire Protection District
Southern Trinity Volunteer Fire Department
Spalding Community Service District
Standish Litchfield Fire District
Stanislaus Consolidated Fire Protection District
Stones-Bengard Community Service District
Suisun Fire Protection District
Susan River Fire Protection District
Sutter Basin Fire District
Sutter Creek Fire Protection District
Telegraph Ridge Fire Protection District
Thornton Rural County Fire Protection District
Tiburon Fire Protection District
Timber Cove Fire Protection District
Turlock Rural Fire Protection District
Vacaville Fire Protection District
Valley Center Fire Protection District
Valley of the Moon Fire Protection District
Walnut Grove Fire Protection District

Waterloo Morada Rural County Fire Protection District
West Almanor Community Services District
West Point Fire Protection District
West Stanislaus County Fire Protection District
Westport Fire Protection District
Westport Volunteer Fire Department
Wheeler Crest Fire Protection District
Whitethorn Fire Protection District
Willow Ranch Fire District
Windsor Fire Protection District of Sonoma County
Woodbridge Rural Fire Protection District
Woodland Avenue Fire Protection District

Attached to and forming part of FASIS FORM 2018-1WC

Effective Date: July 1, 2018

AUTHORIZED REPRESENTATIVE



CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS
Allied World Assurance Company

POLICY NUMBER

6400005602

EFFECTIVE DATE

EXPIRATION DATE

11/01/17

11/01/18

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR
2018

MAKE/MODEL
DODGE Command

VEHICLE IDENTIFICATION NUMBER
1C6RR7FT6JS130689

3-49

AGENCY/COMPANY ISSUING CARD

ISU Insurance Services
Jennifer L. Kime
800 Pacific Street
Placerville, CA 95667

INSURED

┌

Diamond Springs -El Dorado FPD
501 Main Street
Diamond Springs, CA 95619

└

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS

Allied World Assurance Company

POLICY NUMBER

400005602

EFFECTIVE DATE

EXPIRATION DATE

11/01/17

11/01/18

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2017

DODGE COMMAND

3C6UR5FJ1HG737971

AGENCY/COMPANY ISSUING CARD

ISU Insurance Services

Jennifer L. Kime

800 Pacific Street

Placerville, CA 95667

INSURED

┌

Diamond Springs -El Dorado FPD

501 Main Street

Diamond Springs, CA 95619

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1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

5/01

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS
Allied World Assurance Company

POLICY NUMBER

6400005602

EFFECTIVE DATE

11/01/17

EXPIRATION DATE

11/01/18

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR

2015

MAKE/MODEL

KME PUMPER

VEHICLE IDENTIFICATION NUMBER

1K9AF4287FN058929

AGENCY/COMPANY ISSUING CARD

ISU Insurance Services

Jennifer L. Kime

800 Pacific Street

Placerville, CA 95667

INSURED

Diamond Springs -El Dorado FPD

501 Main Street

Diamond Springs, CA 95619

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VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.**
- 2. Name of Insurance Company and policy number for each vehicle involved.**

E-49

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS

Allied World Assurance Company

POLICY NUMBER

3400005602

EFFECTIVE DATE

EXPIRATION DATE

11/01/17**11/01/18**

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR
2006MAKE/MODEL
HME PUMPERVEHICLE IDENTIFICATION NUMBER
44KFT42876WZ20851

AGENCY/COMPANY ISSUING CARD

**ISU Insurance Services
Jennifer L. Kime
800 Pacific Street
Placerville, CA 95667**

INSURED

**Diamond Springs -El Dorado FPD
501 Main Street
Diamond Springs, CA 95619**

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as
soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

E-46

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS
Allied World Assurance Company

POLICY NUMBER

6400005602

EFFECTIVE DATE

EXPIRATION DATE

11/01/17**11/01/18**

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2004**INT'L HM PUMPER****1HTWCADR64J017372**

AGENCY/COMPANY ISSUING CARD

ISU Insurance Services
Jennifer L. Kime
800 Pacific Street
Placerville, CA 95667

INSURED

┌

Diamond Springs -El Dorado FPD
501 Main Street
Diamond Springs, CA 95619

└

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as
soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

E-246

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS

Allied World Assurance Company

POLICY NUMBER

400005602

EFFECTIVE DATE

EXPIRATION DATE

11/01/17

11/01/18

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR
2004MAKE/MODEL
INT'L HM PUMPERVEHICLE IDENTIFICATION NUMBER
1HTWCADRX4J014331

AGENCY/COMPANY ISSUING CARD

ISU Insurance Services

Jennifer L. Kime

800 Pacific Street

Placerville, CA 95667

INSURED

⌈
Diamond Springs -El Dorado FPD
501 Main Street
Diamond Springs, CA 95619
⌋

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as
soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

E-249

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS
Allied World Assurance Company

POLICY NUMBER

J400005602

EFFECTIVE DATE EXPIRATION DATE

11/01/17 11/01/18

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR MAKE/MODEL

2002 HME RESCUE H

VEHICLE IDENTIFICATION NUMBER
44KFT42852WZ20017

AGENCY/COMPANY ISSUING CARD

**ISU Insurance Services
Jennifer L. Kime
800 Pacific Street
Placerville, CA 95667**

INSURED

**Diamond Springs -El Dorado FPD
501 Main Street
Diamond Springs, CA 95619**

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

R-49

ORIGINAL - PAYEE'S COPY
COUNTY OF EL DORADO

NO 042680

Date 10/12/18

Received from Diamond Springs FPD

Three Hundred Ninety Seven ⁰⁰/₁₀₀ Dollars \$ 397.00

For ALS Non-transport Agreement

Cash

By P Perillo

Check 1734

Department EMS Agency

FORM # AU-002

RECEIVED

OCT 04 2018

EMERGENCY MEDICAL
SERVICES AGENCY

APPLICATION & AGREEMENT
Advanced Life Support Non-Transporting Unit
Advanced Life Support Assessment Unit

THIS AGREEMENT for Advanced Life Support (ALS) Non-Transporting Unit and/or ALS Assessment Unit is made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and El Dorado County Fire Protection District (hereinafter referred to as "Fire District");

RECITALS

WHEREAS, the County directly provides ambulance services through a Public Utility Model (PUM) Emergency Medical Services (EMS) system; and

WHEREAS, Fire District desires to provide ALS Non-Transporting Unit or ALS Assessment Unit services; therefore, Fire District makes this application for authorization to provide such services in accordance with the conditions set forth in this Agreement; and

WHEREAS, in accordance with California Health and Safety Code Section 1797.227, the County has contracted for an electronic Prehospital Care Report (ePCR) software and database, which provides the capability to utilize tablets, computers, and other devices to collect and transmit ePCR data; and

WHEREAS, in February 2017, the California Emergency Medical Services Authority awarded the County grant funding opportunity number C16-041 for the purchase of Electronic Mobile Devices as part of the Data Quality Improvement Program to collect and transmit patient care data to the County consistent with Health and Safety Code 1797.227 with subsequent transmission to the California Emergency Medical Services information System (CEMSIS) database; and

WHEREAS, to facilitate wireless connectivity between the Emergency Medical Technician (EMT) and EMT-Paramedic staff with the ePCR database, the County has purchased tablets in sufficient quantity to provide for ALS Non-Transporting Units and ALS Assessment Units to have a dedicated ePCR tablet, based on availability; and

WHEREAS, Fire District agrees that in exchange for the initial purchase of said tablets, Fire District will maintain, accessorize, update, repair, and replace each tablet and associated components on an as needed basis at the Fire District's sole cost and expense; and

Whereas, in accordance with County Emergency Medical Services Agency policy, Fire District shall submit annual certifications that each ALS Non-Transporting Unit or ALS Assessment Unit complies with the County's minimum equipment requirements; and

WHEREAS, it is the intent of the parties hereto that such services be in conformity with County of El Dorado Code of Ordinances, Chapter 8.74 County Emergency Medical Service and Medical Transportation (hereinafter referred to as the "Ambulance Ordinance") as well as all federal, State and local laws, statutes, ordinances, regulations, policies, procedures and protocols applicable to the emergency medical services that are provided pursuant to this Agreement.

NOW, THEREFORE, County and Fire District mutually agree that the Recitals are incorporated herein and further mutually agree as follows:

I. All activities and services resulting from and provided pursuant to this application and Agreement shall be provided in Fire District's capacity as an independent fire district and in accordance with the County of El Dorado Ambulance Ordinance, available for reference at :

https://www.edcgov.us/Government/EMS/Pages/ambulance_ordinance.aspx. In the event there is any discrepancy between this Agreement and the Ambulance Ordinance, the provisions in the Ambulance Ordinance control. Fire District warrants and represents that it has read and is fully aware of and knowledgeable of all applicable provisions in the Ambulance Ordinance that relate to and govern services provided pursuant to this Agreement.

II. This application and Agreement pertain only to the provision of ALS Non-Transporting Unit and ALS Assessment Unit services.

III. Fire District shall at all times meet the requirements set forth by the California Highway Patrol (CHP); the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority; the California Code of Regulations; the County Emergency Medical Service and Medical Transportation Ordinance; the Policies, Procedures and Field Treatment Protocols established by the medical control within the Fire District's local jurisdiction; and any and all other applicable statute, ordinance, and resolution regulating prehospital Advanced Life Support services provided under this Agreement, including but not by way of limitation, personnel, vehicles, equipment, services, and supplies. In the event of any conflicting statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.

IV. Fire District is applying for the following permits:
Advanced Life Support Non-Transporting Unit
Advanced Life Support Assessment Unit

V. Change in Circumstances: Fire District shall notify the Permit officer if any information in this application changes during the pendency of the application, and shall provide, within five (5) days of that notification, updated information.

VI. Changes to Operations: The Fire District shall notify the County about changes to business location and phone numbers, hours of operations, service charges and rates, insurance coverage, changes to the Fire District, registered owner, partner, officer, director, controlling shareholder, or any other substantive change to this application on file, within fifteen (15) days of such changes.

VII. *In accordance with Ambulance Ordinance 8.74.080, Fire District shall document herein below the names and addresses of the Fire District, officers, and directors.

APPLICATION FOR ALS NON-TRANSPORT UNIT OR ALS ASSESSMENT UNIT PROVIDER PERMIT

Name under which Fire District proposes to engage in business:

El Dorado County Fire Protection District

Physical Address:	4040 Carson Rd
Mailing Address (if different):	PO Box 807
Telephone Number (Office):	(530) 644-9630
Telephone Number (Cell):	
If Corporation: Name of Corporation:	
State of Incorporation:	
Date of Incorporation: (Use format MM/DD/YYYY)	

Name of Corporate Officers / Board of Directors*	Title	Address
Dennis Thomas	Board Chair	2800 Miller Way, Placerville, CA
Mark Brunton	Board Vice-Chair	3501 Walnut Hill Dr. Cool, CA
Bill Draper	Board Member	4645 Meadowlark Way, Placerville, CA
Ken Harper	Board Member	3510 Gold Ridge Trail, Pollock Pines, CA
Tara Mason	Board Member	3481 Pleasant View Lane, Shingle Springs, CA
Agent for Service of Process:		
Michael Hardy	Fire Chief	3132 Collingswood Dr, El Dorado Hills, CA

VIII. The following required Statements are attached hereto and incorporated herein by reference:

Required Statement	Check if attached
1. A written statement identifying the type and level of service proposed.	<input checked="" type="checkbox"/>
2. A written statement specifying whether the Fire District has provided any EMS services outside the County, and if so, under what name, what type of service, where, and for how long.	<input checked="" type="checkbox"/>
3. If Fire District is required to be licensed and permitted by the California Highway Patrol , they shall hold a valid license and permit prior to submitting the application. Please provide:	
a. A copy of a current CHP Authorized Emergency Vehicle Permit for each emergency vehicle, if required by the CHP.	<input checked="" type="checkbox"/>
4. A copy of a current El Dorado County Business License and a copy of the business license for each city in which the Fire District is doing business.	<input checked="" type="checkbox"/>
5. A written statement of the legal history of the Fire District inclusive of all criminal and civil convictions, suspensions, or termination of EMS contracts and/or permits. The statement shall be accompanied by a completed application for a criminal record check.	<input checked="" type="checkbox"/>
6. A written statement that the Fire District will abide, where applicable, by regulations of the California Vehicle Code and the California Code of Regulations, Title 13, Motor Vehicles.	<input checked="" type="checkbox"/>
7. A written statement specifying the education, training, and experience of the Fire District in the care of patients.	<input checked="" type="checkbox"/>
8. A written statement that the Fire District understands and will comply with the County's EMS Agency's policies and procedures for staffing, equipment, and supply specifications and requirements, including automated external defibrillators (AEDs).	<input checked="" type="checkbox"/>
9. A detailed description of the Fire District's training and orientation programs for all EMS personnel, inclusive of EMTs and EMT-Ps, drivers, and maintenance staff.	<input checked="" type="checkbox"/>
10. A detailed description of the radio equipment including vehicle radios as well as cellular phones in use.	<input checked="" type="checkbox"/>
11. A detailed statement demonstrating that the Fire District owns or controls, in good mechanical condition, the required equipment to consistently provide the type of EMS service for which the Fire District is applying, and that Fire District owns or controls a suitable facility(ies) from which contracted or permitted services will be operated, and the address(es) and hours of operation for each facility listed.	<input checked="" type="checkbox"/>

Required Statement	Check if attached
12. A detailed description of the number of ALS Non-Transporting Unit and/or ALS Assessment Unit vehicles in use and for each: the make and model, year, vehicle identification number, State vehicle license number and proof of current Department of Motor Vehicles registration.,	<input checked="" type="checkbox"/>
13. Evidence of Insurance meeting the requirements of the County, as noted in Section XVII.	<input checked="" type="checkbox"/>
14. A written statement, signed by the Fire Chief, certifying that: 1) the Fire District understands and will comply with the County's EMS vehicle inspection process and policies, including County EMS Policy titled "ALS Unit Minimum Equipment Inventories for ALS Non-Transport and Assessment Units," 2) each ALS Non-Transporting Unit or ALS Assessment Unit that is permitted under this permit is currently in compliance with such policies and, 3) Fire District will submit to the County EMSA an annual certification letter for each ALS Non-transporting Unit or ALS Assessment Unit certifying that such unit has been inspected by the Fire District and that such unit is in full compliance with the inspection policies and minimum equipment inventories. Each annual certification must be signed by the Chief of the Fire District, and submitted within five (5) days of each anniversary of this permit agreement. Any units added to the fleet after issuance of the permit will require an initial certification by the Fire Chief within five (5) days of the unit starting service and subsequent annual certifications shall occur on the same date as the existing fleet annual certifications.	<input checked="" type="checkbox"/>
15. A detailed description of the Fire District's program for maintenance for vehicles and equipment.	<input checked="" type="checkbox"/>
16. A quality assurance plan that meets EMS policies for the specific level of service in accordance with California Code of Regulations Title 22, Chapter 12.	<input checked="" type="checkbox"/>
17. A detailed list of all EMS personnel, inclusive of EMT's, EMT-P/s, with each person's license and certification information, license number and expiration date.	<input checked="" type="checkbox"/>
18. A written statement that the Fire District shall only employ personnel who comply with the requirements of the California Code of Regulations, Title 22; Health and Safety Code, Division 2.5 Statutes, Section 1797 et seq., County's Ambulance Ordinance, and County's Emergency Medical Services Agency Policy and Procedure Manual.	<input checked="" type="checkbox"/>
19. A staffing or deployment plan that describes the Fire District's method of operation within the County.	<input checked="" type="checkbox"/>
20. The application fee as set by the County (available at https://www.edcgov.us/Government/EMS/Pages/ambulance_ordinance.aspx under "EMS Fees"), payable by cash, money order, or cashier's check made payable to County of El Dorado Emergency Medical Services Agency, or by credit card.	<input checked="" type="checkbox"/>

Required Statement	Check if attached
21. A written statement that the Fire District will participate in the County's disaster response plan.	<input checked="" type="checkbox"/>
22. Any other information that the County deems necessary for determination of compliance with the Ambulance Ordinance.	<input type="checkbox"/>

Fire District warrants and represents that the information in the application and Statements above, are true and correct.

- IX. **Services:** Fire District is authorized to provide ALS Non-Transporting Unit and/or ALS Assessment Unit services subject to and in accordance with the conditions set forth in this Agreement. Fire District is prohibited from subcontracting, delegating or assigning any services authorized pursuant to this Agreement, in whole or in part, to any other person or entity.
- X. **Term:** This Agreement shall become effective upon final execution by both parties hereto and shall expire three (3) years from the date thereof.
- XI. **Changes to Agreement:** This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the parties hereto.
- XII. **ePCR Requirements:** County may purchase an initial supply of ePCR mobile tablets for ALS Non-Transporting/Assessment Units, to be distributed based on availability.
 - A. ePCR mobile tablets shall remain property of the State of California and may not be transferred for use by another entity or another department of a local government or disposed of without written approval of California State Emergency Medical Services Authority (EMSA). A detailed description of the provided ePCR equipment will be maintained and updated routinely during the annual County property inventory.
 - B. Fire District shall provide tablet maintenance and repair, as well as operating system updates for each tablet. Fire District will be solely responsible for the purchase and replacement of all accessories to the tablet(s) including, but not limited to: batteries, plugs, power cords, protective cases, and screen protectors. In the event a tablet needs to be replaced, Fire District shall, at its sole cost and expense, purchase the replacement tablet in an updated make and model capable of performing in accordance with the ePCR platform system requirements. Fire District shall ensure that a sufficient number of mobile ePCR tablets are available for replacement in the event of a breakdown, maintenance, and disaster operations.
 - C. After ePCR implementation, Fire District shall utilize an ePCR meeting the standards and specifications of the EMS Agency Medical Director. The ePCR is required to be completed for all patients for whom care is rendered at the scene, regardless of whether the patient is transported.
 - i. To ensure that the County and EMS Agency Medical Director can conduct system-wide quality improvement activities, Fire District is required to provide County with electronic copies of accurately completed patient care forms including but not limited to correct name, address, date of birth, social security number, and signature of the patient or patient representative (or clearly stated reason why patient is unable to sign) and sufficient information to appropriate document medical necessity.

- ii. Properly completed ePCR reports shall be delivered or electronically available to the County within forty-eight (48) hours of the completion of each call.
 - iii. In the event that hardware, software, communications, licensing, or other technical problems temporarily prohibit the real-time capture of ePCR data and information, Fire District shall have an immediately available backup system to manually collect all required information. Upon manual collection of this information, it shall be Fire District's responsibility to enter it into appropriate electronic databases to assure compliance with the reporting requirements and timelines of this agreement.
- D. In the event the ePCR format is not available, Fire District personnel shall utilize the El Dorado County approved Prehospital Care Report form(s) for all emergency and non-emergency responses.
- i. In the case of an ALS first responder where the first responder maintains patient care and rides in the ambulance, a single Prehospital Care Report form may be filled out noting any action the first responder has taken to provide care for the patient, and shall be transferred with the patient.
 - ii. In the case where the first responder does not maintain patient care and ride in the ambulance, the ALS first responder report will be forwarded/faxed within twenty-four (24) hours to the hospital, to be attached to the patient record, to complete the prehospital patient care documentation completed by the paramedic who maintained patient care until delivery to the hospital.
 - iii. In the case of ALS first responder, at the time of transfer of patient care to the transporting paramedic, the first responder shall relay all pertinent information including, but not limited to, patient history, mechanism of injury, medications normally taken, allergies, assessment finding, and treatments already performed.
 - iv. In the case of ALS first responder where the first responder report is not completed prior to the ambulance leaving the scene, the first responder shall complete this report within twenty-four (24) hours and follow the distribution instructions as defined in the El Dorado County EMS documentation policy. If any portion of the incomplete record is passed on to the transporting unit, it shall not be considered an official document.
 - v. Fire District personnel shall perform due diligence to obtain and transmit all required patient care information. If circumstances arise which limit the availability of patient information, billing information, and associated information, the Fire District shall remain responsible to obtain the required information and submit it to the County. Fire District personnel shall adhere to the requirements in the El Dorado County EMS Policy: "EMS Documentation Policies and Procedures."

XIII. **Liability:** Fire District is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services authorized by this Agreement. Fire District exclusively assumes responsibility for any and all acts of its officers, employees, agents, and associates as they relate to services authorized and provided pursuant to this Agreement during the course and scope of their employment.

Fire District shall be solely responsible for performing services authorized by this Agreement in a safe, professional, skillful, and workmanlike manner and shall be liable for its own negligence and negligent acts of its officers, employees, agents and associates. County shall have no right of control over the manner in which services are provided and shall, therefore, not be charged with responsibility of preventing risk to Fire District or its officers, employees, agents and associates.

The parties to this Agreement are not partners or joint ventures and nothing contained herein shall be construed to create a partnership or joint venture between the parties or to constitute any party the agent of the other. Neither party shall hold itself out contrary to the terms of this section nor shall either party become liable by any representation, act, or omission of the other contrary to the provisions herein.

XIV. Default, Termination, and Cancellation:

A. **Default/Violation:** Upon the occurrence of any default or violation of the provisions of this Agreement, the Permit Officer shall give written notice of said default or violation to the Fire District (notice). If the Fire District does not cure the default or violation within ten (10) days of the date of notice (time to cure), then the Fire District shall be in default. Upon failure to cure the default or violation within the specified time to cure, the Permit Officer may, in their sole discretion extend the time to cure, or suspend, revoke or terminate the Fire District's permit in accordance with the paragraph "Suspension, Revocation and/or Termination" herein below.

Any extension of time to cure must be in writing, prepared by the Fire District for signature by the Permit Officer and must specify the reason(s) for the extension and the date on which the extension of time to cure expires.

Notice given under this section shall specify the alleged default or violation, and the applicable Agreement provision or cite the appropriate section of the Ambulance Ordinance, and shall demand that the Fire District perform the provisions of this Agreement within the applicable period of time.

B. **Termination or Cancellation without Cause:** Either party may terminate this Agreement in whole or in part upon seven (7) calendar days written notice without cause. Upon receipt of a Notice of Termination, Fire District shall promptly discontinue all services affected, as of the effective date of termination set forth in such Notice of Termination, unless the notice directs otherwise.

C. **Enforcement:** In accordance with Ambulance Ordinance Section 8.74.140, Enforcement, the County shall have the following rights and remedies.

1. *Inspections and investigations.*

- a. The County shall have the right to inspect and audit records, facilities, equipment, supplies, personnel, and methods of operation of a Fire District whenever the County deems such inspection necessary.
- b. The Fire District shall cooperate with County in any investigations of possible violations and shall make all dispatch logs and similar dispatch records including tape recordings available for inspection and copying at reasonable times at the Fire District's regular place of business. All tape recordings shall remain available for a minimum of sixty (60) days from the date the recording was made.
- c. The Fire District shall allow County to inspect, on a pre-announced or unannounced basis, all ALS Non-Transporting/Assessment vehicles used by the Fire District within the County. The purpose of such inspection is to determine if the vehicle and its equipment and supplies are in good working order, properly maintained and equipped for the provision of the emergency medical services for which it is permitted. The inspection for vehicles will be for all equipment identified in the County's Emergency Medical Services Agency Policy and Procedure Manual which has not been inspected by the CHP. The Fire District shall inform the County of any suspension and/or revocation of their CHP vehicle certificate or permit for emergency vehicles used within the County.

2. *Consumer complaints:* Any person alleging that a Fire District has provided unsatisfactory or inappropriate emergency medical services as defined herein this Agreement may file a written complaint with the Permit Officer setting forth such allegations. The Permit Officer shall notify the Fire District in writing of the receipt of the complaint. The Permit Officer shall investigate the complaint to determine whether the Fire District has committed any improper act or failed to satisfactorily perform any duty specified herein. Fire District may provide a written response to the Permit Officer in writing within ten (10) business days from the receipt of that notification. If the Permit Officer determines that the Fire District has committed a violation, the Permit Officer shall take timely and reasonable actions to secure compliance with the requirements herein. If the Permit Officer is unable to secure compliance, the Permit Officer will initiate action to suspend, revoke, or terminate the contract or permit.
3. *Suspension, revocation and/or termination:*
 - a. Following the procedures specified in the Article titled "Default Termination, and Cancellation" paragraph "Default/Violation" herein, the County may suspend or revoke a permit or contract for:
 - i. Violating any provision of the contract or permit;
 - ii. Violating any provisions of this chapter or violating any provisions of statute, regulations or other laws relating to emergency medical services;
 - iii. Changing the operational or financial capabilities of the Fire District or contractor in such a manner that had that change been known at the time of the application, the application could have been denied;
 - iv. Failing to pay any fine issued pursuant to this section within ten business days.
 - b. The County may suspend, revoke, or terminate this Agreement and Permit as specified herein above.
 - c. Suspension is not a condition precedent to revocation.
4. *Penalties:* The County may impose fines for noncompliance infractions. Infractions of a contract or permit are punishable by a fine not exceeding: \$100.00 for a first violation; \$200.00 for a second violation of the same infraction within one year; and \$500.00 for each additional violation of the same infraction within one year.
5. *Appeals:* Requests to challenge the decision to terminate this Agreement and Permit may be appealed in writing to the Emergency Medical Services Agency Administrator within fifteen (15) business days from the date of the mailed notice of suspension, revocation, or termination. The appeal shall be signed by an authorized representative of appellant and shall set forth all relevant facts and law in support of the appeal. If the Fire District disagrees with the decision of the EMS Agency Administrator, the Fire District may appeal in writing to the Health and Human Services Agency Director within seven (7) calendar days of receipt of the EMS Agency Administrator's decision. The decision of the Health and Human Services Agency Director is final, unless otherwise provided by law.

In any case where the Health and Human Services Director determines to uphold the decision to suspend or revoke a permit, the Director shall prepare a written notice of suspension or revocation which includes a statement of the proposed action, a concise explanation of the reasons and basis for the proposed action and an explanation of the Fire District's right to appeal to the Board of Supervisors. Within five business days of the mailing of the Director's notice, the Fire District may file an application for appeal to be held in accordance with the procedures set forth in El Dorado County Ordinance Chapter 2.09.

6. *Exception to hearing procedure:* When, in the opinion of the Health and Human Services Director, there is a clear and imminent threat to the safety and protection of the public, the Health and Human Services Director may suspend a permit without following the procedure set forth in Ambulance Ordinance Section 8.74.080 D. A written notice of decision and the basis relied upon for such action shall be provided to the Fire District. The Fire District may file an application for appeal to the Board of Supervisors in accordance with the procedures set forth in El Dorado County Ordinance Chapter 2.09.
7. *Notification:* When a permit is suspended or revoked or a contract terminated, the Permit Officer shall notify all public safety agencies, hospitals and other interested parties in the County of this fact, specifying the name of the Fire District and the action taken.

XV. **Indemnity:** To the fullest extent of the law, the Fire District shall defend, indemnify, and hold the County, its Board of Supervisors, agents, officers and employees harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorney's fees and costs incurred, brought for, or on account of, personal injury, sickness, disease, injuries to or death of any person, including but not limited to workers, County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Fire District's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the County, the Fire District, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the County, its officers and employees, or as expressly prescribed by statute. This duty of Fire District to indemnify and save County harmless includes the duties to defend set forth in California Civil Code Section 2778.

In the event of any suspension, revocation or termination of this Agreement, any and all obligations of Fire District to defend, indemnify and/or hold harmless County, its Board of Supervisors, agents, officers and employees, including but not limited to this indemnification provision, shall survive such suspension, revocation and/or termination.

XVI. **Insurance:** Fire District shall maintain at its sole cost and expense, and keep in force during the term of this agreement, the following insurance coverages:

- A. Workers' Compensation Insurance with statutory limits, as required by the laws of any and all states in which Contractor's employees are located and; Employer's Liability insurance on an "occurrence" basis with a limit of not less than \$1,000,000.
- B. Commercial General Liability Insurance at least as broad as CG 00 01, covering premises and operations and including but not limited to, owners and contractors protective, product and completed operations, personal and advertising injury and contractual liability coverage with a minimum per occurrence limit of \$3,000,000 covering bodily injury and property damage; General Aggregate limit of \$5,000,000; Products and Completed Operations Aggregate limit of \$2,000,000 and Personal & Advertising Injury limit of \$2,000,000, written on an occurrence form. If Fire District's general liability limits fail to meet the limits required above Fire District may carry excess or umbrella liability insurance providing excess coverage at least as broad as the underlying coverage for general liability with a limit equal to or above the amount stated above on a per occurrence and aggregate basis.
- C. Automobile Liability Insurance at least as broad as CA 00 01 with Code 1 (any auto, including ambulances, fire engines and other emergency services mobile equipment. Inland Marine insurance specific to emergency mobile equipment will be acceptable to meet this requirement together with the automobile liability insurance), covering use of all owned, non-

owned, and hired automobiles with a minimum combined single limit of \$1,000,000 per occurrence for bodily injury and property damage liability.

- D. Professional Liability Insurance covering liability imposed by law or contract arising out of an error, omission or negligent act in the performance, or lack thereof, of professional services and any physical property damage, bodily injury or death resulting there from, with a limit of not less than \$6,000,000 per claim and in the aggregate. The insurance shall include a vicarious liability endorsement to indemnify, defend, and hold harmless El Dorado County for claims arising out of covered professional services and shall have an extended reporting period of not less than two years. That policy retroactive date coincides with or precedes Fire District's start of work (including subsequent policies purchased as renewals or replacements).
- E. If the policy is terminated for any reason during the term of this Agreement, Fire District shall either purchase a replacement policy with a retroactive date coinciding with or preceding the retroactive date of the terminating policy, or shall purchase an extended reporting provision of at least two (2) years to report claims arising from work performed in connection with this Agreement and a replacement policy with a retroactive date coinciding with or preceding the expiration date of the terminating policy.
- F. If this Agreement is terminated or not renewed, Fire District shall maintain the policy in effect on the date of termination or non-renewal for a period of not less than two years there from. If that policy is terminated for any reason during the two (2) year period, Fire District shall purchase an extended reporting provision at least covering the balance of the two (2) year period to report claims arising from work performed in connection with this Agreement or a replacement policy with a retroactive date coinciding with or preceding the retroactive date of the terminating policy.
- G. All policies of insurance shall provide for the following:
 - i. Name El Dorado County, members of the Board of Supervisors of El Dorado County, its officers, agents and employees, as additional insureds except with respect to Workers' Compensation and Professional Liability.
 - ii. Be primary and non-contributory with respect to all obligations assumed by Fire District pursuant to this Agreement or any other services provided. Any insurance carried by El Dorado County shall not contribute to, or be excess of insurance maintained by Fire District, nor in any way provide benefit to Fire District, its affiliates, officers, directors, employees, subsidiaries, parent company, if any, or agents.
- H. Be issued by insurance carriers with a rating of not less than A VII, as rated in the most currently available "Best's Insurance Guide."
- I. Include a severability of interest clause and cross-liability coverage where El Dorado County is an additional insured.
- J. Provide a waiver of subrogation in favor of El Dorado County, members of the Board of Supervisors of El Dorado County, its officers, agents and employees.
- K. Provide defense in addition to limits of liability.
- L. Upon execution of this Agreement and each extension of the Term thereafter, Fire District shall cause its insurers to issue certificates of insurance evidencing that the coverages and policy endorsements required under this Agreement are maintained in force and that not less than 30 days written notice shall be given to El Dorado County prior to any material modification, cancellation, or non-renewal of the policies. Certificates shall expressly confirm at least the following: (i) El Dorado County's additional insured status on the general liability, and auto liability policies; (ii) and the waiver of subrogation applicable to the workers' compensation and professional liability policies. Fire District shall also furnish El Dorado County with endorsements effecting coverage required by this insurance requirements clause. The endorsements are to be signed by a person authorized by the Insurer to bind coverage on its behalf. The certificate of insurance and all required

- endorsements shall be delivered to El Dorado County's address as set forth in the Notices provision of this Agreement.
- M. All endorsements are to be received and approved by the County of El Dorado before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.
- N. Unless otherwise agreed by the parties, Fire District shall cause all of its Subcontractors to maintain the insurance coverages specified in this Insurance section and name Fire District as an additional insured on all such coverages. Evidence thereof shall be furnished as El Dorado County may reasonably request.
- O. The coverage types and limits required pursuant to this Agreement shall in no way limit the liability of Fire District.
- XVII. **HIPAA:** Fire District acknowledges its obligations under the Health Insurance Portability and Accountability Act (HIPAA) and agrees that it shall comply with all applicable HIPAA requirements and obligations at all times, in accordance the Business Associate Agreement attached hereto as Exhibit A and incorporated by reference herein.
- XVIII. **County Business License:** It is unlawful for any person to furnish supplies or services, or transact any kind of business in the unincorporated territory of El Dorado County without possessing a County business license unless exempt under County Code Section 5.08.070.
- XIX. **Licenses:** Fire District hereby represents and warrants that Fire District, its officers, employees, agents and associates have all the applicable licenses, permits, and certifications that are legally required for Fire District, its officers, employees, agents and associates to practice its profession or provide the services or work authorized under this Agreement in the State of California. Fire District, its officers, employees, agents and associates shall maintain said applicable licenses, permits, or certificates in good standing throughout the term of this Agreement.
- XX. **Administrator:** The County Officer or employee with responsibility for administering this Agreement is Richard W. Todd, M.B.A., Emergency Medical Services Agency Administrator, or successor.
- XXI. **Authorized Signatures:** The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.
- XXII. **Partial Invalidity:** If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will continue in full force and effect without being impaired or invalidated in any way.
- XXIII. **Venue:** Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California.
- XXIV. **No Third Party Beneficiaries:** Nothing in this Agreement is intended, nor will be deemed, to confer rights or remedies upon any person or legal entity not a party to this agreement.
- XXV. **Entire Agreement:** This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties and they incorporate or supersede all prior written or oral Agreements or understandings.

County Authorized Signer:

By: _____ Dated: _____
Health and Human Services Agency Director, or designee

-- FIRE DISTRICT --

By: Michael R. Hudry Dated: Oct 4, 2018
Name:
Title: FIRE CHIEF
"Fire District"
EL DORADO CO FIRE PROTECTION DISTRICT



Government Payment Service
GovPayNet

7102 Lakeview Parkway West Drive
Indianapolis, IN 46268

24 Hour Customer Service #: 888-604-7888

Fees Payment Confirmation

PLC: El Dorado County - Emergency Medical **Date:** 04/10/2018 18:00 EDT
4834 **Services E M S**
 2900 Fair Lane Court
 Placerville, California 95667
 For: Fees

TRANSACTION INFORMATION

Name: Mike Hardy
Street Address: Po Box 807
 Camino, Ca 95709
Telephone Number: (530)919-7700
**Certification/recertification
 And Accreditation :**
Contract Applications And Fees : Contract Application Fee
 - \$397
Ems Programs :
**Medical Marijuana
 Program :**
**Patients Records
 Request:**
Other:

Transaction Reference #: 24119374
Transaction Date/Time: 04/10/2018 18:00 EDT

BILLING INFORMATION

Name: Mike Hardy
Address: Msr
 Msr
City, State Zip: Msr, Al 95709
Phone #: (530)919-7700
Card #: xxxx-xxxx-xxxx-9689

PAYMENT INFORMATION

Approval #: 094061
Payment Amount: \$397.00
Service Fee: \$15.25
Total Amount: \$412.25

The service fee is not refundable.



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

P.O. Box 807/4040 Carson Road / Camino, CA 95709
(530) 644-9630 Fax (530) 644-9636

Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #1

The El Dorado County Fire Protection District proposes to provide and maintain, six (6) Advanced Life Support (Paramedic) Engine companies.



**EL DORADO COUNTY
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Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #2

El Dorado County Fire Protection District has not provided any EMS services outside the County.



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

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Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #3

El Dorado County Fire Protection District fire apparatus are not required to be licensed and permitted by the California Highway Patrol.



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

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Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #4

El Dorado County Fire Protection District is a "Special District", and as such, is not required to obtain a Business License.



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

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(530) 644-9630 Fax (530) 644-9636

Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #5

El Dorado County Fire Protection District has never been involved in any criminal and civil convictions, suspensions, or termination of any EMS contract and/or permits.



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

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Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #6

El Dorado County Fire Protection District will abide, where applicable, by regulations of the California Vehicles Code and the California Code of Regulations, Title 13, Motor Vehicles.



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

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Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #7

El Dorado County Fire Protection District provides four of the eight JPA transporting paramedic units on the West Slope.

El Dorado County Fire has provided at least one ALS Non-Transporting paramedic engine to its constituents for since 1991 and currently provided six ALS engines.

El Dorado County Fire employees, both ALS paramedics and BLS emergency medical technicians, are accredited with El Dorado County EMS and must maintain all associated training and certificates as needed as part of their job description.



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

P.O. Box 807/4040 Carson Road / Camino, CA 95709
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Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #8

El Dorado County Fire Protection District understands and will comply with the County's EMS Agency's policies and procedures for staffing, equipment, and supply specifications and requirements, including automated external defibrillators (AED's).



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

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Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #9

El Dorado County Fire Protection District's training and orientation programs for all EMS personnel begin upon employment. All safety employees are required to hold a California State Firefighter 1 Certificate and are California State Licensed Paramedics or El Dorado County Licensed Emergency Medical Technicians. Each employee is trained in fire and EMS operations, hospital locations, ambulance operations, ePCR and incident reporting requirements. All Paramedics are also trained in 12 lead EKG. All employees serve probationary period where they are trained and tested by Fire Captains, Chief Officers and peers.



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

P.O. Box 807/4040 Carson Road / Camino, CA 95709
(530) 644-9630 Fax (530) 644-9636

Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #10

El Dorado County Fire Protection District Apparatus will be equipped with the following radio/cell equipment.

- One (1) iPad
- One (1) Cell Phone
- One(1) Kenwood Tk-790VHF radio
- Three (3) Bendix King GPH-CMD portable radios



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

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Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #11

El Dorado County Fire Protection District owns and controls, in good mechanical condition, all required equipment to consistently provide ALS EMS service for which we are applying. The EDCFPD owns and controls a total of fourteen Fire Stations, six of which are ALS staffed engines.

- Station 17 – 6430 Pony Express Trail, Pollock Pines, CA 95726
- Station 19 – 4429 Pleasant Valley Rd, Placerville, CA 95667
- Station 25 – 3034 Sacramento Street, Placerville, CA 95667
- Station 28 – 3860 Ponderosa Rd, Shingle Springs, CA 95682
- Station 72 – 7200 ST. Florian Ct., Cool, CA 95613



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

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Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #12

Please find attached, a detailed description of the number of ALS Non-Transporting and/or ALS Assessment Unit vehicles in use and for each: the make and model, year, vehicle identification number, State vehicle license number and proof of current Department of Motor Vehicles registration.

El Dorado County
Fire Protection District

Fleet, Rolling Stock, ALS Engines

CA Lic.#

VIN

Description, Type and Kind

Radio # Year Make Model

ENGINE, Type 1

2M

Radio #	Year	Make	Model	Description, Type and Kind	VIN	CA Lic.#
E219	1999	HME	1871 SFO	Engine, Type 1, 1999, HME 4X4 / Ferrara	44KFT4484XWZ18781	1035690
E72	2002	HME	1871 SFO	Engine, Type 1, 2002, HME / Ferrara	44KFT42842WZ19831	1124421
E21	2002	HME	1871 SFO	Engine, Type 1, 2002, HME / Ferrara	44KFT42822WZ19830	1124423
E17	2007	HME	1871 SFO	Engine, Type 1, 2007, HME / Ferrara	44KFT42867WZ21085	1273216
E25	2016	Pierce	Enforcer	Engine, Type 1, 2016, Pierce	4P1BAAFF2GA016588	1471048
E28	2016	Pierce	Enforcer	Engine, Type 1, 2016, Pierce	4P1BAAFF2GA016589	1471049
E19	2016	Pierce	Enforcer	Engine, Type 1, 2016, Pierce	4P1BAAFF2GA016590	1495300
E26	1999	HME	1871 SFO	Engine, Type 1, 1999, HME / Ferrara	44KFT4289XWZ218780	1035691

ENGINE, Type 3

E328	2008	IH	SFA 4X4 7400	Engine, Type 3, 2008, 4X4, IH / Pierce	1HTWEAZR28J695870	1300132
E272	2015	IH	SFA 4X4 7400	Engine, Type 3, 2015, 4x4, IH/ HME 34D	1HTWEAZR6FH553588	1483274
E317	2015	IH	SFA 4X4 7400	Engine, Type 3, 2015, 4x4, IH/ HME 34D	1HTWEAZR0FH553568	1483275

ENGINE, Type 6

S2174	2016	Ford	F550 4x4	Engine, Type 6, 2016 Ford / E-1	1FD0X5HT5GEB07982	1493423
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8319

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH ISSUED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE NON-OPERATIONAL (PNO) STATUS OF A STORED VEHICLE (\$10). RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR THE FOLLOWING PENALTIES WILL BE DUE:

- * FOR A PERIOD OF 1-10 DAYS LATE, 10% OF THE FEES DUE FOR THAT YEAR.
- * FOR A PERIOD OF 11-30 DAYS LATE, 20% OF THE FEES DUE FOR THAT YEAR.
- * FOR A PERIOD OF 31 DAYS TO 1 YEAR LATE, 60% OF THE FEES DUE FOR THAT YEAR.
- * FOR A PERIOD OF MORE THAN 1 YEAR, UP TO AND INCLUDING 2 YEARS LATE, 80% OF THE FEES DUE FOR THAT YEAR.
- * FOR A PERIOD OF MORE THAN 2 YEARS LATE, 160% OF THE FEES DUE FOR THAT YEAR.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE. WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE'S MAKE, LICENSE, AND IDENTIFICATION NUMBERS.
***** DO NOT DETACH - REGISTERED OWNER INFORMATION *****



REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
HME	1999	1999	MA	31Y	35	1035690
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN WT	VEHICLE ID NUMBER
F'T	D	EY	2	W	24920	44KFT4484XWZ18781
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		
COMMERCIAL	11/18/99	09	11/18/99	4		
PERM EXEMPT						

REGISTERED OWNER
EL DORADO CNTY FIRE
PROTECTION DIST
4040 CARSON RD
PO BX 807
CAMINO
CA 95709

AMOUNT DUE	MISC#: 21	AMOUNT PAID
\$ NONE		\$NFEE
	AMOUNT RECVD	
	CASH :	
	CHCK :	
	CRDT :	

LIENHOLDER
CRESTAR LSG CORP
120 E BALTIMORE ST 23RD FLR
PO BX 79194

BALTIMORE
OH 21202

C01 525 04 000000 0018 CS C01 111899 35 1035690 781

STATE OF CALIFORNIA

CERTIFICATE OF TITLE

52502070104

AUTOMOBILE

PERM EXEMPT

VEHICLE ID NUMBER

44KFT42842WZ19831

YR MODEL

2002 FERRA

MAKE

PLATE NUMBER

1124421

BODY TYPE MODEL

FT

AX

UNLADEN WEIGHT

FUEL

D

TRANSFER DATE

FEES PAID

NONE

REGISTRATION EXPIRATION DATE

12/31/2099

YR 1ST SOLD

2002 MA

CLASS

YR

MO HU

EQUIPMT/TRUST NUMBER

ISSUE DATE

07/11/02

MOTORCYCLE ENGINE NUMBER

ODOMETER DATE

05/15/2002

ODOMETER READING

4221 MI

ACTUAL MILEAGE

REGISTERED OWNER(S)

EL DORADO CNTY FIRE PROT

DIST

4040 CARSON RD

PO BX 807

CAMINO CA 95709

I certify under penalty of perjury under the laws of the State of California, that THE SIGNATURE(S) BELOW RELEASES INTEREST IN THE VEHICLE.

1a. DATE X

SIGNATURE OF REGISTERED OWNER

1b. DATE X

SIGNATURE OF REGISTERED OWNER

Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

The odometer now reads [] [] [] [] [] [] [] [] (no tenths), miles and to the best of my knowledge reflects the actual mileage unless one of the following statements is checked.

WARNING [] Odometer reading is not the actual mileage. [] Mileage exceeds the odometer mechanical limits.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	TRANSFEROR/SELLER SIGNATURE(S)	DATE	TRANSFeree/BUYER SIGNATURE(S)
	X		X
PRINTED NAME OF AGENT SIGNING FOR A COMPANY		PRINTED NAME OF AGENT SIGNING FOR A COMPANY	

IMPORTANT READ CAREFULLY

Any change of Lienholder (holder of security interest) must be reported to the Department of Motor Vehicles within 10 days.

LIENHOLDER(S)

SUN TRUST
PO BX 79194
BALTIMORE
MD 21279

2. X
Signature releases interest in vehicle. (Company names must be countersigned)
Release Date _____

CA63463649

026748

REG. 17.30 (REV. 2/98)

KEEP IN A SAFE PLACE - VOID IF ALTERED

372

STATE OF CALIFORNIA

4001048 001

52502092704

CERTIFICATE OF TITLE

AUTOMOBILE

PERM EXEMPT

VEHICLE ID NUMBER

44KFT42822WZ19830

YR MODEL MAKE
2002 HME

PLATE NUMBER

1124423

BODY TYPE MODEL

FT

UNLADEN AX WEIGHT

FUEL TRANSFER DATE

FEES PAID

\$15318

REGISTRATION EXPIRATION DATE

12/31/2099

YR 1ST SOLD CLASS
2002 MA

EQUIPMT/TRUST NUMBER

ISSUE DATE

10/09/02

MOTORCYCLE ENGINE NUMBER

ODOMETER DATE

07/10/2002

ODOMETER READING

3514 MI

ACTUAL MILEAGE

REGISTERED OWNER(S)

EL DORADO CNTY FIRE PROTECTION DIST
4040 CARSON RD
PO BX 807
CAMINO CA 95709

I certify under penalty of perjury under the laws of the State of California, that THE SIGNATURE(S) BELOW RELEASES INTEREST IN THE VEHICLE.

1a. DATE X

SIGNATURE OF REGISTERED OWNER

1b. DATE X

SIGNATURE OF REGISTERED OWNER

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	TRANSFEROR/SELLER SIGNATURE(S)	DATE	TRANSFeree/BUYER SIGNATURE(S)
	X		X
PRINTED NAME OF AGENT SIGNING FOR A COMPANY		PRINTED NAME OF AGENT SIGNING FOR A COMPANY	

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LIENHOLDER(S)

SUN TRUST
PO BX 79194
BALTIMORE
MD 21279

2. X
Signature releases interest in vehicle. (Company names must be countersigned)
Release Date

CA 66005078

027063

REV. 17.30 (REV.2/02)

KEEP IN A SAFE PLACE - VOID IF ALTERED

123

E17

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

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***** DO NOT DETACH - REGISTERED OWNER INFORMATION *****



REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER	
HME	2007	0000	MA	2008	31Y	34	1273216	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER		
FT	G	PS	2	X	43540	44KFT42867WZ21085		
TYPE VEHICLE USE	DATE ISSUED		CC/ALCO	DT FEE RECVD	PIC			
COMMERCIAL	05/09/08		09	05/09/08	5			
PERM EXEMPT								
REGISTERED OWNER						AMOUNT PAID		
EL DODRAO COUNTY FIRE						\$NFEE		
PROTECTION DIST						AMOUNT DUE		
4040 CARSON RD						\$ NONE		
PO BX 807						AMOUNT RECVD		
CAMINO						CASH :		
CA	95709						CHCK :	
							CRDT :	

LIENHOLDER

E25



A Public Service Agency

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A Public Service Agency



REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
PIRC	2016	2016	MA	31Y	35	1471048
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
FT	D	XT	2	X	45000	4P1BAAFF2GA016588
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		
COMMERCIAL PERM EXEMPT	06/29/16	09	06/29/16	5		

E-25

REGISTERED OWNER
 EL DORADO COUNTY FIRE
 PROTECTION DISTRICT
 4040 CARSON RD

 CAMINO
 CA 95709

AMOUNT PAID \$NFEE

AMOUNT DUE \$ NONE
 AMOUNT RECVD
 CASH :
 CHCK :
 CRDT :



LIENHOLDER

828



A Public Service Agency

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A Public Service Agency



REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
PIRC	2016	2016	MA	31Y	35	1471049
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
FT	D	XT	2	X	45000	4P1BAAFF4GA016589
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		
COMMERCIAL	06/29/16	09	06/29/16	5		
PERM EXEMPT						

E-28

REGISTERED OWNER
 EL DORADO COUNTY FIRE
 PROTECTION DISTRICT
 4040 CARSON RD

 CAMINO
 CA 95709

AMOUNT PAID \$NFEE

AMOUNT DUE	AMOUNT RECVD
\$ NONE	CASH :
	CHCK :
	CRDT :



LIENHOLDER

E19



A Public Service Agency

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A Public Service Agency



REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
PIRC	2016	2016	MA	31Y	35	1495300
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
FT	D	XT	2	X	45000	4P1BAAFF0GA016590
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		
COMMERCIAL	06/29/16	09	06/29/16	5		
PERM EXEMPT						

E-19

REGISTERED OWNER

EL DORADO COUNTY FIRE PROTECTION DISTRICT
4040 CARSON RD

CAMINO CA 95709

LIENHOLDER

AMOUNT PAID \$NFEE

AMOUNT DUE	AMOUNT RECVD
\$ NONE	CASH :
	CHCK :
	CRDT :



'A00 V90 HK 0000000 0007 CS A00 062916 35 1495300 590

E26

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- * FOR A PERIOD OF 1-10 DAYS LATE, 10% OF THE FEES DUE FOR THAT YEAR.
- * FOR A PERIOD OF 11-30 DAYS LATE, 20% OF THE FEES DUE FOR THAT YEAR.
- * FOR A PERIOD OF 31 DAYS TO 1 YEAR LATE, 60% OF THE FEES DUE FOR THAT YEAR.
- * FOR A PERIOD OF MORE THAN 1 YEAR, UP TO AND INCLUDING 2 YEARS LATE, 80% OF THE FEES DUE FOR THAT YEAR.
- * FOR A PERIOD OF MORE THAN 2 YEARS LATE, 160% OF THE FEES DUE FOR THAT YEAR.

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***** DO NOT DETACH - REGISTERED OWNER INFORMATION *****



E26

E26

REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
HME	1999	1999	MA	31Y	35	1035691
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN WT	VEHICLE ID NUMBER
FT	D	EY	2	W	21440	44KFT4289XWZ18780
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		
COMMERCIAL	11/18/99	09	11/18/99	4		
PERM EXEMPT						

REGISTERED OWNER

EL DORADO CNTY FIRE PROTECTION DIST
4040 CARSON RD
PO BX 807
CAMINO
CA 95709

AMOUNT DUE
\$ NONE

AMOUNT RECVD
CASH :
CHCK :
CRDT :

AMOUNT PAID
\$NFEE

LIENHOLDER

CRESTAR LSG CORP
120 E BALTIMORE ST 23RD FLR
PO BX 79194

BALTIMORE
OH 21279

C01 525 09 000000 0001 CS C01 111899 35 1035691 780

8308



A Public Service Agency

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

***** DO NOT DETACH - REGISTERED OWNER INFORMATION *****



A Public Service Agency

REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

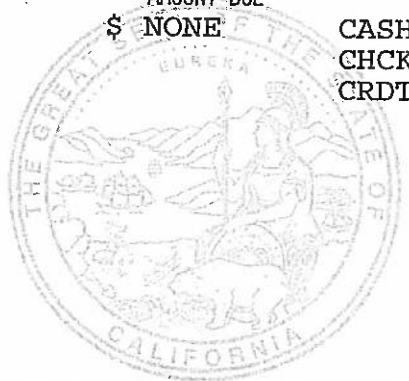
MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
INTL	2008	2009	MA	31Y	34	1300132
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
F'T	D	QW	2	X	35000	1HTWEAZR28J695870
TYPE VEHICLE USE	DATE ISSUED		CC/ALCO	DT FEE RECVD	PIC	
COMMERCIAL	09/01/09		09	09/01/09	5	
PERM EXEMPT						

REGISTERED OWNER
EL DORADO COUNTY FIRE
PROTECTION DISTRICT
4040 CARSON RD

AMOUNT PAID
\$NFEE

CAMINO
CA 95709

AMOUNT DUE	AMOUNT RECVD
\$ NONE	CASH :
	CHCK :
	CRDT :



LIENHOLDER

E272

049CF07

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***** DO NOT DETACH - REGISTERED OWNER INFORMATION *****



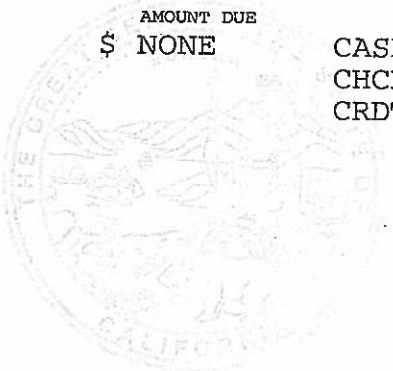
REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
INTL	2015	2015	MA	31Y	35	1483274
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
FT	D	WW	2	W	24350	1HTWEAZR6FH553588
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		
COMMERCIAL	09/30/15	09	09/30/15	5		
PERM EXEMPT						

REGISTERED OWNER
 EL DORADO CNTY FIRE
 PROTECTION DISTRICT
 4040 CARSON RD
 PO BX 807
 CAMINO
 CA 95709

AMOUNT PAID \$NFEE

AMOUNT DUE	AMOUNT RECVD
\$ NONE	CASH :
	CHCK :
	CRDT :



LIENHOLDER

9317
0492608

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***** DO NOT DETACH - REGISTERED OWNER INFORMATION *****



REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
INTL	2015	2015	MA	31Y	35	1483275
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
F'T	D	WW	2	W	24350	1HTWEAZROFH553568
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		
COMMERCIAL	09/30/15	09	09/30/15	5		
PERM EXEMPT						

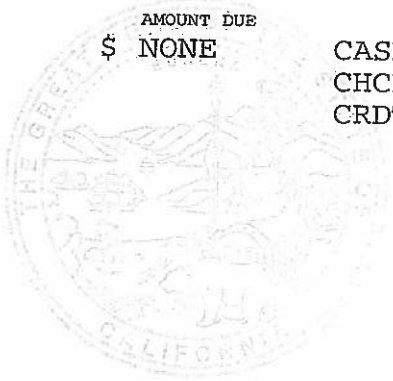
REGISTERED OWNER

EL DORADO CNTY FIRE
PROTECTION DISTRICT
4040 CARSON RD
PO BX 807
CAMINO
CA 95709

AMOUNT PAID
\$NFEE

AMOUNT DUE
\$ NONE

AMOUNT RECVD
CASH :
CHCK :
CRDT :



LIENHOLDER

217

521
112004

STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

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WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

***** DO NOT DETACH - REGISTERED OWNER INFORMATION *****



DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
FORD	2016	2016	LZ	31Y	34	1493423
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
VA	D	XR	2	J	09240	1FD0X5HT5GEB07982
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		
COMMERCIAL	04/26/16	09	04/26/16	5		
PERM EXEMPT						

REGISTERED OWNER
EL DORADO CNTY FIRE DIST
4040 CARSON RD

AMOUNT PAID
\$NFEE

CAMINO
CA 95709

LIENHOLDER

AMOUNT DUE \$ NONE

AMOUNT RECVD

CASH :
CHCK :
CRDT :



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

P.O. Box 807/4040 Carson Road / Camino, CA 95709
(530) 644-9630 Fax (530) 644-9636

Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #13

Please find attached, evidence of Insurance meeting the requirements of the County, as noted in Section XVII.



**INSURANCE PROPOSAL
PREPARED FOR:**

EL DORADO COUNTY FIRE PROTECTION DISTRICT

**PROPOSED
EFFECTIVE DATE:**

11/1/2018

PRESENTED BY:

ISU Insurance Services - Atwood Agency

PROGRAM MANAGER

**www.providentfireplus.com
Allied Community Insurance Services, LLC
CA License Number: 0L01269
National Producer Number: 17536322**

**Provident Agency, Inc.
CA License Number: OF74424
National Producer Number: 2007953**

**(800) 447- 0360
info@providentfireplus.com**

PREMIUM SUMMARY

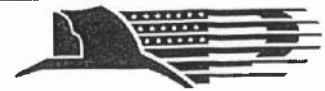
NOTE: This proposal is prepared from information supplied to us on the application submitted by your insurance broker. It may or may not contain all terms requested on the application. Proposed coverages are provided by the FirePlus policy forms and are subject to the terms, exclusions, conditions and limitations of those policy forms. Actual policies should be reviewed for specific details. Specimen policies are available from your insurance broker.

SECTION	COVERAGE		PREMIUM
1	PROPERTY (Including Equipment Breakdown, Portable Equipment & Mobile Equipment)	\$	18,672.00
2	COMMERCIAL CRIME (Including Faithful Performance)	\$	1,722.00
3	COMMERCIAL GENERAL LIABILITY (Including Professional Healthcare Liability)	\$	12,773.00
4	PUBLIC OFFICIALS & MANAGEMENT LIABILITY (Including Wrongful Acts, Employment Practices, Employee Benefits, Privacy & Network Risk)	\$	9,748.00
5	BUSINESS AUTO (Including Primary Member Auto Liability and Physical Damage)	\$	13,685.00
6	COMMERCIAL EXCESS LIABILITY (Including Commercial General Liability, Professional Healthcare Liability, Wrongful Acts, Employment Practices, Employee Benefits, Business Auto, and Employers Liability)	\$	N/A
	Total Annual Premium (excludes state-imposed taxes, surcharges, and fees)	\$	56,600.00
	Terrorism Premium	\$	255.00
	Fully Earned Policy Fee	\$	100.00
	State-Imposed Taxes, Surcharges, & Fees	\$	N/A
	TOTAL AMOUNT DUE*	\$	56,955.00
	*Payment is due in accordance with the producer agreement.		

NOTES: Renewal Terms are subject to receipt of a Signed TRIA at binding.

INSURED: EL DORADO COUNTY FIRE PROTECTION DISTRICT
EFFECTIVE DATE: 11/1/2018

DISCLAIMER: Actual coverage is subject to the language of the policies as issued. Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.



Section 1. PROPERTY - Yes

CARRIER: Allied World Insurance Company or affiliate
A XV (Excellent) A.M. Best Rating

FORM: Proprietary

LIMITS

Total Insured Values: (Real Property & Business Personal Property)	\$12,113,435
Blanket Coverage Extension: A separate blanket limit that applies to the following coverages: Business Income; Extended Business Income; Civil Authority; Extra Expense; Tenant Leasehold Interest; Electronic Data; Preservation of Property	\$2,000,000
Equipment Breakdown:	Included
Blanket Portable Equipment (emergency services):	Included
Blanket Mobile Equipment (<i>scheduled</i>):	\$34,299
Blanket Mobile Equipment (unscheduled, maximum \$10,000 any one item):	\$25,000
Blanket Mobile Equipment (borrowed, rented & leased):	\$50,000
Earthquake & Earthmovement:	\$2,000,000
Flood Zone X (shaded/unshaded):	\$5,000,000
Flood Zone AE:	\$1,000,000

DEDUCTIBLES

\$500 Property Deductible	\$1,000 Flood Zone X (per structure / per premises)
\$500 Equipment Breakdown Deductible	5% Flood Zone AE ¹ (per structure / per premises)
\$250 Blanket Portable Equipment (emergency services)	\$25,000 Flood Zone AE ¹ (per damaged structure)
\$250 Blanket Mobile Equipment	Full Wind/Hail ² (per occurrence)
N/A Earthquake & Earth movement ¹ (\$)	Full Wind/Hail ² (per damaged structure / per occurrence)
5% Earthquake & Earth movement ¹ (%)	

¹The greater of the deductibles will be applied. ²N/A for Wind/Hail deductible means no special deductible applies.

POLICY HIGHLIGHTS:

- ◆ Blanket Coverage Extension, Portable Equipment & Mobile Equipment
- ◆ No Coinsurance Penalty
- ◆ Glass Deductible Waiver
- ◆ Broad Definition of Covered Property

VALUATION:

- ◆ Guaranteed Replacement Cost: Real Property & Business Personal Property (*All Buildings subject to Property Valuation**)
- ◆ Guaranteed Replacement Cost: Portable Equipment (emergency services)
- ◆ Replacement Cost: Commandeered Equipment
- ◆ Actual Loss Sustained: Business Income, Extended Business Income & Extra Expense (24 months)
- ◆ Market Price: Fine Arts

*RC and ACV are available for older and lower valued buildings

INSURED: EL DORADO COUNTY FIRE PROTECTION DISTRICT
EFFECTIVE DATE: 11/1/2018

DISCLAIMER: Actual coverage is subject to the language of the policies as issued. Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.



SPECIAL COVERAGES

New Locations or Newly Constructed Property: Pays up to \$1M for your new real property while being built on or off described premises as well as real property you acquire, lease or operate at locations other than the described premises; and business personal property located at new premises.

Utility Services – Direct Damage, Business Income & Expense: Pays up to \$250,000 for covered property damaged by an interruption in utility service to the described premises. The interruption in utility service must result from direct physical loss or damage by a Covered Cause of Loss and does not apply to loss or damage to electronic data, including destruction or corruption of electronic data. Separate limits apply to Direct Damage and Business Income/Extra Expense.

Pollution Remediation Expenses: Pays up to \$100,000 or \$250,000 for remediation expenses resulting from a Covered Causes of Loss or Specified Cause of Loss occurring during the policy period and reported within 180 days. Covered Causes of Loss means risks of direct physical loss unless the loss is excluded or limited by the Property Coverage Form. Specified Cause of Loss means the following: fire; lightning; explosion; windstorm or hail; smoke; aircraft or vehicles; riot or civil commotion; vandalism; leakage from fire extinguishing equipment; sinkhole collapse; falling objects; weight of snow; ice or sleet; water damage; and equipment breakdown.

Contract Penalties: Pays up to \$100,000 for contract penalties you are required to pay due to your failure to deliver your product according to contract terms solely as a result of direct physical loss or damage by a Covered Cause of Loss to Covered Property.

Property In Transit: Pays up to \$100,000 for direct physical loss or damage to covered property while in transit more than 1,000 feet from the described premises. Shipments by mail must be registered for coverage to apply. Electronic data processing property and fine arts are excluded.

Unintentional Errors: Pays up to \$250,000 for any unintentional error or omission you make in determining or reporting values or in describing the covered property or covered locations.

Tools and Portable Equipment Owned by Your Employees: Pays up to \$5,000 for direct physical loss or damage to tools and portable equipment owned by your employees or volunteers while at any premises or in transit, caused by or resulting from a Covered Cause of Loss provided the loss or damage occurs during the course of your operations.

Portable Equipment and Mobile Equipment: Your portable equipment and mobile equipment include coverage for earth movement (*including earthquake*), water (*including flood*), changes in or extremes of temperatures, and neglect during an emergency condition.

Lock & Key Replacement: Pays up to \$25,000 to reimburse you for lock & key replacement after theft at insured premises. No deductible applies.

Member's Property: Pays up to \$25,000 for member's property (*including computers, all-terrain vehicles, personal watercraft, snowmobiles, golf carts, and miscellaneous tools*) while at described premises or while member is engaged in any work related function. No deductible applies.

Member's Residence – Property Damage: Pays up to \$5,000 for damage to member's residence while responding to an emergency on your behalf. No deductible applies.

Member's Residence – Deductible Reimbursement: Pays up to \$1,000 deductible reimbursement for damage to member's residence while responding to an emergency on your behalf. No deductible applies.

Personal Effects and Property of Others: Pays up to \$5,000 for loss or damage to personal effects owned by your officers, your partners, members, managers or employees; and personal property of others in your care, custody or control.

Sirens and Antennas: Your real property, business income, and extra expense coverages are extended to include sirens, antennas, towers and similar structures located on a described premise.

Foundations: Your real property includes foundations located on a described premise.

INSURED: EL DORADO COUNTY FIRE PROTECTION DISTRICT

EFFECTIVE DATE: 11/1/2018

DISCLAIMER: Actual coverage is subject to the language of the policies as issued. Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.



KEY DEFINITIONS

Pollution Conditions: The discharge, dispersal, release, seepage, migration, or escape of any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals, minerals, chemical elements and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

Remediation Expenses: Expenses incurred for or in connection with the investigation, monitoring, removal, disposal, treatment, or neutralization of pollution conditions to the extent required by: (1) federal, state or local laws, regulations or statutes, or any subsequent amendments thereof enacted to address pollution conditions; and (2) a legally executed state voluntary program governing the cleanup of pollution conditions.

Mobile Equipment: Mobile equipment means machinery or equipment, including accessories and spare parts for machinery or equipment, usual to your business. These items include, but are not limited to: forklifts; tractors; backhoes; draglines; excavators; ATVs; tools; and watercraft less than 50 feet in length.

Portable Equipment: Portable equipment means portable firefighting, ambulance, or rescue related equipment and portable communications equipment commonly used in the fire and rescue operations away from your premises. Portable equipment also includes equipment specific to firefighting and rescue related activities, such as training videos, manuals, and mannequins, and any trailer whose primary purpose is to transport covered portable equipment. But portable equipment does not include vehicles, watercraft, money & securities, and fine arts.

Real Property: The buildings, items or structures described in the Declarations that you own or that you have leased or rented from others in which you have an insurable interest. This includes:

- ✦ Aboveground piping;
- ✦ Additions under construction;
- ✦ Alterations and repairs to the buildings or structures; business personal property owned by you that is used to maintain or service the real property or structure or its premises, including fire-extinguishing equipment; outdoor furniture, floor coverings and appliances used for refrigerating, ventilating, cooking, dishwashing or laundering;
- ✦ Completed additions;
- ✦ Exterior signs, meaning neon, automatic, mechanical, electric or other signs either attached to the outside of a building or structure, or standing free in the open;
- ✦ Fixtures, including outdoor fixtures;
- ✦ Glass which is part of a building or structure;
- ✦ Light standards;
- ✦ Materials, equipment, supplies and temporary structures you own or for which you are responsible, on the premises or in the open (*including property inside vehicles*) within 1,000 feet of the premises, used for making additions, alterations or repairs to buildings or structures at the premises;
- ✦ Paved surfaces such as sidewalks, patios or parking lots;
- ✦ Permanently installed machinery and equipment;
- ✦ Permanent storage tanks;
- ✦ Sirens, antennas, towers and similar structures associated with a premises;
- ✦ Solar panels;
- ✦ Submersible pumps, pump motors and engines;
- ✦ Underground piping located on or within 1,000 feet of premises described in the Declarations;
- ✦ Underground vaults and machinery.

Business Personal Property: The property you own that is used in your business including:

- ✦ Furniture and fixtures;
- ✦ Machinery and equipment;
- ✦ Computer equipment;
- ✦ Communication equipment;
- ✦ Labor materials or services furnished or arranged by you on personal property of others;
- ✦ Stock;
- ✦ Your use interest as tenant in improvements and betterments.
- ✦ Leased personal property for which you have a contractual responsibility to insure.

Outdoor Property: Fixed or permanent structures that are outside covered real property including but not limited to:

- ✦ historical markers or flagpoles;
- ✦ sirens, antennas, towers, satellite dishes, or similar structures and their associated equipment;
- ✦ exterior signs not located at a premises;
- ✦ fences or retaining walls;
- ✦ storage sheds, garages, pavilions or other similar buildings or structures not located at a premises;
- ✦ dumpsters, concrete trash containers, or permanent recycling bins;
- ✦ hydrants; or
- ✦ electric utility power transmission and distribution lines and related equipment owned by the insured.

Equipment Breakdown: Direct damage to mechanical, electrical or pressure systems as follows:

- ✦ mechanical breakdown including rupture or bursting caused by centrifugal force;
- ✦ artificially generated electrical current, including electrical arcing, that disturbs electrical devices, appliances or wires;
- ✦ explosion of steam boilers, steam piping, steam engines or steam turbines owned or leased by you, or operated under your control;
- ✦ loss or damage to steam boilers, steam pipes, steam engines or steam turbines; or
- ✦ loss or damage to hot water boilers or other water heating equipment;
- ✦ If covered electrical equipment requires drying out as a result of a flood, we will pay for the direct expenses for such drying out.

INSURED: EL DORADO COUNTY FIRE PROTECTION DISTRICT

EFFECTIVE DATE: 11/1/2018

DISCLAIMER: Actual coverage is subject to the language of the policies as issued. Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.



PROPERTY SUBLIMITS

Coverage	Limit					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Accounts Receivable	<input checked="" type="checkbox"/>	\$500,000	<input type="checkbox"/>	\$1,000,000	<input type="checkbox"/>	\$2,000,000
Valuable Papers and Records	<input checked="" type="checkbox"/>	\$500,000	<input type="checkbox"/>	\$1,000,000	<input type="checkbox"/>	\$2,000,000
Tools & Portable Equipment Owned by Your Employees	<input checked="" type="checkbox"/>	\$5,000	<input type="checkbox"/>	\$10,000	<input type="checkbox"/>	\$25,000
Personal Effects and Property of Others	<input checked="" type="checkbox"/>	\$5,000	<input type="checkbox"/>	\$10,000	<input type="checkbox"/>	\$25,000
New Locations or Newly Constructed Property	<input checked="" type="checkbox"/>	\$1,000,000				
Business Personal Property at New Locations	<input checked="" type="checkbox"/>	\$1,000,000				
Blanket Commandeered Equipment	<input checked="" type="checkbox"/>	\$500,000				
Outdoor Property (unscheduled)	<input checked="" type="checkbox"/>	\$300,000				
Contamination, Spoilage & Refrigerant	<input checked="" type="checkbox"/>	\$250,000				
Backup/Overflow of Water from Sewer, Drain, Sump	<input checked="" type="checkbox"/>	\$250,000				
Utility Services - Direct Damage	<input checked="" type="checkbox"/>	\$250,000				
Utility Services – Business Income and Extra Expense	<input checked="" type="checkbox"/>	\$250,000				
Dependent Business Premises	<input checked="" type="checkbox"/>	\$250,000				
Property at Other Locations	<input checked="" type="checkbox"/>	\$250,000				
Unintentional Errors	<input checked="" type="checkbox"/>	\$250,000				
Pollution Remediation Expense (specified cause of loss)	<input checked="" type="checkbox"/>	\$250,000				
Pollution Remediation Expense (covered cause of loss)	<input checked="" type="checkbox"/>	\$100,000				
Contract Penalties	<input checked="" type="checkbox"/>	\$100,000				
Property in Transit	<input checked="" type="checkbox"/>	\$100,000				
Limited Coverage for "Fungus", Wet Rot or Dry Rot	<input checked="" type="checkbox"/>	\$50,000				
Fine Arts	<input checked="" type="checkbox"/>	\$25,000				
Trees, Shrubs & Plants (maximum \$1,000 any one item)	<input checked="" type="checkbox"/>	\$25,000				
Indoor and Outdoor Signs (unscheduled)	<input checked="" type="checkbox"/>	\$25,000				
Lock and Key Replacement	<input checked="" type="checkbox"/>	\$25,000				
Arson Reward	<input checked="" type="checkbox"/>	\$25,000				
Member's Property	<input checked="" type="checkbox"/>	\$25,000				
Fire Department Service Charge	<input checked="" type="checkbox"/>	\$5,000				
Non-Owned Detached Trailers	<input checked="" type="checkbox"/>	\$5,000				
Cost of Inventory or Adjustment	<input checked="" type="checkbox"/>	\$5,000				
Fire Protection Devices	<input checked="" type="checkbox"/>	\$5,000				
Patterns, Dies, Molds, Forms	<input checked="" type="checkbox"/>	\$2,500				
Debris Removal	<input checked="" type="checkbox"/>	25% of scheduled limit plus \$50,000				
Ordinance or Law Provision	<input checked="" type="checkbox"/>	25% of scheduled limit				

NOTES:

Premium is calculated from application's property schedule; please review property schedule for coverage and limit adequacy.

INSURED: EL DORADO COUNTY FIRE PROTECTION DISTRICT

EFFECTIVE DATE: 11/1/2018

DISCLAIMER: Actual coverage is subject to the language of the policies as issued. Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.



Section 2. COMMERCIAL CRIME - Yes

CARRIER: Allied World Insurance Company or affiliate
A XV (Excellent) A.M. Best Rating

FORM: Proprietary

LIMITS

Coverage Group	Employee Theft	Forgery or Alteration	Theft of Money & Securities	Robbery or Safe Burglary or Other Property	Outside the Premises	Computer Fraud	Funds Transfer Fraud	Money Orders & Counterfeit Paper Currency
	\$100,000	\$100,000	\$100,000	\$5,000	\$100,000	\$100,000	\$10,000	\$100,000
X	\$250,000	\$250,000	\$250,000	\$5,000	\$250,000	\$100,000	\$25,000	\$100,000
	\$500,000	\$250,000	\$250,000	\$5,000	\$250,000	\$100,000	\$50,000	\$100,000
	\$1,000,000	\$250,000	\$250,000	\$5,000	\$250,000	\$100,000	\$100,000	\$100,000
	\$2,000,000	\$250,000	\$250,000	\$5,000	\$250,000	\$100,000	\$100,000	\$100,000

DEDUCTIBLE

\$500 each claim

DESIGNATED EMPLOYEE BENEFIT PLAN(S):

POLICY HIGHLIGHTS:

- ◆ Separate Limits Apply to Each Coverage
- ◆ Faithful Performance of Duty
- ◆ Broad Definition of Employee

NOTES:

INSURED: EL DORADO COUNTY FIRE PROTECTION DISTRICT
EFFECTIVE DATE: 11/1/2018

DISCLAIMER: Actual coverage is subject to the language of the policies as issued. Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.



Section 3. COMMERCIAL GENERAL LIABILITY - Yes

CARRIER: Allied World Insurance Company or affiliate
A XV (Excellent) A.M. Best Rating

FORM: Proprietary

LIMITS

General Aggregate	\$10,000,000
Products & Completed Operations Aggregate	\$10,000,000
Per Occurrence	\$1,000,000
Per Medical Incident	\$1,000,000
Personal & Advertising Injury Limit	\$1,000,000
Damage to Premises Rented to You	\$1,000,000
Medical Payments	\$10,000
Line of Duty Reimbursement – Accidental Death Benefit	\$10,000

DEDUCTIBLE

None

OPTIONAL COVERAGES

POLICY HIGHLIGHTS:

- ◆ Duty to Defend w/ Defense Costs In Addition to Limits
- ◆ Broad Definition of Insured
- ◆ Pollution & Asbestos Liability
- ◆ Healthcare Professional Liability
- ◆ Fellow Employee/Member
- ◆ Liquor Liability
- ◆ Nonowned Aircraft
- ◆ Owned & Nonowned Watercraft
- ◆ Contractual Liability
- ◆ Blanket Additional Insured
- ◆ Nonauditable

NOTES:

INSURED: EL DORADO COUNTY FIRE PROTECTION DISTRICT

EFFECTIVE DATE: 11/1/2018

DISCLAIMER: Actual coverage is subject to the language of the policies as issued. Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.



SPECIAL COVERAGES

Professional Healthcare Services: We will pay those sums that the insured becomes legally obligated to pay as damages because of injury to a person arising out of a medical incident, which includes any act, error or omission by the insured in the rendering of or failure to render professional healthcare services.

Damage to Property: We will pay for property damage to personal property belonging to anyone receiving service from any insured because of loss by theft, physical damage or disappearance of such property during the period when volunteers or employees of the insured arrive on the scene or while they are rendering service to others and ending when they either leave the scene, complete their service, or transfer care of a transported patient to others.

Asbestos: Coverage is provided for bodily injury to a person, provided such person is not the insured's former or current employee and eligible to receive workers' compensation, disability benefits or any similar benefits; or property damage arising from or the costs of abatement, removal or disposal of asbestos released; as a result of emergency operations or training operations away from premises which are either owned by, rented to, or occupied by any insured.

Pollution: Coverage is provided for bodily injury or property damage which occurs or takes place as a result of your operations and arises out of the following:

- ✦ Emergency operations conducted away from premises owned by or rented to you or any fire department, hazardous materials unit, first aid squad, ambulance squad or rescue squad qualifying as an insured under this coverage part;
- ✦ Training operations;
- ✦ Water runoff from the cleaning of equipment used in emergency operations;
- ✦ Urgent response for the protection of property, human life, health or safety conducted away from premises occupied by you;
- ✦ Fuels, lubricants or other operating fluids needed to perform the normal electrical, hydraulic or mechanical functions necessary for the operation of mobile equipment or its parts

Who is Insured: Coverage is extended to Scheduled Named Insureds comprising individuals, spouses, partnerships, joint ventures, corporations, trusts, limited liability companies, public entities, operating authorities, boards, commissions, districts, governmental units, nonprofit entities, and other organizations. Insureds also include: elected or appointed officials; volunteer workers or employees; medical directors; real estate managers; temporary custodians; legal representatives; mutual aid agreements; good Samaritans; owners of commandeered equipment; lessors of equipment; blanket additional insureds; permissible operators of mobile equipment; and newly acquired or formed entities.

KEY DEFINITIONS

Emergency Operations: Emergency operations means actions:

- ✦ Which are urgent responses for protection of property, human life, health or safety; and
- ✦ Which result from the performing or attempting to perform firefighting services, hazardous materials unit services, first aid, ambulance or rescue squad services, or related services, including the stabilizing or securing of an emergency scene; and
- ✦ Which are sanctioned or authorized by the chief or other senior officer or other officially authorized individual, committee, board or counsel of the fire department, hazardous materials unit, or first aid, ambulance or rescue squad qualifying as an insured.

Medical Incident: Medical incident means any act, error or omission by the insured in the rendering of or failure to render professional healthcare services. Any act, error or omission, together with all related acts, errors or omissions in the provision of "professional healthcare services" to any one person, shall be considered one medical incident.

Professional Healthcare Services: Professional healthcare services means the following services provided to a person by an insured, on behalf of the Named Insured, in the course and scope of emergency operations:

- ✦ Medical, surgical, dental or nursing services;
- ✦ Other healthcare professional services provided by any healthcare professional;
- ✦ Furnishing or dispensing of drugs, blood, blood products or medical, surgical or dental supplies, equipment or appliances;
- ✦ Handling of patients;
- ✦ From the place where they are accepted for movement into or onto the means of transport, during transport, and from the means of transport to the place where they are finally delivered;
- ✦ Handling of post-mortem human bodies;
- ✦ Dispatching of, including the failure or refusal to dispatch personnel to provide any of the above services;
- ✦ Serving on, or carrying out the orders of, a healthcare accreditation board or similar professional board or committee; and
- ✦ Establishing medical protocols, creating medical training curricula, providing medical training, and carrying out similar duties.

Training Operations: Training operations means activities used to prepare, train, or instruct members of a fire department, hazardous materials unit, or a first aid, ambulance or rescue squad in accepted and recognized emergency procedures, including municipal, state and federal standards.

INSURED: EL DORADO COUNTY FIRE PROTECTION DISTRICT

EFFECTIVE DATE: 11/1/2018

DISCLAIMER: Actual coverage is subject to the language of the policies as issued. Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.



Section 4. PUBLIC OFFICIALS & MANAGEMENT LIABILITY - Yes

CARRIER: Allied World Insurance Company or affiliate
A XV (Excellent) A.M. Best Rating

FORM: Occurrence
Defense Costs Outside the Limits of Liability

LIMITS

<input checked="" type="checkbox"/>	Wrongful Acts	\$	1,000,000	Per Act
<input checked="" type="checkbox"/>	Employment Practices (including third party discrimination)	\$	1,000,000	Per Offense
<input checked="" type="checkbox"/>	Employee Benefit Plans	\$	1,000,000	Per Act
<input checked="" type="checkbox"/>	HIPAA Fines and Penalty	\$	100,000	Per Act
<input checked="" type="checkbox"/>	Wage and Hour Laws – Defense Expenses	\$	100,000	Per Act
<input checked="" type="checkbox"/>	Injunctive Relief	\$	25,000	Per Act
		\$	10,000,000	Aggregate Limit

SPECIAL COVERAGE - PRIVACY LIABILITY AND NETWORK RISK¹

<input checked="" type="checkbox"/>	Privacy & Network Security Wrongful Acts	\$	1,000,000	Per act
<input checked="" type="checkbox"/>	Breach Consultation Services	\$	50,000	Per Act
<input checked="" type="checkbox"/>	Breach Response Services	\$	50,000	Per Act
<input checked="" type="checkbox"/>	Public Relations & Data Forensics	\$	50,000	Per Act

¹Coverage provided for Privacy Liability & Network Risk Coverage is issued on a claims made basis with defense inside the limit of liability. Privacy Retroactive Date is 11/1/2008

DEDUCTIBLE

\$1,000 per occurrence excluding expenses

POML RETROACTIVE DATE: N/A

POLICY HIGHLIGHTS:

- ◆ Duty To Defend
- ◆ Inverse Condemnation
- ◆ Broad Definition of Named Insured
- ◆ Outside Directorship (not restricted to nonprofit entities only)
- ◆ Nonauditable
- ◆ Punitive Damages are Covered Where Insurable by Law

NOTES:

INSURED: EL DORADO COUNTY FIRE PROTECTION DISTRICT
EFFECTIVE DATE: 11/1/2018

DISCLAIMER: Actual coverage is subject to the language of the policies as issued. Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.



Section 5. BUSINESS AUTO - Yes

CARRIER: Allied World Assurance Company or affiliate
A XV (Excellent) A.M. Best Rating

FORM: Proprietary

PORTFOLIO

Coverage	Symbol	Limit
Combined Single Limit for Bodily Injury & Property Damage <i>(each accident)</i>	1	*
Hired Auto Liability	8	*
Non-Owned Auto Liability	9	*
"No-Fault" or Statutory Personal Injury Protection <i>(each person)</i>	No Coverage	N/A
Medical Payments	7	*
Uninsured / Underinsured Motorists	2	*
Hired Physical Damage	8	*
Owned Physical Damage – Comprehensive	7	*
Owned Physical Damage – Collision	7	*

DEDUCTIBLE

Liability: **None**

Comprehensive: *

Collision: *

**Refer to Attached Auto Proposal Summary*

COVERAGE EXTENSIONS

- › Primary Auto Liability (members)
- › Fellow Employee
- › Commandeered Auto as Covered Auto
- › Sound Receiving Equipment
- › Glass Repair Deductible Waiver
- › Care, Custody or Control
- › Airbag Repair
- › Customized Accessories & Equipment
- › Broadened Named Insured
- › Additional Insured – Automatic Status
- › Primary Physical Damage (members)
- › Extra Expense for Stolen Autos
- › Temporary Vehicle Substitute
- › Garage Liability @ \$1,000,000
- › Garage Keepers @ \$50,000
- › Towing & Disablement Repairs @ \$10,000
- › Rental Reimbursement @ \$100 per day (non-firefighting) and \$250 per day (firefighting) up to 40 days
- › Personal Effects @ \$1,000
- › Loss of Earnings @ \$300 a day

NOTES:

Please refer to the Auto Proposal Worksheet for details on valuation (i.e. actual cash or agreed value for your vehicles). Coverage includes sudden & accidental mechanical breakdown of your specialized equipment and apparatus.

INSURED: EL DORADO COUNTY FIRE PROTECTION DISTRICT
EFFECTIVE DATE: 11/1/2018

DISCLAIMER: Actual coverage is subject to the language of the policies as issued. Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.



Section 6. COMMERCIAL EXCESS LIABILITY - No

CARRIER: Allied World Insurance Company or affiliate
A XV (Excellent) A.M. Best Rating

FORM: Following Form

LIMITS

N/A

SCHEDULED UNDERLYING POLICIES

Commercial General Liability including Professional Healthcare Liability - No

Hired and Non-Owned Auto Liability - No

Owned Auto Liability - No

Public Officials & Management Liability - No

Wrongful Acts - No

Employment Practices - No

Employee Benefit Plans - No

Employers' Liability: *(minimum underlying limit requirement of \$500,000 / \$500,000 / \$500,000)* - No

Other:

RATING BASIS:

- ◆ On file with underwriter; Non auditable

NOTABLE EXCLUSION:

- ◆ Workers' Compensation

NOTES:

Employers' Liability subject to Allied World security requirements.

INSURED: EL DORADO COUNTY FIRE PROTECTION DISTRICT

EFFECTIVE DATE: 11/1/2018

DISCLAIMER: Actual coverage is subject to the language of the policies as issued. Your issued policy may contain limits, exclusions, and limitations that are not detailed in this proposal.

Proposal Letter

POLICY NUMBER	Coverage is provided by:	Agency Code
6400-0205-01	Allied World Assurance Company	
POLICY PERIOD: From: 11/01/2018 To: 11/01/2019 (12:01 AM Standard time at the address shown in Named Insured)		
NAMED INSURED:		AGENT:
El Dorado County Fire Protecion -C133207 PO BOX 807 Camino, CA 95709		

Location 1
3860 Ponderosa Road
Camino, CA 95709

Territories	
Liability	012
Property	1
Business Auto	121
Location Totals	
Business Auto	\$13,685
Total Premium	\$13,685

Business Auto		
3860 Ponderosa Road Camino, CA 95709		
Liability Limit	Liability Deductible	Type of Fleet
\$1,000,000		Fleet

Non-Owned Auto		
Coverage	Limit / Deductible	Premium
Liability	See Above	
Number of Employees	70	\$204
NOA Premium :		\$204

Vehicle Schedule				
Vehicle #	Year Make/Model	Class Code	VIN #	Type
1	1951 American/Antique	9625	L4294	Antique Auto
2	1928 GMC/Antique	9625	CHR1S8766	Antique Auto
3	1991 White Volvo/Pumper Tanker	7909	4V2RCBMF3MU508290	Fire Department-TTT
4	1980 Ford/Air Cascade	7909	F372ZRJA1503	Fire Department-TTT
5	1990 Chevrolet/1st Responder	7909	1GCDK14H9LZ166700	Fire Department-TTT
6	1999 HME/Pumper LDH	7909	44KFT4289XWZ18780	Fire Department-TTT
7	1999 HME/Pumper LDH	7909	44KFT4484XWZ18781	Fire Department-TTT
8	2000 Ford/1st Responder	7909	1FMPU16L2YLB22522	Fire Department-TTT
9	2002 HME/Pumper LDH	7909	44KFT42822WZ19830	Fire Department-TTT
10	2002 HME/Pumper LDH	7909	44KFT42842WZ19831	Fire Department-TTT
11	1988 Mack/Aerial Truck	7909	1M2A156C55M001201	Fire Department-TTT
12	1983 Ford/Air Cascade	7909	1FDWC70K9EVA07367	Fire Department-TTT
13	2004 Ferrara/Pumper LDH	7909	44KFT42825WZ20528	Fire Department-TTT
14	2001 Big Tex/Trailer	69499	16VAX1 01511A4311	Service or Utility Trailer
15	2006 Ford/1st Responder	7909	1FMFU165X6LA46546	Fire Department-TTT
16	2007 Ford/1st Responder	7909	1FMFK16507LA79154	Fire Department-TTT
17	2007 Ford/1st Responder	7909	1FTPW145X7KD37203	Fire Department-TTT
18	2007 HME/Pumper	7909	44KFT42867WZ21085	Fire Department-TTT
19	2009 Toyota/Service Truck	7909	JTDBL40E399056316	Fire Department-TTT
20	2008 Ford/1st Responder	7909	1FMFU1659BLA80217	Fire Department-TTT
21	1963 Crown/Antique	9625	F1340	Antique Auto
22	2009 Ford/1st Responder	7909	1FMFU16579LA12967	Fire Department-TTT
23	2008 International/Pumper	7909	1HTWEAZR28J695870	Fire Department-TTT
24	2004 Ford/Service Truck	7909	1FDSX34P74ED48380	Fire Department-TTT
25	2008 Ford/Service Truck	7909	1FDXF47R08ED23936	Fire Department-TTT

Close

26	2012 HME/Pumper	7909	44KFT4288CWZ22250	Fire Department-TTT
27	2014 International/Pumper	7909	1HTWEAZR6FH553588	Fire Department-TTT
28	2015 International/Pumper	7909	1HTWEAZROFH553568	Fire Department-TTT
29	2016 Chevrolet/Silverado	7908	1GC1 KVEGOGF142101	Fire Department-PPT
30	2016 Chevrolet/Silverado	7908	1GC1KVEGOGF141403	Fire Department-PPT
31	2016 Chevrolet/Silverado	7908	1GC1KVEG5GF142790	Fire Department-PPT
32	2016 Freightliner/Tanker	7909	1FVACYCY6GHHE9850	Fire Department-TTT
33	2016 Ford/1st Responder	7909	1FDOX5HT5GEB07982	Fire Department-TTT
34	2016 Pierce/Pumper	7909	4P18AAFF2GA016588	Fire Department-TTT
35	2016 Pierce/Pumper	7909	4P1BAAFF4GA016589	Fire Department-TTT
36	2016 Pierce/Pumper	7909	4P1BAAFFOGA016590	Fire Department-TTT
37	2017 Chevy/Command	7909	1GNSKFEC89HR150445	Fire Department-TTT
38	2017 Chevrolet/Tahoe Command	7909	1GNSKFEC0HR150360	Fire Department-TTT

Vehicles			
Vehicle # 1	Stated Amt: \$10,000	Territory: 121	Total Premum: \$344
Coverage	Limit / Deductible		Premium
Liability	See Above		\$101
Medical	\$5,000		\$5
Comp	\$50		\$64
Collision	\$50		\$56
Uninsured	\$1,000,000		\$115
Uninsuerd PD	\$3,500		\$3
Underinsured	\$1,000,000		Incl

Vehicle # 2	Stated Amt: \$10,000	Territory: 121	Total Premum: \$344
Coverage	Limit / Deductible		Premium
Liability	See Above		\$101
Medical	\$5,000		\$5
Comp	\$50		\$64
Collision	\$50		\$56
Uninsured	\$1,000,000		\$115
Uninsuerd PD	\$3,500		\$3
Underinsured	\$1,000,000		Incl

Close

Close

Vehicle # 3	Agreed Value: \$180,000	Territory: 121	Total Premum: \$302
Coverage	Limit / Deductible		Premium
Liability	See Above		\$153
Medical	\$5,000		\$13
Comp	\$100		\$18
Collision	\$250		\$101
Uninsured	\$1,000,000		\$15
Uninsuerd PD	\$3,500		\$1
Underinsured	\$1,000,000		Incl

Vehicle # 4	Agreed Value: \$25,000	Territory: 121	Total Premum: \$215
Coverage	Limit / Deductible		Premium
Liability	See Above		\$153
Medical	\$5,000		\$13
Comp	\$100		\$9
Collision	\$250		\$23
Uninsured	\$1,000,000		\$15
Uninsuerd PD	\$3,500		\$1
Underinsured	\$1,000,000		Incl

Vehicle # 5	Agreed Value: \$18,000	Territory: 121	Total Premum: \$214
Coverage	Limit / Deductible		Premium
Liability	See Above		\$153
Medical	\$5,000		\$13
Comp	\$100		\$9
Collision	\$250		\$22
Uninsured	\$1,000,000		\$15
Uninsuerd PD	\$3,500		\$1
Underinsured	\$1,000,000		Incl

Vehicle # 6	Agreed Value: \$180,000	Territory: 121	Total Premum: \$302
Coverage	Limit / Deductible		Premium
Liability	See Above		\$153
Medical	\$5,000		\$13
Comp	\$100		\$18
Collision	\$250		\$101
Uninsured	\$1,000,000		\$15
Uninsuerd PD	\$3,500		\$1
Underinsured	\$1,000,000		Incl

Close

Close

Vehicle # 7		Agreed Value: \$200,000	Territory: 121	Total Premum: \$312
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$18	
Collision	\$250		\$111	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Vehicle # 8		Agreed Value: \$18,000	Territory: 121	Total Premum: \$214
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$9	
Collision	\$250		\$22	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Vehicle # 9		Agreed Value: \$230,000	Territory: 121	Total Premum: \$330
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$20	
Collision	\$250		\$127	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Vehicle # 10		Agreed Value: \$230,000	Territory: 121	Total Premum: \$330
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$20	
Collision	\$250		\$127	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Close

Close

Vehicle # 11	Agreed Value: \$275,000	Territory: 121	Total Premum:	\$355
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$22	
Collision	\$250		\$150	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Vehicle # 12	Agreed Value: \$75,000	Territory: 121	Total Premum:	\$251
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$13	
Collision	\$250		\$55	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Vehicle # 13	Agreed Value: \$265,000	Territory: 121	Total Premum:	\$350
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$22	
Collision	\$250		\$145	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Vehicle # 14	Agreed Value: \$5,000	Territory: 121	Total Premum:	\$32
Coverage	Limit / Deductible		Premium	
Comp	\$100		\$11	
Collision	\$250		\$21	

Close

Close

Vehicle # 15	Agreed Value: \$40,000	Territory: 121	Total Premum:	\$223
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$11	
Collision	\$250		\$29	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Vehicle # 16	Agreed Value: \$40,000	Territory: 121	Total Premum:	\$223
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$11	
Collision	\$250		\$29	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Vehicle # 17	Agreed Value: \$32,000	Territory: 121	Total Premum:	\$223
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$11	
Collision	\$250		\$29	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Vehicle # 18	Agreed Value: \$369,000	Territory: 121	Total Premum:	\$407
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$26	
Collision	\$250		\$198	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Close

Close

Vehicle # 19	Agreed Value: \$19,000	Territory: 121	Total Premum:	\$221
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$11	
Collision	\$250		\$27	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Vehicle # 20	Agreed Value: \$42,000	Territory: 121	Total Premum:	\$235
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$12	
Collision	\$250		\$40	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Vehicle # 21	Stated Amt: \$10,000	Territory: 121	Total Premum:	\$344
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$101	
Medical	\$5,000		\$5	
Comp	\$50		\$64	
Collision	\$50		\$56	
Uninsured	\$1,000,000		\$115	
Uninsuerd PD	\$3,500		\$3	
Underinsured	\$1,000,000		Incl	

Vehicle # 22	Agreed Value: \$44,000	Territory: 121	Total Premum:	\$249
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$16	
Collision	\$250		\$50	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Close

Close

Vehicle # 23		Agreed Value: \$308,000	Territory: 121	Total Premium:	\$374
Coverage	Limit / Deductible		Premium		
Liability	See Above		\$153		
Medical	\$5,000		\$13		
Comp	\$100		\$24		
Collision	\$250		\$167		
Uninsured	\$1,000,000		\$15		
Uninsuerd PD	\$3,500		\$1		
Underinsured	\$1,000,000		Incl		

Vehicle # 24		Agreed Value: \$32,000	Territory: 121	Total Premium:	\$223
Coverage	Limit / Deductible		Premium		
Liability	See Above		\$153		
Medical	\$5,000		\$13		
Comp	\$100		\$11		
Collision	\$250		\$29		
Uninsured	\$1,000,000		\$15		
Uninsuerd PD	\$3,500		\$1		
Underinsured	\$1,000,000		Incl		

Vehicle # 25		Agreed Value: \$30,000	Territory: 121	Total Premium:	\$223
Coverage	Limit / Deductible		Premium		
Liability	See Above		\$153		
Medical	\$5,000		\$13		
Comp	\$100		\$11		
Collision	\$250		\$29		
Uninsured	\$1,000,000		\$15		
Uninsuerd PD	\$3,500		\$1		
Underinsured	\$1,000,000		Incl		

Vehicle # 26		Agreed Value: \$384,000	Territory: 121	Total Premium:	\$558
Coverage	Limit / Deductible		Premium		
Liability	See Above		\$153		
Medical	\$5,000		\$13		
Comp	\$100		\$41		
Collision	\$250		\$334		
Uninsured	\$1,000,000		\$15		
Uninsuerd PD	\$3,500		\$1		
Underinsured	\$1,000,000		Incl		

Close

Close

Vehicle # 27	Agreed Value: \$320,000	Territory: 121	Total Premum: \$568
Coverage	Limit / Deductible		Premium
Liability	See Above		\$153
Medical	\$5,000		\$13
Comp	\$100		\$39
Collision	\$250		\$346
Uninsured	\$1,000,000		\$15
Uninsuerd PD	\$3,500		\$1
Underinsured	\$1,000,000		Incl

Vehicle # 28	Agreed Value: \$350,000	Territory: 121	Total Premum: \$652
Coverage	Limit / Deductible		Premium
Liability	See Above		\$153
Medical	\$5,000		\$13
Comp	\$100		\$46
Collision	\$250		\$423
Uninsured	\$1,000,000		\$15
Uninsuerd PD	\$3,500		\$1
Underinsured	\$1,000,000		Incl

Vehicle # 29	Agreed Value: \$60,000	Territory: 121	Total Premum: \$282
Coverage	Limit / Deductible		Premium
Liability	See Above		\$125
Medical	\$5,000		\$6
Comp	\$100		\$20
Collision	\$250		\$104
Uninsured	\$1,000,000		\$25
Uninsuerd PD	\$3,500		\$1
Underinsured	\$1,000,000		Incl

Vehicle # 30	Agreed Value: \$60,000	Territory: 121	Total Premum: \$282
Coverage	Limit / Deductible		Premium
Liability	See Above		\$125
Medical	\$5,000		\$6
Comp	\$100		\$20
Collision	\$250		\$104
Uninsured	\$1,000,000		\$25
Uninsuerd PD	\$3,500		\$1
Underinsured	\$1,000,000		Incl

Close

Close

Vehicle # 31	Agreed Value: \$60,000	Territory: 121	Total Premum:	\$282
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$125	
Medical	\$5,000		\$6	
Comp	\$100		\$20	
Collision	\$250		\$104	
Uninsured	\$1,000,000		\$25	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Vehicle # 32	Agreed Value: \$226,000	Territory: 121	Total Premum:	\$516
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$37	
Collision	\$250		\$296	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Vehicle # 33	Agreed Value: \$150,000	Territory: 121	Total Premum:	\$417
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$31	
Collision	\$250		\$203	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Vehicle # 34	Agreed Value: \$460,000	Territory: 121	Total Premum:	\$822
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$58	
Collision	\$250		\$581	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Close

Close

Vehicle # 35	Agreed Value: \$460,000	Territory: 121	Total Premum:	\$822
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$58	
Collision	\$250		\$581	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Vehicle # 36	Agreed Value: \$460,000	Territory: 121	Total Premum:	\$822
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$58	
Collision	\$250		\$581	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Vehicle # 37	Agreed Value: \$43,000	Territory: 121	Total Premum:	\$309
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$25	
Collision	\$250		\$101	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Vehicle # 38	Agreed Value: \$43,000	Territory: 121	Total Premum:	\$309
Coverage	Limit / Deductible		Premium	
Liability	See Above		\$153	
Medical	\$5,000		\$13	
Comp	\$100		\$25	
Collision	\$250		\$101	
Uninsured	\$1,000,000		\$15	
Uninsuerd PD	\$3,500		\$1	
Underinsured	\$1,000,000		Incl	

Close

Close

Business Auto Policy Level Totals	
Liability	\$5,625
Medical	\$436
Uninsured	\$885
Uninsured PD	\$43
Comprehensive	\$1,003
Collison	\$5,693
Total	\$13,685
Vehicle Totals	\$13,481
Drive Other / Hired Auto / Non Owned Total	\$204

Close

Close

Taxes & Fees

Item #	State	Line of Business Description	Tax Code	Return Method	Rating Method	Basis	Basis Value	Factor	Premium
1	CA	BusinessAuto Vehicle Fee	CA Veh Fee	Fully Earned	Per	TotalVehicles	38	1.76	66.88

Policy Totals

Business Auto	\$13,685.00
Taxes and Surcharges	\$66.88
Policy Total	\$13,751.88

Close



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

P.O. Box 807/4040 Carson Road / Camino, CA 95709
(530) 644-9630 Fax (530) 644-9636

Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #14

As a Fire Chief, I am hereby certifying that:

- The El Dorado County Fire Protection District understands and will comply with the County's EMS vehicle inspection process and policies, including County EMSA Policy titled "ALS Unit Minimum Equipment Inventories for ALS Non-Transporting and Assessment Units".
- Each ALS Non-Transporting Unit or ALS Assessment Unity that is permitted under this permit is currently in compliance with such policies.
- The El Dorado County Fire Protection District will submit to the County EMSA an annual certification letter for each ALS Non-transporting Unit or ALS Assessment Unit certifying that such unit has been inspected by the EDCFPD and that such unit is in full compliance with the inspection policies and minimum equipment inventories. Each annual certification will be signed by the Fire Chief of the EDCFPD and submitted within five (5) days of each anniversary of this permit agreement. We understand that any units added to the fleet after issuance of the permit will require an initial certification by the Fire Chief within (5) days of the unit starting service and subsequent annual certifications shall occur on the same date as the existing fleet annual certifications.



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

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Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #15

El Dorado County Fire Protection District has an aggressive inspection and maintenance program for all our vehicles and equipment.

From an inspection perspective, each day, professionally trained Captains, Engineers and/or Firefighters inspect apparatus. During this time all EMS equipment is tested and inspected for response readiness. Weekly all of our apparatus undergo and extensive and detailed inspection. Detailed records and check sheets are maintained for all these inspections and are available to review at any time.

EDCFPD uses Jon Lyons Mobile Fire Mechanic, who is a 40 year mechanic and is licensed and certified to work on fire equipment, including pumps and impellers.



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

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Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #16

El Dorado County Fire Protection District maintains a quality assurance plan that meets EMS policies for the specific level of service in accordance with California Code of Regulations Title 22, Chapter 12.



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

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Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #17

Please find attached, a detailed list of all EDCFPD EMA personnel, inclusive of EMT's EMT-P's, with each person's license and certification information, license number and expiration date.

ECF EMT's & Paramedics



Type: Credentials

Run Date: Oct 4, 2018 12:08 PM

Shared with: Not Shared

Filters: Credentials:
EMT - Basic

Paramedic

User Status: Active/Offline

Credential Status: Active

First Name	Last Name	Employee ID	Credential Name	Expiration Date	Credential Number	Status
Stephen	Adams	C148	Paramedic	12/31/2019	P25540	Active
Nick	Aguilar	F263	EMT - Basic	03/31/2019	E087694	Active
Freddie	Almendarez	P235	Paramedic	10/31/2019	P35491	Active
Ben	Anderson	C116	Paramedic	04/30/2020	P21033	Active
Andy	Andreis	P109	Paramedic	07/31/2020	P18994	Active
Daron	Baker	F256	EMT - Basic	11/30/2018	E110006	Active
Justin	Bautista	P280	Paramedic	03/31/2020	P38601	Active
Justin	Bautista		Paramedic	03/31/2020	P38601	Active
Scott	Beckler	F228	EMT - Basic	07/01/2019	E083126	Active
Jacob	Bielby	P282	Paramedic	01/31/2019	P36980	Active
Jeff	Bode	P283	Paramedic	08/31/2020	P39089	Active
Tony	Borrego	C121	Paramedic	01/31/2020	P20795	Active
Eric	Caceres	F229	EMT - Basic	06/30/2019	E083115	Active
Mike	Campbell	P094	Paramedic	10/31/2018	P09210	Active
Jimmy	Chilcott	F218	EMT - Basic	10/31/2019	E085733	Active
Justin	Chima	F251	EMT - Basic	03/31/2020	E103844	Active
Chris	Clark	P148	Paramedic	08/31/2020	P26341	Active
Tim	Cordero	D014	EMT - Basic	01/31/2019	E004488	Active

First Name	Last Name	Employee ID	Credential Name	Expiration Date	Credential Number	Status
Michael	Deggelman	P284	Paramedic	06/30/2020	P38882	Active
Ty	Dennis	P143	Paramedic	10/31/2019	P25343	Active
Derek	Duncan	P138	Paramedic	09/30/2019	P22713	Active
Paul	Dutch	D106	Paramedic	04/30/2019	P17526	Active
Brien	Flanagan	F252	EMT - Basic	01/31/2019	E111448	Active
Anthony	Ganzler	F242	EMT - Basic	03/31/2020	E108277	Active
Craig	Hadley	F267	EMT - Basic	07/30/2020	E107689	Active
Michael	Hardy	B069	EMT - Basic	04/30/2019	E026944	Active
Shayne	Harris	C115	Paramedic	03/31/2019	P15558	Active
Zachary	Hink	P285	Paramedic	07/31/2020	P33812	Active
Branden	Hustrei	P278	Paramedic	10/31/2019	P38012	Active
Zach	Iddings	P221	Paramedic	02/28/2020	P33301	Active
Matt	Irwin	F247	EMT - Basic	06/30/2020	E105592	Active
Josh	Land	A226	EMT - Basic	04/30/2020	E049018	Active
Andrew	Lemos	F248	Paramedic	11/30/2018	P34262	Active
Jacob	Lerza	P191	Paramedic	01/31/2019	P29189	Active
Philip	Lewandowski	C107	Paramedic	07/31/2019	P20135	Active
Kyle	Lewis	F257	Paramedic	12/31/2018	P36932	Active
Jason	Lindberg	C097	Paramedic	12/31/2019	P16344	Active
Paul	Lohan	D101	EMT - Basic	01/31/2019	E110046	Active
Douglas	Lyons	F250	EMT - Basic	12/31/2018	E110883	Active
Brandon	McKay	C158	Paramedic	09/30/2019	P22723	Active
Kyle	Nielsen	P183	Paramedic	06/30/2020	P28596	Active
Todd	Pennington	P243	Paramedic	06/30/2019	P20022	Active
Jacob	Poganski	C160	Paramedic	03/31/2020	P23437	Active

First Name	Last Name	Employee ID	Credential Name	Expiration Date	Credential Number	Status
Jamie	Preston	P130	Paramedic	11/30/2019	P25475	Active
Michael	Raffaini	P279	Paramedic	04/30/2019	P29344	Active
Stephen	Ramirez	P171	Paramedic	09/30/2020	P26485	Active
Sean	Reffner	F215	Paramedic	01/31/2019	P31761	Active
Martin	Rider	F255	EMT - Basic	12/31/2018	E110376	Active
Nick	Rose	P174	Paramedic	12/31/2019	P27899	Active
Anthony	Serena	F223	EMT - Basic	03/31/2019	E3035756	Active
Lucas	Shepard	P140	Paramedic	05/31/2019	P24938	Active
Duncan	Silva	F260	EMT - Basic	08/31/2019	E116175	Active
Robert	Sime	C201	Paramedic	06/30/2019	P20032	Active
Jason	Snyder	C137	Paramedic	02/28/2019	P22025	Active
Braden	Stirling	C103	Paramedic	03/31/2019	P17465	Active
Ryan	Strange	P165	Paramedic	10/31/2019	P22877	Active
Nick	Thomas	F231	Paramedic	01/31/2019	P37053	Active
John	Thorne	F211	EMT - Basic	11/30/2019	E088416	Active
Noah	Toft	C139	Paramedic	04/30/2019	P22230	Active
Carson	Triggs	P164	Paramedic	03/31/2019	P24764	Active
Christopher	VanKirk	C126	Paramedic	05/31/2019	P22322	Active
Lucio	Vera	P281	Paramedic	07/31/2020	P36513	Active
Cory	Vermillion	F258	EMT - Basic	10/31/2019	E019176	Active
Thomas	White	P159	Paramedic	02/28/2019	P24558	Active
Trent	Williams	C166	Paramedic	01/31/2019	P26893	Active
Adam	Wilson	P156	Paramedic	02/28/2019	P27001	Active
Sean	Wilson	F261	EMT - Basic	09/30/2019	E116495	Active



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

P.O. Box 807/4040 Carson Road / Camino, CA 95709
(530) 644-9630 Fax (530) 644-9636

Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #18

El Dorado County Fire Protection District only employs personnel who comply with the requirements of the California Code of Regulations, Title 22; Health and Safety Code, Division 2.5 Statutes, Section 1797 et seq., County's Ambulance Ordinance, and County's Emergency Medical Services Agency Policy and Procedure Manual.



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

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Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #19

El Dorado County Fire Protection District method of operation within the County is as follows:

Daily Staffing:

Daily Staffing is accomplished with six staffed engines with a Captain, Engineer and or a qualified Firefighter/ Driver Operator.

ECFPD also cross staffs two water tenders and a ladder truck.



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

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Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #20

El Dorado County Fire Protection District will pay the application fee as set by the County (available at https://www.edcgov.us/Government/EMS/Pages/ambulance_ordinance.aspxunder "EMS Fees"), payable by cash, money order, or cashier's check made payable to County of El Dorado Emergency Medical Services Agency, or by credit card.



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

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Application for Advanced Life Support Non-Transporting Unit
El Dorado County Fire Protection District

Required Statement #21

El Dorado County Fire Protection District will participate in the County's disaster response plan.

APPLICATION & AGREEMENT
Advanced Life Support Non-Transporting Unit
Advanced Life Support Assessment Unit

THIS AGREEMENT for Advanced Life Support (ALS) Non-Transporting Unit and/or ALS Assessment Unit is made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and El Dorado Hills County Water District (aka El Dorado Hills Fire Department) (hereinafter referred to as "Fire District");

RECITALS

WHEREAS, the County directly provides ambulance services through a Public Utility Model (PUM) Emergency Medical Services (EMS) system; and

WHEREAS, Fire District desires to provide ALS Non-Transporting Unit or ALS Assessment Unit services; therefore, Fire District makes this application for authorization to provide such services in accordance with the conditions set forth in this Agreement; and

WHEREAS, in accordance with California Health and Safety Code Section 1797.227, the County has contracted for an electronic Prehospital Care Report (ePCR) software and database, which provides the capability to utilize tablets, computers, and other devices to collect and transmit ePCR data; and

WHEREAS, in February 2017, the California Emergency Medical Services Authority awarded the County grant funding opportunity number C16-041 for the purchase of Electronic Mobile Devices as part of the Data Quality Improvement Program to collect and transmit patient care data to the County consistent with Health and Safety Code 1797.227 with subsequent transmission to the California Emergency Medical Services information System (CEMSIS) database; and

WHEREAS, to facilitate wireless connectivity between the Emergency Medical Technician (EMT) and EMT-Paramedic staff with the ePCR database, the County has purchased tablets in sufficient quantity to provide for ALS Non-Transporting Units and ALS Assessment Units to have a dedicated ePCR tablet, based on availability; and

WHEREAS, Fire District agrees that in exchange for the initial purchase of said tablets, Fire District will maintain, accessorize, update, repair, and replace each tablet and associated components on an as needed basis at the Fire District's sole cost and expense; and

Whereas, in accordance with County Emergency Medical Services Agency policy, Fire District shall submit annual certifications that each ALS Non-Transporting Unit or ALS Assessment Unit complies with the County's minimum equipment requirements; and

WHEREAS, it is the intent of the parties hereto that such services be in conformity with County of El Dorado Code of Ordinances, Chapter 8.74 County Emergency Medical Service and Medical Transportation (hereinafter referred to as the "Ambulance Ordinance") as well as all federal, State and local laws, statutes, ordinances, regulations, policies, procedures and protocols applicable to the emergency medical services that are provided pursuant to this Agreement.

NOW, THEREFORE, County and Fire District mutually agree that the Recitals are incorporated herein and further mutually agree as follows:

RECEIVED
AUG 27 2018
EMERGENCY MEDICAL
SERVICES AGENCY

I. All activities and services resulting from and provided pursuant to this application and Agreement shall be provided in Fire District's capacity as an independent fire district and in accordance with the County of El Dorado Ambulance Ordinance, available for reference at :

https://www.edcgov.us/Government/EMS/Pages/ambulance_ordinance.aspx. In the event there is any discrepancy between this Agreement and the Ambulance Ordinance, the provisions in the Ambulance Ordinance control. Fire District warrants and represents that it has read and is fully aware of and knowledgeable of all applicable provisions in the Ambulance Ordinance that relate to and govern services provided pursuant to this Agreement.

II. This application and Agreement pertain only to the provision of ALS Non-Transporting Unit and ALS Assessment Unit services.

III. Fire District shall at all times meet the requirements set forth by the California Highway Patrol (CHP); the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority; the California Code of Regulations; the County Emergency Medical Service and Medical Transportation Ordinance; the Policies, Procedures and Field Treatment Protocols established by the medical control within the Fire District's local jurisdiction; and any and all other applicable statute, ordinance, and resolution regulating prehospital Advanced Life Support services provided under this Agreement, including but not by way of limitation, personnel, vehicles, equipment, services, and supplies. In the event of any conflicting statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.

IV. Fire District is applying for the following permits:

Advanced Life Support Non-Transporting Unit
Advanced Life Support Assessment Unit

V. Change in Circumstances: Fire District shall notify the Permit officer if any information in this application changes during the pendency of the application, and shall provide, within five (5) days of that notification, updated information.

VI. Changes to Operations: The Fire District shall notify the County about changes to business location and phone numbers, hours of operations, service charges and rates, insurance coverage, changes to the Fire District, registered owner, partner, officer, director, controlling shareholder, or any other substantive change to this application on file, within fifteen (15) days of such changes.

VII. *In accordance with Ambulance Ordinance 8.74.080, Fire District shall document herein below the names and addresses of the Fire District, officers, and directors.

APPLICATION FOR ALS NON-TRANSPORT UNIT OR ALS ASSESSMENT UNIT PROVIDER PERMIT

Name under which Fire District proposes to engage in business:	El Dorado Hills County Water District (aka El Dorado Hills Fire Department)
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Physical Address:	1050 Wilson Blvd. El Dorado Hills, CA 95762
Mailing Address (if different):	
Telephone Number (Office):	(916) 933-6623
Telephone Number (Cell):	(916) 947-8502
If Corporation: Name of Corporation:	
State of Incorporation:	
Date of Incorporation: (Use format MM/DD/YYYY)	

Name of Corporate Officers / Board of Directors*	Title	Address
Agent for Service of Process:		

VIII. The following required Statements are attached hereto and incorporated herein by reference:

Required Statement	Check if attached
1. A written statement identifying the type and level of service proposed.	<input checked="" type="checkbox"/>
2. A written statement specifying whether the Fire District has provided any EMS services outside the County, and if so, under what name, what type of service, where, and for how long.	<input checked="" type="checkbox"/>
3. If Fire District is required to be licensed and permitted by the California Highway Patrol , they shall hold a valid license and permit prior to submitting the application. Please provide:	
a. A copy of a current CHP Authorized Emergency Vehicle Permit for each emergency vehicle, if required by the CHP.	<input checked="" type="checkbox"/>
4. A copy of a current El Dorado County Business License and a copy of the business license for each city in which the Fire District is doing business.	<input checked="" type="checkbox"/>
5. A written statement of the legal history of the Fire District inclusive of all criminal and civil convictions, suspensions, or termination of EMS contracts and/or permits. The statement shall be accompanied by a completed application for a criminal record check.	<input checked="" type="checkbox"/>
6. A written statement that the Fire District will abide, where applicable, by regulations of the California Vehicle Code and the California Code of Regulations, Title 13, Motor Vehicles.	<input checked="" type="checkbox"/>
7. A written statement specifying the education, training, and experience of the Fire District in the care of patients.	<input checked="" type="checkbox"/>
8. A written statement that the Fire District understands and will comply with the County's EMS Agency's policies and procedures for staffing, equipment, and supply specifications and requirements, including automated external defibrillators (AEDs).	<input checked="" type="checkbox"/>
9. A detailed description of the Fire District's training and orientation programs for all EMS personnel, inclusive of EMTs and EMT-Ps, drivers, and maintenance staff.	<input checked="" type="checkbox"/>
10. A detailed description of the radio equipment including vehicle radios as well as cellular phones in use.	<input checked="" type="checkbox"/>
11. A detailed statement demonstrating that the Fire District owns or controls, in good mechanical condition, the required equipment to consistently provide the type of EMS service for which the Fire District is applying, and that Fire District owns or controls a suitable facility(ies) from which contracted or permitted services will be operated, and the address(es) and hours of operation for each facility listed.	<input checked="" type="checkbox"/>

Required Statement	Check if attached
12. A detailed description of the number of ALS Non-Transporting Unit and/or ALS Assessment Unit vehicles in use and for each: the make and model, year, vehicle identification number, State vehicle license number and proof of current Department of Motor Vehicles registration.,	<input checked="" type="checkbox"/>
13. Evidence of Insurance meeting the requirements of the County, as noted in Section XVII.	<input checked="" type="checkbox"/>
14. A written statement, signed by the Fire Chief, certifying that: 1) the Fire District understands and will comply with the County's EMS vehicle inspection process and policies, including County EMS Policy titled "ALS Unit Minimum Equipment Inventories for ALS Non-Transport and Assessment Units," 2) each ALS Non-Transporting Unit or ALS Assessment Unit that is permitted under this permit is currently in compliance with such policies and, 3) Fire District will submit to the County EMSA an annual certification letter for each ALS Non-transporting Unit or ALS Assessment Unit certifying that such unit has been inspected by the Fire District and that such unit is in full compliance with the inspection policies and minimum equipment inventories. Each annual certification must be signed by the Chief of the Fire District, and submitted within five (5) days of each anniversary of this permit agreement. Any units added to the fleet after issuance of the permit will require an initial certification by the Fire Chief within five (5) days of the unit starting service and subsequent annual certifications shall occur on the same date as the existing fleet annual certifications.	<input checked="" type="checkbox"/>
15. A detailed description of the Fire District's program for maintenance for vehicles and equipment.	<input checked="" type="checkbox"/>
16. A quality assurance plan that meets EMS policies for the specific level of service in accordance with California Code of Regulations Title 22, Chapter 12.	<input checked="" type="checkbox"/>
17. A detailed list of all EMS personnel, inclusive of EMT's, EMT-P/s, with each person's license and certification information, license number and expiration date.	<input checked="" type="checkbox"/>
18. A written statement that the Fire District shall only employ personnel who comply with the requirements of the California Code of Regulations, Title 22; Health and Safety Code, Division 2.5 Statutes, Section 1797 et seq., County's Ambulance Ordinance, and County's Emergency Medical Services Agency Policy and Procedure Manual.	<input checked="" type="checkbox"/>
19. A staffing or deployment plan that describes the Fire District's method of operation within the County.	<input checked="" type="checkbox"/>
20. The application fee as set by the County (available at https://www.edcgov.us/Government/EMS/Pages/ambulance_ordinance.aspx under "EMS Fees"), payable by cash, money order, or cashier's check made payable to County of El Dorado Emergency Medical Services Agency, or by credit card.	<input checked="" type="checkbox"/>

Required Statement	Check if attached
21. A written statement that the Fire District will participate in the County's disaster response plan.	<input checked="" type="checkbox"/>
22. Any other information that the County deems necessary for determination of compliance with the Ambulance Ordinance.	<input checked="" type="checkbox"/>

Fire District warrants and represents that the information in the application and Statements above, are true and correct.

- IX. **Services:** Fire District is authorized to provide ALS Non-Transporting Unit and/or ALS Assessment Unit services subject to and in accordance with the conditions set forth in this Agreement. Fire District is prohibited from subcontracting, delegating or assigning any services authorized pursuant to this Agreement, in whole or in part, to any other person or entity.
- X. **Term:** This Agreement shall become effective upon final execution by both parties hereto and shall expire three (3) years from the date thereof.
- XI. **Changes to Agreement:** This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the parties hereto.
- XII. **ePCR Requirements:** County may purchase an initial supply of ePCR mobile tablets for ALS Non-Transporting/Assessment Units, to be distributed based on availability.
 - A. ePCR mobile tablets shall remain property of the State of California and may not be transferred for use by another entity or another department of a local government or disposed of without written approval of California State Emergency Medical Services Authority (EMSA). A detailed description of the provided ePCR equipment will be maintained and updated routinely during the annual County property inventory.
 - B. Fire District shall provide tablet maintenance and repair, as well as operating system updates for each tablet. Fire District will be solely responsible for the purchase and replacement of all accessories to the tablet(s) including, but not limited to: batteries, plugs, power cords, protective cases, and screen protectors. In the event a tablet needs to be replaced, Fire District shall, at its sole cost and expense, purchase the replacement tablet in an updated make and model capable of performing in accordance with the ePCR platform system requirements. Fire District shall ensure that a sufficient number of mobile ePCR tablets are available for replacement in the event of a breakdown, maintenance, and disaster operations.
 - C. After ePCR implementation, Fire District shall utilize an ePCR meeting the standards and specifications of the EMS Agency Medical Director. The ePCR is required to be completed for all patients for whom care is rendered at the scene, regardless of whether the patient is transported.
 - i. To ensure that the County and EMS Agency Medical Director can conduct system-wide quality improvement activities, Fire District is required to provide County with electronic copies of accurately completed patient care forms including but not limited to correct name, address, date of birth, social security number, and signature of the patient or patient representative (or clearly stated reason why patient is unable to sign) and sufficient information to appropriate document medical necessity.

- ii. Properly completed ePCR reports shall be delivered or electronically available to the County within forty-eight (48) hours of the completion of each call.
 - iii. In the event that hardware, software, communications, licensing, or other technical problems temporarily prohibit the real-time capture of ePCR data and information, Fire District shall have an immediately available backup system to manually collect all required information. Upon manual collection of this information, it shall be Fire District's responsibility to enter it into appropriate electronic databases to assure compliance with the reporting requirements and timelines of this agreement.
- D. In the event the ePCR format is not available, Fire District personnel shall utilize the El Dorado County approved Prehospital Care Report form(s) for all emergency and non-emergency responses.
- i. In the case of an ALS first responder where the first responder maintains patient care and rides in the ambulance, a single Prehospital Care Report form may be filled out noting any action the first responder has taken to provide care for the patient, and shall be transferred with the patient.
 - ii. In the case where the first responder does not maintain patient care and ride in the ambulance, the ALS first responder report will be forwarded/faxed within twenty-four (24) hours to the hospital, to be attached to the patient record, to complete the prehospital patient care documentation completed by the paramedic who maintained patient care until delivery to the hospital.
 - iii. In the case of ALS first responder, at the time of transfer of patient care to the transporting paramedic, the first responder shall relay all pertinent information including, but not limited to, patient history, mechanism of injury, medications normally taken, allergies, assessment finding, and treatments already performed.
 - iv. In the case of ALS first responder where the first responder report is not completed prior to the ambulance leaving the scene, the first responder shall complete this report within twenty-four (24) hours and follow the distribution instructions as defined in the El Dorado County EMS documentation policy. If any portion of the incomplete record is passed on to the transporting unit, it shall not be considered an official document.
 - v. Fire District personnel shall perform due diligence to obtain and transmit all required patient care information. If circumstances arise which limit the availability of patient information, billing information, and associated information, the Fire District shall remain responsible to obtain the required information and submit it to the County. Fire District personnel shall adhere to the requirements in the El Dorado County EMS Policy: "EMS Documentation Policies and Procedures."

XIII. **Liability:** Fire District is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services authorized by this Agreement. Fire District exclusively assumes responsibility for any and all acts of its officers, employees, agents, and associates as they relate to services authorized and provided pursuant to this Agreement during the course and scope of their employment.

Fire District shall be solely responsible for performing services authorized by this Agreement in a safe, professional, skillful, and workmanlike manner and shall be liable for its own negligence and negligent acts of its officers, employees, agents and associates. County shall have no right of control over the manner in which services are provided and shall, therefore, not be charged with responsibility of preventing risk to Fire District or its officers, employees, agents and associates.

The parties to this Agreement are not partners or joint ventures and nothing contained herein shall be construed to create a partnership or joint venture between the parties or to constitute any party the agent of the other. Neither party shall hold itself out contrary to the terms of this section nor shall either party become liable by any representation, act, or omission of the other contrary to the provisions herein.

XIV. Default, Termination, and Cancellation:

- A. **Default/Violation:** Upon the occurrence of any default or violation of the provisions of this Agreement, the Permit Officer shall give written notice of said default or violation to the Fire District (notice). If the Fire District does not cure the default or violation within ten (10) days of the date of notice (time to cure), then the Fire District shall be in default. Upon failure to cure the default or violation within the specified time to cure, the Permit Officer may, in their sole discretion extend the time to cure, or suspend, revoke or terminate the Fire District's permit in accordance with the paragraph "Suspension, Revocation and/or Termination" herein below.

Any extension of time to cure must be in writing, prepared by the Fire District for signature by the Permit Officer and must specify the reason(s) for the extension and the date on which the extension of time to cure expires.

Notice given under this section shall specify the alleged default or violation, and the applicable Agreement provision or cite the appropriate section of the Ambulance Ordinance, and shall demand that the Fire District perform the provisions of this Agreement within the applicable period of time.

- B. **Termination or Cancellation without Cause:** Either party may terminate this Agreement in whole or in part upon seven (7) calendar days written notice without cause. Upon receipt of a Notice of Termination, Fire District shall promptly discontinue all services affected, as of the effective date of termination set forth in such Notice of Termination, unless the notice directs otherwise.
- C. **Enforcement:** In accordance with Ambulance Ordinance Section 8.74.140, Enforcement, the County shall have the following rights and remedies.
1. *Inspections and investigations.*
 - a. The County shall have the right to inspect and audit records, facilities, equipment, supplies, personnel, and methods of operation of a Fire District whenever the County deems such inspection necessary.
 - b. The Fire District shall cooperate with County in any investigations of possible violations and shall make all dispatch logs and similar dispatch records including tape recordings available for inspection and copying at reasonable times at the Fire District's regular place of business. All tape recordings shall remain available for a minimum of sixty (60) days from the date the recording was made.
 - c. The Fire District shall allow County to inspect, on a pre-announced or unannounced basis, all ALS Non-Transporting/Assessment vehicles used by the Fire District within the County. The purpose of such inspection is to determine if the vehicle and its equipment and supplies are in good working order, properly maintained and equipped for the provision of the emergency medical services for which it is permitted. The inspection for vehicles will be for all equipment identified in the County's Emergency Medical Services Agency Policy and Procedure Manual which has not been inspected by the CHP. The Fire District shall inform the County of any suspension and/or revocation of their CHP vehicle certificate or permit for emergency vehicles used within the County.

2. *Consumer complaints:* Any person alleging that a Fire District has provided unsatisfactory or inappropriate emergency medical services as defined herein this Agreement may file a written complaint with the Permit Officer setting forth such allegations. The Permit Officer shall notify the Fire District in writing of the receipt of the complaint. The Permit Officer shall investigate the complaint to determine whether the Fire District has committed any improper act or failed to satisfactorily perform any duty specified herein. Fire District may provide a written response to the Permit Officer in writing within ten (10) business days from the receipt of that notification. If the Permit Officer determines that the Fire District has committed a violation, the Permit Officer shall take timely and reasonable actions to secure compliance with the requirements herein. If the Permit Officer is unable to secure compliance, the Permit Officer will initiate action to suspend, revoke, or terminate the contract or permit.
3. *Suspension, revocation and/or termination:*
 - a. Following the procedures specified in the Article titled "Default Termination, and Cancellation" paragraph "Default/Violation" herein, the County may suspend or revoke a permit or contract for:
 - i. Violating any provision of the contract or permit;
 - ii. Violating any provisions of this chapter or violating any provisions of statute, regulations or other laws relating to emergency medical services;
 - iii. Changing the operational or financial capabilities of the Fire District or contractor in such a manner that had that change been known at the time of the application, the application could have been denied;
 - iv. Failing to pay any fine issued pursuant to this section within ten business days.
 - b. The County may suspend, revoke, or terminate this Agreement and Permit as specified herein above.
 - c. Suspension is not a condition precedent to revocation.
4. *Penalties:* The County may impose fines for noncompliance infractions. Infractions of a contract or permit are punishable by a fine not exceeding: \$100.00 for a first violation; \$200.00 for a second violation of the same infraction within one year; and \$500.00 for each additional violation of the same infraction within one year.
5. *Appeals:* Requests to challenge the decision to terminate this Agreement and Permit may be appealed in writing to the Emergency Medical Services Agency Administrator within fifteen (15) business days from the date of the mailed notice of suspension, revocation, or termination. The appeal shall be signed by an authorized representative of appellant and shall set forth all relevant facts and law in support of the appeal. If the Fire District disagrees with the decision of the EMS Agency Administrator, the Fire District may appeal in writing to the Health and Human Services Agency Director within seven (7) calendar days of receipt of the EMS Agency Administrator's decision. The decision of the Health and Human Services Agency Director is final, unless otherwise provided by law.

In any case where the Health and Human Services Director determines to uphold the decision to suspend or revoke a permit, the Director shall prepare a written notice of suspension or revocation which includes a statement of the proposed action, a concise explanation of the reasons and basis for the proposed action and an explanation of the Fire District's right to appeal to the Board of Supervisors. Within five business days of the mailing of the Director's notice, the Fire District may file an application for appeal to be held in accordance with the procedures set forth in El Dorado County Ordinance Chapter 2.09.

6. *Exception to hearing procedure:* When, in the opinion of the Health and Human Services Director, there is a clear and imminent threat to the safety and protection of the public, the Health and Human Services Director may suspend a permit without following the procedure set forth in Ambulance Ordinance Section 8.74.080 D. A written notice of decision and the basis relied upon for such action shall be provided to the Fire District. The Fire District may file an application for appeal to the Board of Supervisors in accordance with the procedures set forth in El Dorado County Ordinance Chapter 2.09.
7. *Notification:* When a permit is suspended or revoked or a contract terminated, the Permit Officer shall notify all public safety agencies, hospitals and other interested parties in the County of this fact, specifying the name of the Fire District and the action taken.

XV. **Indemnity:** To the fullest extent of the law, the Fire District shall defend, indemnify, and hold the County, its Board of Supervisors, agents, officers and employees harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorney's fees and costs incurred, brought for, or on account of, personal injury, sickness, disease, injuries to or death of any person, including but not limited to workers, County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Fire District's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the County, the Fire District, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the County, its officers and employees, or as expressly prescribed by statute. This duty of Fire District to indemnify and save County harmless includes the duties to defend set forth in California Civil Code Section 2778.

In the event of any suspension, revocation or termination of this Agreement, any and all obligations of Fire District to defend, indemnify and/or hold harmless County, its Board of Supervisors, agents, officers and employees, including but not limited to this indemnification provision, shall survive such suspension, revocation and/or termination.

XVI. **Insurance:** Fire District shall maintain at its sole cost and expense, and keep in force during the term of this agreement, the following insurance coverages:

- A. Workers' Compensation Insurance with statutory limits, as required by the laws of any and all states in which Contractor's employees are located and; Employer's Liability insurance on an "occurrence" basis with a limit of not less than \$1,000,000.
- B. Commercial General Liability Insurance at least as broad as CG 00 01, covering premises and operations and including but not limited to, owners and contractors protective, product and completed operations, personal and advertising injury and contractual liability coverage with a minimum per occurrence limit of \$3,000,000 covering bodily injury and property damage; General Aggregate limit of \$5,000,000; Products and Completed Operations Aggregate limit of \$2,000,000 and Personal & Advertising Injury limit of \$2,000,000, written on an occurrence form. If Fire District's general liability limits fail to meet the limits required above Fire District may carry excess or umbrella liability insurance providing excess coverage at least as broad as the underlying coverage for general liability with a limit equal to or above the amount stated above on a per occurrence and aggregate basis.
- C. Automobile Liability Insurance at least as broad as CA 00 01 with Code 1 (any auto, including ambulances, fire engines and other emergency services mobile equipment. Inland Marine insurance specific to emergency mobile equipment will be acceptable to meet this requirement together with the automobile liability insurance), covering use of all owned, non-

owned, and hired automobiles with a minimum combined single limit of \$1,000,000 per occurrence for bodily injury and property damage liability.

- D. Professional Liability Insurance covering liability imposed by law or contract arising out of an error, omission or negligent act in the performance, or lack thereof, of professional services and any physical property damage, bodily injury or death resulting there from, with a limit of not less than \$6,000,000 per claim and in the aggregate. The insurance shall include a vicarious liability endorsement to indemnify, defend, and hold harmless El Dorado County for claims arising out of covered professional services and shall have an extended reporting period of not less than two years. That policy retroactive date coincides with or precedes Fire District's start of work (including subsequent policies purchased as renewals or replacements).
- E. If the policy is terminated for any reason during the term of this Agreement, Fire District shall either purchase a replacement policy with a retroactive date coinciding with or preceding the retroactive date of the terminating policy, or shall purchase an extended reporting provision of at least two (2) years to report claims arising from work performed in connection with this Agreement and a replacement policy with a retroactive date coinciding with or preceding the expiration date of the terminating policy.
- F. If this Agreement is terminated or not renewed, Fire District shall maintain the policy in effect on the date of termination or non-renewal for a period of not less than two years there from. If that policy is terminated for any reason during the two (2) year period, Fire District shall purchase an extended reporting provision at least covering the balance of the two (2) year period to report claims arising from work performed in connection with this Agreement or a replacement policy with a retroactive date coinciding with or preceding the retroactive date of the terminating policy.
- G. All policies of insurance shall provide for the following:
 - i. Name El Dorado County, members of the Board of Supervisors of El Dorado County, its officers, agents and employees, as additional insureds except with respect to Workers' Compensation and Professional Liability.
 - ii. Be primary and non-contributory with respect to all obligations assumed by Fire District pursuant to this Agreement or any other services provided. Any insurance carried by El Dorado County shall not contribute to, or be excess of insurance maintained by Fire District, nor in any way provide benefit to Fire District, its affiliates, officers, directors, employees, subsidiaries, parent company, if any, or agents.
- H. Be issued by insurance carriers with a rating of not less than A VII, as rated in the most currently available "Best's Insurance Guide."
- I. Include a severability of interest clause and cross-liability coverage where El Dorado County is an additional insured.
- J. Provide a waiver of subrogation in favor of El Dorado County, members of the Board of Supervisors of El Dorado County, its officers, agents and employees.
- K. Provide defense in addition to limits of liability.
- L. Upon execution of this Agreement and each extension of the Term thereafter, Fire District shall cause its insurers to issue certificates of insurance evidencing that the coverages and policy endorsements required under this Agreement are maintained in force and that not less than 30 days written notice shall be given to El Dorado County prior to any material modification, cancellation, or non-renewal of the policies. Certificates shall expressly confirm at least the following: (i) El Dorado County's additional insured status on the general liability, and auto liability policies; (ii) and the waiver of subrogation applicable to the workers' compensation and professional liability policies. Fire District shall also furnish El Dorado County with endorsements effecting coverage required by this insurance requirements clause. The endorsements are to be signed by a person authorized by the Insurer to bind coverage on its behalf. The certificate of insurance and all required


endorsements shall be delivered to El Dorado County's address as set forth in the Notices provision of this Agreement.

- M. All endorsements are to be received and approved by the County of El Dorado before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.
 - N. Unless otherwise agreed by the parties, Fire District shall cause all of its Subcontractors to maintain the insurance coverages specified in this Insurance section and name Fire District as an additional insured on all such coverages. Evidence thereof shall be furnished as El Dorado County may reasonably request.
 - O. The coverage types and limits required pursuant to this Agreement shall in no way limit the liability of Fire District.
- XVII. **HIPAA:** Fire District acknowledges its obligations under the Health Insurance Portability and Accountability Act (HIPAA) and agrees that it shall comply with all applicable HIPAA requirements and obligations at all times, in accordance the Business Associate Agreement attached hereto as Exhibit A and incorporated by reference herein.
- XVIII. **County Business License:** It is unlawful for any person to furnish supplies or services, or transact any kind of business in the unincorporated territory of El Dorado County without possessing a County business license unless exempt under County Code Section 5.08.070.
- XIX. **Licenses:** Fire District hereby represents and warrants that Fire District, its officers, employees, agents and associates have all the applicable licenses, permits, and certifications that are legally required for Fire District, its officers, employees, agents and associates to practice its profession or provide the services or work authorized under this Agreement in the State of California. Fire District, its officers, employees, agents and associates shall maintain said applicable licenses, permits, or certificates in good standing throughout the term of this Agreement.
- XX. **Administrator:** The County Officer or employee with responsibility for administering this Agreement is Richard W. Todd, M.B.A., Emergency Medical Services Agency Administrator, or successor.
- XXI. **Authorized Signatures:** The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.
- XXII. **Partial Invalidity:** If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will continue in full force and effect without being impaired or invalidated in any way.
- XXIII. **Venue:** Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California.
- XXIV. **No Third Party Beneficiaries:** Nothing in this Agreement is intended, nor will be deemed, to confer rights or remedies upon any person or legal entity not a party to this agreement.
- XXV. **Entire Agreement:** This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties and they incorporate or supersede all prior written or oral Agreements or understandings.

County Authorized Signer:

By: _____ Dated: _____
Health and Human Services Agency Director, or designee

-- FIRE DISTRICT --

By:  _____ Dated: 8-22-10
Name: Thomas K. Katic
Title: Fire Chief
"Fire District"

July 26, 2018

Permit / Contract Officer
Emergency Medical Services Agency
2900 Fair Lane Court
Placerville, CA 95667

Dear Permit / Contract Officer:

1. Please accept this written statement as part of the application and agreement for the El Dorado Hills County Water District (aka El Dorado Hills Fire Department and hereinafter referred to as EDHFD) to provide the following level of services in El Dorado County:
 - Advanced Life Support Non-Transporting Unit
 - Advanced Life Support Assessment Unit services
2. The EDHFD has provided Advanced Life Support (ALS) services outside of El Dorado County (Sacramento County and throughout the State of California) when deployed to Strike Team assignments or move-up assignments as part of California's Master Mutual Aid systems. While providing these services outside of El Dorado County, we operate under the EDHFD name. We provide fire suppression, emergency medical and other emergency services for indefinite periods of time.
3. The EDHFD fire apparatus are not required to be licensed and permitted by the California Highway Patrol.
4. As a Special District in El Dorado County a Business License is not required.
5. The EDHFD has no legal history inclusive of any criminal or civil convictions, suspensions, or termination of EMS contracts and/or permits.
6. The EDHFD will abide, where applicable, by regulations of the California Vehicle Code and the California Code of Regulations, Title 13, Motor Vehicles.
7. The EDHFD provides education, training, and experience in the care of patients to whom we provide services. All our employees are trained to the level of EMT or EMT-Paramedic. Each employee is required to complete monthly and annual continuing

education. All paramedics are accredited by El Dorado County and meet the annual education, training and experience requirements associated with that accreditation.

8. The EDHFD understands and will comply with the County's EMS Agency's policies and procedures for staffing, equipment, and supply specifications and requirements, including automated external defibrillators (AEDs).
9. The EDHFD's training and orientation programs for all EMS personnel begin upon employment. All safety employees are required to hold a California State Firefighter 1 Certificate and are California State Licensed Paramedics. Each employee enters a recruit training academy where they are trained in fire and EMS operations, hospital locations, ambulance operations, ePCR, 12 lead EKG, ACLS, PALS and incident reporting requirements. All employees serve an eighteen-month probationary period where they are trained and tested by Fire Captains, Chief Officers and peers.
10. All emergency vehicles are equipped with the following radio/cell equipment:
 - iPad
 - Cell Phone
 - Kenwood TK-790 VHF
 - Four (4) Motorola APX7000 dual band portable radios
 - Bendix King GPH-CMD portable radio
11. The EDHFD owns and controls, in good mechanical condition, all required equipment to consistently provide ALS EMS service for which we are applying. The EDHFD owns and controls a total of five staffed fire stations that are maintained and are suitable facilities from which contracted or permitted services will be operated. The following are the EDHFD fire stations which are operated 24 hours a day, 365 days a year:
 - Fire Station 84
2180 Francisco Drive
El Dorado Hills, CA 95762
 - Fire Station 85 (Fire Headquarters)
1050 Wilson Drive
El Dorado Hills, CA 95762
 - Fire Station 86
3670 Bass Lake Road
El Dorado Hills, CA 95762
 - Fire Station 87
4680 Golden Foothill Parkway
El Dorado Hills, CA 95762

- Fire Station 91
7660 South Shingle Road
Shingle Springs, CA 95682

12. The EDHFD Fire Apparatus are listed below:

Type 1 ALS Fire Engines:

Identifier	Make	Year	VIN	License #
8571 – E85	Spartan	1996	44KFT4282TWZ18372	25192
8572 – E287	HME	2001	44KFT4288YWZ19260	1058835
8570 – E286	Spartan	2003	4S7AT2C943C043257	1152126
8574 – E86	Spartan	2007	4S7AT2C947C057486	1239349
8576 – E87	Ferrara	2010	1F9504420AH140807	1301902
8577 – E84	KME	2014	1K9AF4284EN058675	1327120
8578 – NEW E85	Pierce	2018	4P1BAAGF3JA019134	None Yet - New

Type 3 ALS Fire Engines:

Identifier	Make	Year	VIN	License #
8562 – E387	International	2005	1HTWEADN34J017658	1136549
8563 – E386	International	2007	1HTSEAAR5SH681521	1137080

Type 6 ALS Fire Engines:

Identifier	Make	Year	VIN	License #
8553 – P87	Ford	2015	1FD0W5HT4FEC46812	13326853
8554 – P91	Ford	2016	1FD0W5HT9GEB33021	T571918

Truck ALS:

Identifier	Make	Year	VIN	License #
8590 – T85	Sutphen	2012	1S9A3JNE3C1003101	1301955

Department of Motor Vehicles registration copies can be found in Appendix B.

13. Evidence of Insurance meeting the requirements of the County, as noted in Section XVII, can be found in Appendix A.

14. As Fire Chief, I am hereby certifying that:

- The EDHFD understands and will comply with the County's EMS vehicle inspection process and policies, including County EMS Policy titled "ALS Unit Minimum Equipment Inventories for ALS Non-Transport and Assessment Units."

- Each ALS Non-Transporting Unit or ALS Assessment Unit that is permitted under this permit is currently in compliance with such policies.
- The EDHFD will submit to the County EMSA an annual certification letter for each ALS Non-transporting Unit or ALS Assessment Unit certifying that such unit has been inspected by the EDHFD and that such unit is in full compliance with the inspection policies and minimum equipment inventories. Each annual certification will be signed by the Fire Chief of the EDHFD, and submitted within five (5) days of each anniversary of this permit agreement. We understand that any units added to the fleet after issuance of the permit will require an initial certification by the Fire Chief within five (5) days of the unit starting service and subsequent annual certifications shall occur on the same date as the existing fleet annual certifications.

15. The EDHFD has an aggressive inspection and maintenance program for all our vehicles and equipment.

Each day in the morning, professionally trained Firefighter Engineers inspect our apparatus. During this time, all EMS equipment is tested and inspected for response readiness. Weekly, all apparatus undergo an extensive and detailed inspection conducted by our Firefighter Engineers. Detailed records and check sheets are maintained for all these inspections and are available to review at any time.

The EDHFD employs a dedicated Operations Support Specialist who maintains all of our apparatus. This employee works with local professional fleet service vendors including: Veerkamp's, Golden State Fire Apparatus, West Coast Fire Apparatus, Ford, Chevy, etc. EDHFD also contracts out for third-party annual inspections completed by Veerkamp's for every fire engine.

16. The EDHFD maintains a quality assurance plan that meets EMS policies for the specific level of service in accordance with California Code of Regulations Title 22, Chapter 12.

17. Here is a detailed list of all EMS personnel, inclusive of EMT's, EMT-P/s, with each person's license and certification information, license number and expiration date:

El Dorado Hills Fire Department

EMS Personnel 2018

First Name	Last Name	Credential Name	Expiration Date	Credential Number
Mark	Ali	Paramedic	1/31/2020	P16408
Thomas	Anselmo	Paramedic	5/31/2019	P07172
Rob	Austerman	Paramedic	3/31/2020	P30773
Jacob	Baldwin	Paramedic	8/31/2019	P25155

Matthew	Beckett	Paramedic	12/31/2018	P15279
Matthew	Belleci	Paramedic	3/31/2020	P18467
Ryan	Bennett	Paramedic	7/31/2020	P31182
Todd	Bichel	Paramedic	10/31/2019	P30217
David	Brady	Paramedic	8/31/2018	P16974
Lantz	Burvant	Paramedic	6/30/2019	P15886
Benjamin	Cowles	Paramedic	11/30/2019	P16260
Marshall	Cox	EMT - Basic	9/30/2018	E077396
Kristin	Cramer	EMT - Basic	6/30/2019	E056090
Jeffrey	Cummins	Paramedic	11/30/2018	P24315
Mathew	Eckhardt	Paramedic	1/31/2020	P18392
Hank	Ferlini	Paramedic	8/31/2019	P00071
Bryan	Ferry	Paramedic	9/30/2020	P19164
Steven	Gove	Paramedic	1/31/2019	P34560
Michael	Gygax	Paramedic	9/30/2018	P09165
Gregory	Hartman	Paramedic	9/30/2019	P37928
Ryan	Hathaway	Paramedic	2/28/2019	P19574
Dale	Hemstalk	Paramedic	10/31/2018	P15117
Michael	Huerta	Paramedic	9/30/2019	P37932
John	Johnston	Paramedic	4/30/2020	P14712
Kristopher	Jower	Paramedic	6/30/2020	P28567
Robert	Karnow	Paramedic	9/30/2018	P09154
Timothy	Kerwood	EMT - Basic	7/31/2020	B05122
Christopher	Landry	Paramedic	1/31/2019	P24445
Stephanie	Layton	EMT - Basic	12/31/2019	E086074
Michael	LeBlanc	Paramedic	4/30/2020	P14718
Brian	Leduc	Paramedic	6/30/2020	P23674
Mike	Lilienthal	Paramedic	3/31/2019	P17402
Don	Lorence	Paramedic	4/30/2020	P28388
Michael	Lovinger	Paramedic	9/30/2019	P18026
Brian	Lowe	Paramedic	9/30/2018	P21538
Michael	MacKenzie	Paramedic	3/31/2020	P04971
Robyn	MacKenzie	Paramedic	12/31/2019	P16313
LisaMarie	Mason	Paramedic	2/29/2020	P20904
Stacy	Minnich	Paramedic	9/30/2019	P17994
Antonio	Moreno	EMT - Basic	8/31/2019	E013114
Murray	Morgan	Paramedic	10/31/2019	P32777
Daniel	Nelson	Paramedic	8/31/2019	P20267
Mark	Netherton	Paramedic	6/30/2020	P26214
Kasey	Owens	Paramedic	7/31/2019	P15988
Raymond	Phillips	Paramedic	8/31/2018	P33962

Thrace	Ramsey	Paramedic	4/30/2019	P24984
Kevin	Schlange	Paramedic	6/30/2019	P35039
Drew	Scroggins	Paramedic	8/31/2018	P34022
Megan	Selling	EMT - Basic	3/31/2019	E3297820
Christopher	Sickenberger	Paramedic	9/30/2019	P35446
Jason	Smith	Paramedic	7/31/2020	P18968
James	Sommercamp	Paramedic	1/31/2019	P24440
Carmen	Stiern	Paramedic	8/31/2019	P16077
Adam	Tiffany	Paramedic	7/31/2019	P35205
John	Vandalen	Paramedic	2/28/2019	P34602
Clinton	Vogan	Paramedic	10/31/2019	P25356
Dave	Ward	Paramedic	3/31/2019	P22132
Brenton	Warren	Paramedic	3/31/2019	P19745
Phillip	Wesson	Paramedic	4/30/2020	P08733
Brian	Wilkey	Paramedic	2/29/2020	P25815
Bradley	Willock	Paramedic	8/31/2020	P36538
Thomas	Zarback	Paramedic	9/30/2020	P23979
Jon	Zellhoefer	Paramedic	8/31/2019	P16042

18. The EDHFD only employs personnel who comply with the requirements of the California Code of Regulations, Title 22; Health and Safety Code, Division 2.5 Statutes, Section 1797 et seq., County's Ambulance Ordinance, and County's Emergency Medical Services Agency Policy and Procedure Manual.

19. Here is the staffing and deployment plan that describes the EDHFD's method of operation within the County:

Daily Staffing:

Daily Staffing is accomplished with three type 1 engines staffed with a Captain, Engineer and Firefighter. In addition, EDHFD staff one truck company with a Captain, Engineer and two Firefighters. EDHFD staff one type 6 fire engine with a Captain and Engineer, and also provide two Firefighters to staff the JPA Medic 85 ambulance. There is one Battalion Chief (BC) on duty each day to provide supervision. All resources, with the exception of BC, are Advanced Life Support with at least two paramedics.

20. The EDHFD will pay the application fee as set by the County (available at https://www.edcgov.us/Government/EMS/Pages/ambulance_ordinance.aspx under "EMS Fees"), payable by cash, money order, or cashier's check made payable to County of El Dorado Emergency Medical Services Agency, or by credit card.

21. The EDHFD will participate in the County's disaster response plan.

If you have any questions, please contact me at 916-933-6623.

Sincerely,

THE EL DORADO HILLS FIRE DEPARTMENT



Tom Keating, Fire Chief (Interim)



Appendix A – Insurance Cards

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS

Allied World Assurance Company

POLICY NUMBER

6400001802

EFFECTIVE DATE EXPIRATION DATE

11/01/17 11/01/18

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR MAKE/MODEL

1996 HI TECH PUMPER L

VEHICLE IDENTIFICATION NUMBER

44KFT4282TWZ18372

AGENCY/COMPANY ISSUING CARD

ISU Insurance Services

Jennifer L. Kime

800 Pacific Street

Placerville, CA 95667

INSURED

**El Dorado Hills County Water
Dist dba El Dorado Hills F.D.
1050 Wilson Blvd.**

El Dorado Hills, CA 95762

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.**
- 2. Name of Insurance Company and policy number for each vehicle involved.**



CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS
Allied World Assurance Company

POLICY NUMBER

6400001802

EFFECTIVE DATE

EXPIRATION DATE

11/01/17

11/01/18

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2000

HME PUMPER L

44KFT4288YWZ19260

AGENCY/COMPANY ISSUING CARD

ISU Insurance Services

Jennifer L. Kime

800 Pacific Street

Placerville, CA 95667

INSURED

**El Dorado Hills County Water
Dist dba El Dorado Hills F.D.
1050 Wilson Blvd.**

El Dorado Hills, CA 95762

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- 2. Name of Insurance Company and policy number for each vehicle involved.**

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS
Allied World Assurance Company

POLICY NUMBER

6400001802

EFFECTIVE DATE

EXPIRATION DATE

11/01/17**11/01/18**

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2003**FERRERA- PUMPER L****4S7AT2C943C043257**

AGENCY/COMPANY ISSUING CARD

ISU Insurance Services**Jennifer L. Kime****800 Pacific Street****Placerville, CA 95667**

INSURED

☐

**El Dorado Hills County Water
Dist dba El Dorado Hills F.D.
1050 Wilson Blvd.
L El Dorado Hills, CA 95762**

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMANDIN CASE OF ACCIDENT: Report all accidents to your Agent/Company as
soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS
Allied World Assurance Company

POLICY NUMBER

6400001802

EFFECTIVE DATE

EXPIRATION DATE

11/01/17**11/01/18**

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2007**SPARTAN CHASSIS****4S7AT2C947C057486**

AGENCY/COMPANY ISSUING CARD

ISU Insurance Services**Jennifer L. Kime****800 Pacific Street****Placerville, CA 95667**

INSURED

El Dorado Hills County Water
Dist dba El Dorado Hills F.D.
1050 Wilson Blvd.
El Dorado Hills, CA 95762

SEE IMPORTANT NOTICE ON REVERSE SIDE

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VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as
soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each
vehicle involved.

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS
Allied World Assurance Company

POLICY NUMBER

6400001802

EFFECTIVE DATE EXPIRATION DATE

11/01/17 11/01/18

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2010 FERRARA PUMPER 1F9504420AH140807

AGENCY/COMPANY ISSUING CARD

**ISU insurance Services
Jennifer L. Kime
800 Pacific Street
Placerville, CA 95667**

INSURED

- El Dorado Hills County Water
Dist dba El Dorado Hills F.D.
1050 Wilson Blvd.
El Dorado Hills, CA 95762**

SEE IMPORTANT NOTICE ON REVERSE SIDE

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CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS
Allied World Assurance Company

POLICY NUMBER

6400001802

EFFECTIVE DATE

EXPIRATION DATE

11/01/17

11/01/18

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2013

KME PUMPER

1K9AF4284EN058675

AGENCY/COMPANY ISSUING CARD

ISU Insurance Services

Jennifer L. Kime

800 Pacific Street

Placerville, CA 95667

INSURED

El Dorado Hills County Water

Dist dba El Dorado Hills F.D.

1050 Wilson Blvd.

El Dorado Hills, CA 95762

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CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS
Allied World Assurance Company

POLICY NUMBER

6400001802

EFFECTIVE DATE EXPIRATION DATE

11/01/17 11/01/18

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR MAKE/MODEL

2004 INTERNAT BRUSH VE

VEHICLE IDENTIFICATION NUMBER

1HTWEADN34J017658

AGENCY/COMPANY ISSUING CARD

ISU Insurance Services

Jennifer L. Kime

800 Pacific Street

Placerville, CA 95667

INSURED

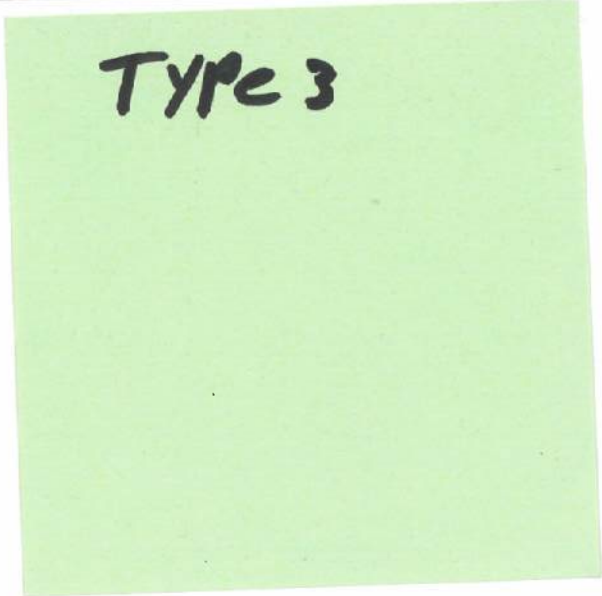
**El Dorado Hills County Water
 Dist dba El Dorado Hills F.D.
 1050 Wilson Blvd.
 El Dorado Hills, CA 95762**

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
 VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.



CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS
Allied World Assurance Company

POLICY NUMBER

6400001802

EFFECTIVE DATE EXPIRATION DATE

11/01/17 11/01/18

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR MAKE/MODEL

2007 Internat F550VEHICLE IDENTIFICATION NUMBER
1HTWEAZN07J431462

AGENCY/COMPANY ISSUING CARD

**ISU Insurance Services
Jennifer L. Kime
800 Pacific Street
Placerville, CA 95667**

INSURED

**El Dorado Hills County Water
Dist dba El Dorado Hills F.D.
1050 Wilson Blvd.
El Dorado Hills, CA 95762**

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

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1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS

Allied World Assurance Company

POLICY NUMBER

6400001802

EFFECTIVE DATE

EXPIRATION DATE

11/01/17**11/01/18**

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2015**FORD BRUSH VE****1FD0W5HT4FEC46812**

AGENCY/COMPANY ISSUING CARD

ISU Insurance Services**Jennifer L. Kime****800 Pacific Street****Placerville, CA 95667**

INSURED

**El Dorado Hills County Water
Dist dba El Dorado Hills F.D.
1050 Wilson Blvd.**

L El Dorado Hills, CA 95762

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

Type 6

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS

Allied World Assurance Company

POLICY NUMBER

6400001802

EFFECTIVE DATE

EXPIRATION DATE

11/01/17**11/01/18**

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2016**Ford F550****1FD0W5HT9GEB33021**

AGENCY/COMPANY ISSUING CARD

ISU Insurance Services**Jennifer L. Kime****800 Pacific Street****Placerville, CA 95667**

INSURED

El Dorado Hills County Water

Dist dba El Dorado Hills F.D.

1050 Wilson Blvd.

El Dorado Hills, CA 95762

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

CALIF

Truck

COMPANY NUMBER

POLICY NUMBER
6400001802

EFFECTIVE DATE EXPIRA
11/01/17 11/01

THIS POLICY MEETS THE

YEAR MAK
2012 SUTPHEN AI

AGENCY/COMPANY ISSUING
**ISU Insurance Service
Jennifer L. Kime
800 Pacific Street
Placerville, CA 95667**

INSURED

**El Dorado Hills
Dist dba El Dorado
1050 Wilson
El Dorado Hills, CA 95762**

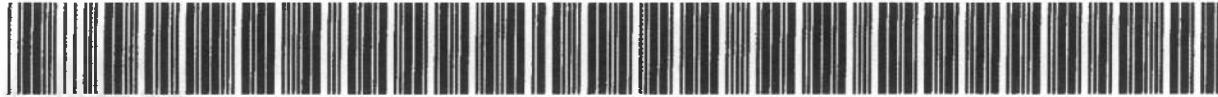
SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.**
- 2. Name of Insurance Company and policy number for each vehicle involved.**

Appendix B – Vehicle Registration



8571

REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
HITEC	1996	1996	MA	32Y	35	051921

BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
FT	D	ZV	2	X	26440	44KFT4282TWZ18372

TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC
COMMERCIAL	08/13/18	09	08/13/18	9
PERM EXEMPT				

PR EXP DATE: 12/31/2099

REGISTERED OWNER

EL DORADO CNTY WATER DIST/
 FIRE DEPT
 1050 WILSON BLVD

AMOUNT PAID
 \$ 21.00

EL DORADO HLS
 CA 95762

AMOUNT DUE	AMOUNT RECVD
\$ 21.00	CASH :
	CHCK :
	CRDT :

LIENHOLDER

H01 525 02 0002100 0012 CM H01 081318 35 051921 372



7572

REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
HME	2000	2000	MA	32Y	34	1058835

BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
FT	D	ZV	2	X	26480	44KFT4288YWZ19260

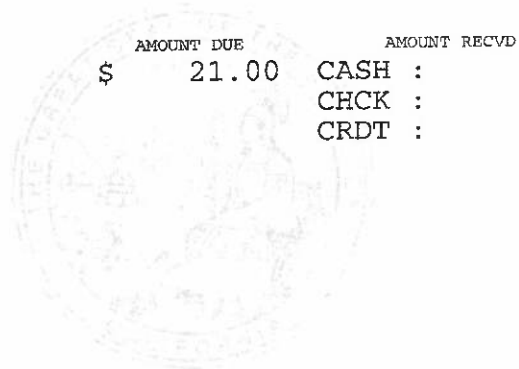
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC
COMMERCIAL	08/13/18	09	08/13/18	9
PERM EXEMPT				

PR EXP DATE: 12/31/2099

REGISTERED OWNER
 EL DORADO HILLS CNTY WATER
 DIST
 1050 WILSON BLVD

 EL DORADO HLS
 CA 95762

AMOUNT PAID
 \$ 21.00



LIENHOLDER

H01 525 02 0002100 0013 CM H01 081318 34 1058835 260



8570

REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
FRRAR	2003	2003	MA	31Y	35	1152126
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
FT	D	JR	2	X	32280	4S7AT2C943C043257
TYPE VEHICLE USE	DATE ISSUED		CC/ALCO	DT FEE RECVD	PIC	
COMMERCIAL	04/02/03		09	04/02/03	5	

REGISTERED OWNER
 EL DORADO HILLS CNTY
 WATER DIST/FIRE DEPT
 990 LASSEN LN
 EL DORADO HLS
 CA 95762

AMOUNT DUE
\$ NONE

AMOUNT RECVD
 CASH :
 CHCK :
 CRDT :

AMOUNT PAID
\$NFEE

LIENHOLDER

C01 525 10 000000 0052 CS C01 040203 35 1152126 257



8574

REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
FERRA	2007	0000	MA	2008	32Y	34	1239349

BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
FT	D	ZV	2	U	18270	4S7AT2C947C057486

TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC
COMMERCIAL	08/13/18	09	08/13/18	9
PERM EXEMPT				

PR EXP DATE: 12/31/2099

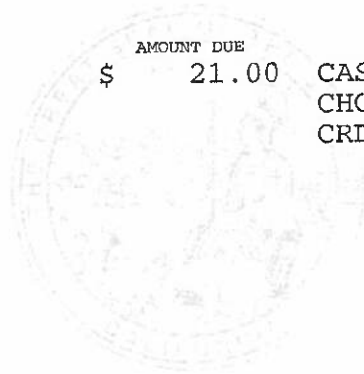
REGISTERED OWNER

EL DORADO HLS CNTY WATER
 DIST
 1050 WILSON BLVD

 EL DORADO HLS
 CA 95762

AMOUNT PAID
 \$ 21.00

AMOUNT DUE \$ 21.00 CASH :
 CHCK :
 CRDT :



LIENHOLDER

H01 525 02 0002100 0011 CM H01 081318 34 1239349 486

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO SAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID OR ON BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

DO NOT DETACH - REGISTERED OWNER INFORMATION

8576



REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE FBRR	YR MODEL 2010	YR 1ST SOLD 0000	VLP CLASS MA	YR 2010	TYPE YER 31Y	TYPE AGE 35	LICENSE NUMBER 1301902
BODY TYPE MODEL FT	MP G	NO R2	AX 2	WC X	UNLACED/QUICK 35565	VEHICLE ID NUMBER 1P9504420AH140807	
TYPE VEHICLE USE COMMERCIAL PERM EXEMPT	DATE ISSUED 12/21/10	CC/ALCO 09	DT FEE RECVD 12/21/10	FIG 5			

REGISTERED OWNER
EL DORADO HILLS FIRE DEPT
1050 WILSON BLVD

AMOUNT PAID
\$NPER

AMOUNT DUE
\$ NONE

AMOUNT RECVD
CASH :
CHCK :
CRDT :

EL DORADO HLS
CA 95762

LICENSEHOLDER

000 455 34 0000000 0012 08 000 100110 25 1307



8577

REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
KME	2014	0000	MA	2014	31Y	35	1327120
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER	
FT	D	VX	2	X	28160	1K9AF4284EN058675	
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC			
COMMERCIAL	10/14/14	09	10/14/14	5			
PERM EXEMPT							

REGISTERED OWNER

EL DORADO HLS FIRE DEPT
1050 WILSON BLVD

AMOUNT PAID
\$NFEE

AMOUNT DUE
\$ NONE

AMOUNT RECVD
CASH :
CHCK :
CRDT :

EL DORADO HLS
CA 95762

LIENHOLDER

C00 525 07 0000000 0016 CS C00 101414 35 1327120 675



8562

REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
INTL	2004	2004	MA	32Y	33	1136549

BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
FT	D	ZV	2	W	21240	1HTWEADN34J017658

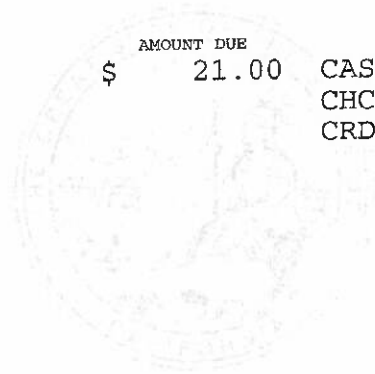
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC
COMMERCIAL PERM EXEMPT	08/13/18	09	08/13/18	9

PR EXP DATE: 12/31/2099

REGISTERED OWNER
EL DORADO HILLS FIRE DEPT
1050 WILSON BLVD

AMOUNT PAID
\$ 21.00

EL DORADO HLS
CA 95762



AMOUNT DUE	AMOUNT RECVD
\$ 21.00	CASH : CHCK : CRDT :

LIENHOLDER

H01 525 02 0002100 0010 CM H01 081318 33 1136549 658

8553



8553

REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31 2099

MAKE	2015	VR 1ST SOLD	2015	VR CLASS	LY
BODY TYPE MODEL	FORD	NO	2	HT	31Y
VA	VA	D	WX	H	34
TYPE VEHICLE USE	COMMERCIAL	DATE ISSUED	10/29/15	CO/CLASS	09
PERM EXEMPT	REGISTERED OWNER	DT PER RECD	10/29/15	REG	5

VEHICLE ID NUMBER	1336853	VEHICLE ID NUMBER	1336853
VEHICLE ID NUMBER	1336853	VEHICLE ID NUMBER	1336853

VEHICLE ID NUMBER	1336853	VEHICLE ID NUMBER	1336853
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VEHICLE ID NUMBER	1336853	VEHICLE ID NUMBER	1336853



EL DORADO HILLS CA 95762

1050 WILSON BLVD
FIRE DEPARTMENT
EL DORADO HILLS

CASH : \$ 3267.00
CHK :
CRDT : 3267.00

AMOUNT PAID \$ 3267.00

ADDED WORLD ASSURANCE COMPANY

ELDOR-1

8554

POLICY NUMBER
840001802

EXPIRES DATE
11/30/17

RENEWAL DATE
11/30/18

THIS POLICY MEETS THE REQUIREMENTS OF NONE OF THE CALIFORNIA VEHICLE CODE

YEAR
2016
Ford F800

VEHICLE IDENTIFICATION NUMBER
1FD0W8HT90GB33021

INSURANCE COMPANY
USI Insurance Services
Jennifer L. Klyve
800 Pacific Street
Pleasanton, CA 94567

El Dorado Hills County Water
Dist #04 El Dorado Hills F.D.
1050 Wilson Blvd.
El Dorado Hills, CA 95762

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND



REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MARKET PLACE OR WHERE ACQUIRED

2016

0000

VEHICLE CLASS

2016

TYPE VEH

31H

LICENSE NUMBER
1327136

VEHICLE MAKE

FORD

MP

D

DATE ISSUED
02/23/17

NO

YN

CC/ALCO

BY PER ACQUIS
02/23/17

FEE

5

REG TAX
3878

VEHICLE ID NUMBER
1FD0W8HT90GB33021

AMOUNT PAID
\$ 3878.00

AMOUNT DUE
\$ 3878.00

AMOUNT METHOD
CASH :
CHCK : 3878.00
CRDT :

TYPE VEHICLE USE
COMMERCIAL
PERM EXEMPT

REGISTERED OWNER
EL DORADO HILLS FIRE DEPT
1050 WILSON BLVD

EL DORADO HLS
CA 95762



C01 525 02 0387800 0035 CS C01 022317 35 1327136 021

8590



DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
SUTPH	2012	2013	MA	31Y	35	1301955
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
VA	D	UP	3	X	60340	1S9A3JNE3C1003101
TYPE VEHICLE USE	DATE ISSUED		CC/ALCO	DT FEE RECVD	PIC	
COMMERCIAL	03/13/13		09	03/13/13	5	
PERM EXEMPT						

REGISTERED OWNER
 EL DORADO HILLS
 CO WATER DIST FIRE DEPT
 1050 WILSON BLVD

EL DORADO HLS
 CA 95762

AMOUNT DUE	AMOUNT RECVD
\$ NONE	CASH :
	CHCK :
	CRDT :

AMOUNT PAID
\$NFEE

LIENHOLDER

C01 655 30 000000 0012 CS C01 031313 35 1301955 101

COUNTY OF EL DORADO

HEALTH & HUMAN SERVICES

Patricia Charles-Heathers, Ph.D., MPA
Director

Community Services Division
Daniel Del Monte
Deputy Director

Emergency Medical Services Agency
2900 Fairlane Court
Placerville, CA 95667
530-621-6500 Phone / 530-621-2758 Fax



BOARD OF SUPERVISORS

JOHN HIDAHL
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SHIVA FRENTZEN
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District III
MICHAEL RANALLI
District IV
SUE NOVASEL
District V

On July 17, 2018, the County of El Dorado Board of Supervisors approved the following EMS Agency Fee schedule (Board of Supervisors Resolution 123-2018) and shall become effective on July 17, 2018.

FEE DESCRIPTION	AMOUNT
EMERGENCY MEDICAL TECHNICIAN (EMT) CERTIFICATION AND RE-CERTIFICATION	
LATE FEE – In addition to the re-certification fee if certification has lapsed.	\$88.00
RUSH FEE – If certification is requested immediately, this fee is in addition to the certification fee and late fee (if applicable).	\$88.00
CERTIFICATION – Initial certification	\$100.00
RE-CERTIFICATION – A Live Scan is on file with the El Dorado County EMS Agency	\$62.00
RE-CERTIFICATION – No Live Scan on file with the El Dorado County EMS Agency. A Live Scan needs to be completed.	\$100.00
RECIPROCITY – Certified in another State applying for California EMT certification.	\$129.00
REPLACEMENT CARD – Replacement card (Certification, Accreditation, Authorization)	\$10.00
PARAMEDIC ACCREDITATION	
PARAMEDIC – Initial Accreditation	\$35.00

Vision Statement:
Transforming Lives and Improving Futures

PARAMEDIC – Renew Lapsed Accreditation	\$83.00
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MOBILE INTENSIVE CARE NURSE (MICN) CERTIFICATION/RE-CERTIFICATION	
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MICN – Initial Certification / Re-Certification	\$48.00
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FIRST RESPONDER TECHNICIAN / EMERGENCY MEDICAL RESPONDER (EMR)	
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FIRST RESPONDER TECHNICIAN / EMR – Initial Certification / Re-Certification	\$25.00
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FIRST RESPONDER TECHNICIAN / EMR – (out-of-county residents) Initial Certification / Re-Certification	\$48.00
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TRAINING PROGRAMS AND CE PROVIDER PROGRAM DESIGNATION	
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EMERGENCY MEDICAL TECHICIAN (EMT) TRAINING PROGRAM – Initial and Renewal (every four years)	\$529.00
--	-----------------

CONTINUING EDUCATION (CE) PROVIDER DESIGNATION – Initial and Renewal (every four years)	\$85.00
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PUBLIC SAFETY FIRST AID AND CPR TRAINING COURSE – Initial and Renewal (every four years)	\$100.00
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EMERGENCY MEDICAL RESPONDER (EMR) TRAINING PROGRAM – Initial and Renewal (every four years)	\$200.00
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EMS PROGRAMS	
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TRAUMA CENTER DESIGNATION – (Initial and Renewal)	\$1,001.00
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AIR MEDICAL SERVICES RIGHTS (non-exclusive) – (Initial and Renewal)	\$1,135.00
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AGREEMENT/ PERMITTING APPLICATIONS	
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PERMITTING APLICATION AGREEMENT -- (every 3 years)	\$397.00
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CONTRACTOR AMBULANCE INSPECTION – (Initial and Annual)	\$189.00
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WHEELCHAIR OR GURNEY VAN PERMIT APPLICATION	\$255.00
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WHEELCHAIR OR GURNEY VAN PERMIT VEHICLE INSPECTION – <i>(Initial and Annual)</i>	\$36.00
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MEDICAL MARIJUANA	
Medi-Cal Eligible -- Medical Marijuana ID Card – Patient or Caregiver	\$50.00
Eligible – Medical Marijuana ID Card – Eligible Patient or Caregiver	\$100.00

Patient Records Request	
Subpoena Request	\$20.00
Law Firm Request	\$20.00
Patient Request	No Charge

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING



EL DORADO HILLS FIRE DEPARTMENT
1050 WILSON BLVD
EL DORADO HILLS, CA 95762

BANK OF AMERICA, NA
11-035/1210

21547

8/8/2018

PAY TO THE ORDER OF El Dorado County Emergency Services Auth

\$ **397.00

Three Hundred Ninety-Seven and 00/100 ***** DOLLARS

El Dorado County Emergency Services Auth
480 Locust Road
Diamond Springs, CA 95619

MEMO

Permitting Application Agreement

⑈021547⑈ ⑆121000358⑆ 08066⑈80161⑈

Details on Back. Intuit® CheckLock™ Secure Check

EL DORADO HILLS FIRE DEPARTMENT

21547

El Dorado County Emergency Services Auth
6204 · Other Professional Services

8/8/2018
ALS Non-Transport Permitting Application Agreemen

397.00

RECEIVED

AUG 27 2018

EMERGENCY MEDICAL SERVICES AGENCY

Bank of America

Permitting Application Agreement

397.00

GEORGETOWN FIRE DISTRICT



Office Phone: 530-333-4111

Facsimile: 530-333-4020

www.georgetownfiredepartment.com

Post Office Box 420

6283 Main Street, Box 420

Georgetown, California 95634-0420

October 1, 2018

Richard Todd, MBA
EMS Agency Administrator – MHOAC
Emergency Medical Services Agency
2900 Fair Lane Court
Placerville, CA 95667

Dear Mr. Todd:

1. Please accept this written statement as part of the application and agreement for the Georgetown Fire Protection District and hereinafter referred to as GEO (our agency's FIRESCOPE designator) to provide the following level of services in El Dorado County:
 - Advanced Life Support (ALS) Non-Transporting Unit
 - Advanced Life Support (ALS) Assessment Unit services
2. GEO has been an ALS agency provider within El Dorado County since 1981. Additionally, we have provided ALS services outside of El Dorado County (and throughout the states of California and Nevada) when deployed as part of California's Master Mutual Aid systems. While providing these services outside of El Dorado County, we operate under the GEO name. We provide fire suppression, rescue, emergency medical and other emergency services for indefinite periods of time.
3. GEO fire apparatus are not required to be licensed and permitted by the California Highway Patrol.
4. GEO is a Special District within El Dorado County; therefore, an EDC Business License is not required.
5. GEO has no legal history inclusive of any criminal or civil convictions, suspensions, and/or termination of EMS contracts and/or permits.

"Neighbors helping Neighbors - Since 1854"

6. GEO will abide, where applicable, by regulations of the California Vehicle Code and the California Code of Regulations, Title 13, Motor Vehicles. Additionally, GEO participates in the DMV's Employer Pull Notice (EPN) program. GEO provides education, training, and experience in the care of patients to whom we provide services. All our employees are trained to the level of EMR, EMT or Paramedic. Each employee is required to complete monthly and annual continuing education. All paramedics are accredited by El Dorado County and meet the annual education, training and experience requirements associated with that accreditation. We train our responders in rotary-wing aviation safety and capabilities/limitations of air ambulances and rescue helicopters.
7. GEO has been providing a high level of ALS (Paramedic) level service to El Dorado County since 1981.
8. GEO understands and will comply with the County's EMS Agency's policies and procedures for staffing, equipment, and supply specifications and requirements, including automated external defibrillators (AEDs). Additionally, GEO actively participates in community outreach and injury prevention activities with the American Heart and Stroke Association, Georgetown Divide Health Care Auxiliary and County Public Health.
9. GEO's training and orientation programs for all EMS personnel begin upon employment. All safety employees are required to graduate an OSFM Firefighter Academy, and are California State Licensed Paramedics (EMTP), El Dorado County Licensed Emergency Medical Technicians (EMT1) or Emergency Medical Responders (EMR). Each employee is trained in fire and EMS operations, hospital locations, ambulance operations, ePCR, and incident reporting requirements. Additionally, all Paramedics are trained in 12-lead EKG. All employees serve an 18-month probationary period where they are trained and tested by Field Training Officer (FTO), Fire Captains, Chief Officers and peers.
10. Emergency vehicles are equipped with the following minimum radio equipment:
 - One (1) Kenwood TK-790 VHF
 - Four (4) Bendix King GPH-CMD portable radios
 - One (1) Samsung Galaxy Tab S2, SM-T813 NZKEXAR tablet for ePCR

Additionally, all members have been issued VHF radio-pagers, and members have 'smart' cell phones with Active 911 app.

11. GEO owns and controls, in good mechanical condition, all required equipment to consistently provide ALS EMS services are located at the following strategically located, five (5) fire stations:

GEO owns and controls a total of one (1) staffed fire station which operates 24/7/365:
Station 61 (HQ), 6281 Main Street, Georgetown, CA 95634

GEO owns and controls a total of four (4) un-staffed (volunteer, off-duty response) fire stations:
Station 62, 7331 Wentworth Springs Road, Georgetown, CA 95634
Station 63, 4900 Volcanoville Road, Georgetown, CA 95634
Station 64, 2065 Sliger Mine Road, Greenwood, CA 95635

Station 65, 10561 Sand Mountain Boulevard, Georgetown, CA 95634

All GEO fire stations are maintained and are suitable facilities from which contracted or permitted services will be operated.

12. Type 1 Part-Time ALS Fire Engine (Engine 61):

FIRESCOPE Identifier	Make	Year	VIN	License #
CA-GEO E61	International	2004	1HTWEADR34J022605	1080849

Type 3 Part-Time ALS Fire Engine (Engine 361):

FIRESCOPE Identifier	Make	Year	VIN	License #
CA-GEO E361	International	2018	3HAWESTR7JL203758	1417352

Type 4 Part-Time ALS Rescue (Squad 62):

FIRESCOPE Identifier	Make	Year	VIN	License #
CA-GEO SQ62	Ford	2004	1FDWF37P26ED67714	1099385

California Department of Motor Vehicles (DMV) registrations are attached.

13. Evidence of Insurance meeting the requirements of the County, as noted in Section XVIII are attached.

14. As Fire Chief, I am hereby certifying that:

- GEO understands and will comply with the County's EMS vehicle inspection process and policies, including County EMS Policy titled "ALS Unit Minimum Equipment Inventories for ALS Non-Transport and Assessment Units".
- Each ALS Non-Transporting Unit or ALS Assessment Unit that is permitted under this permit is currently in compliance with such policies (inclusive of narcotics storage/inventory rules).
- GEO will submit to the County EMSA an annual certification letter for each ALS Non-Transporting Unit or ALS Assessment Unit certifying that such unit has been inspected by GEO and that such unit is in full compliance with the inspection policies and minimum equipment inventories. Each annual certification will be signed by the Fire Chief of GEO and submitted within five (5) days of each anniversary of this permit agreement. We understand that any units added to the fleet after issuance of the permit will require an initial certification by the Fire Chief within five (5) days of the unit starting service and subsequent annual certifications shall occur on the same date as the existing fleet annual certifications.

15. GEO has a comprehensive inspection and maintenance program for all our vehicles and equipment.

From an inspection perspective, each day, professionally trained Captains, Engineers, Apparatus Operators and/or Firefighters inspect our apparatus. During this time (usually first thing in the morning) all EMS equipment is tested and inspected for response readiness. Weekly, all of our apparatus undergo an extensive and detailed inspection. Detailed records and check sheets are maintained for all these inspections and are available to review at any time.

GEO uses local fleet service professional vendors including: Black Oak Mine Unified School District, Golden State Fire Apparatus, Valley Power Systems, West Coast Fire Apparatus, Folsom Ford, etc.

16. GEO maintains a quality assurance plan (CQI) that meets EMS policies for the specific level of service in accordance with California Code of Regulations Title 22, Chapter 12. GEO actively participates in CQI, PAC, MAC, and other trials sponsored by our LEMSA.

17. GEO's EMS personnel, the list below is inclusive of EMT1s (BLS) and EMTPs (ALS) providers:

GEORGETOWN FIRE

Last Name	First Name	Credential Name	Expiration Date	Credential Number
Brayton	Ryan	EMTP	09-30-2020	P24019
Bueghly	Gregery	EMTP	01-31-2020	P18389
Cleary	Brendan	EMT1	03-31-2019	E128576
Cleary	Emily	EMT1	02-28-2019	E111632
Garrigues	Christopher	EMTP	12-31-2018	P34371
Gosselin	Scott	EMT1	03-31-2019	P19694
Gifford	Todd	EMT1	06-30-2019	E130730
Harston	Keith	EMT1	01-31-2019	E019518
Holtgrieve	Joshua	EMT1	01-31-2020	E135870
Johnson	Susan	EMTP	10-30-2019	P20422
Kirby	Fallon	EMTP	06-30-2019	P36372
Larcina	Luis	EMT1	06-30-2020	E117388
Lombard	Tyler	EMTP	08-31-2020	P36556
Monck	Nathanial	EMTP	02-28-2019	P34590
Poseley	Robin	EMTP	06-30-2019	P19994
Ritchey	Jacob	EMT1	06-30-2019	E131299
Ritchey	Robert	EMT1	12-31-2019	E002890
Sample	Levi	EMTP	03-31-2019	P29457
Schwegler	Greg	EMTP	08-31-2019	P30037
Schwegler	Mark	EMTP	09-30-2019	P07950
Schwegler	Mitchell	EMT1	09-30-2019	E133787
Snoke	Theresa	EMT1	01-31-2019	E024597
Staves	Corinne	EMT1	04-30-2019	P15647
Staves, III	Gary	EMT1	11-30-2018	E095141

18. GEO only employs personnel who comply with the requirements of the California Code of Regulations, Title 22; Health and Safety Code, Division 2.5 Statutes, Section 1797 et seq., County's Ambulance Ordinance, and County's Emergency Medical Services Agency Policy and Procedure Manual.

19. GEO utilizes a cost-effective, hybrid, dynamic staffing and deployment plan within the County:

GEO STA61 (HQ) July 1st – October 31st (Peak Fire Season):

First-out Engine Staffing with Two (2) On-Duty – Combination of ALS/BLS responders, augmented by off duty responder(s)

GEO STA61 (HQ) November 1st – June 30th:

First-out Engine Staffing with One (1) On-Duty – Either an ALS/BLS responder, augmented by off duty responder(s)

GEO SQ62 (Squad Program) – Combination of ALS/BLS responders, staffed by off-duty responder(s)

Our goal is to move towards an on-duty model when sustainable funding allows.

20. GEO will pay the application fee as set by the County – \$397

21. GEO does participate in the Federal, State, Region IV and County disaster response plans.

22. Not applicable.

If you have any questions feel free to contact me at (Office) 530.333.4111 or gschwab@georgetownfiredepartment.com.

In Safety,


GREG SCHWAB, Fire Chief

Attachments

APPLICATION & AGREEMENT
Advanced Life Support Non-Transporting Unit
Advanced Life Support Assessment Unit

THIS AGREEMENT for Advanced Life Support (ALS) Non-Transporting Unit and/or ALS Assessment Unit is made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and Georgetown Fire Protection District (hereinafter referred to as "Fire District");

RECITALS

WHEREAS, the County directly provides ambulance services through a Public Utility Model (PUM) Emergency Medical Services (EMS) system; and

WHEREAS, Fire District desires to provide ALS Non-Transporting Unit or ALS Assessment Unit services; therefore, Fire District makes this application for authorization to provide such services in accordance with the conditions set forth in this Agreement; and

WHEREAS, in accordance with California Health and Safety Code Section 1797.227, the County has contracted for an electronic Prehospital Care Report (ePCR) software and database, which provides the capability to utilize tablets, computers, and other devices to collect and transmit ePCR data; and

WHEREAS, in February 2017, the California Emergency Medical Services Authority awarded the County grant funding opportunity number C16-041 for the purchase of Electronic Mobile Devices as part of the Data Quality Improvement Program to collect and transmit patient care data to the County consistent with Health and Safety Code 1797.227 with subsequent transmission to the California Emergency Medical Services information System (CEMSIS) database; and

WHEREAS, to facilitate wireless connectivity between the Emergency Medical Technician (EMT) and EMT-Paramedic staff with the ePCR database, the County has purchased tablets in sufficient quantity to provide for ALS Non-Transporting Units and ALS Assessment Units to have a dedicated ePCR tablet, based on availability; and

WHEREAS, Fire District agrees that in exchange for the initial purchase of said tablets, Fire District will maintain, accessorize, update, repair, and replace each tablet and associated components on an as needed basis at the Fire District's sole cost and expense; and

Whereas, in accordance with County Emergency Medical Services Agency policy, Fire District shall submit annual certifications that each ALS Non-Transporting Unit or ALS Assessment Unit complies with the County's minimum equipment requirements; and

WHEREAS, it is the intent of the parties hereto that such services be in conformity with County of El Dorado Code of Ordinances, Chapter 8.74 County Emergency Medical Service and Medical Transportation (hereinafter referred to as the "Ambulance Ordinance") as well as all federal, State and local laws, statutes, ordinances, regulations, policies, procedures and protocols applicable to the emergency medical services that are provided pursuant to this Agreement.

NOW, THEREFORE, County and Fire District mutually agree that the Recitals are incorporated herein and further mutually agree as follows:

Physical Address:	6283 Main Street, Georgetown, CA
Mailing Address (if different):	P.O. Box 420, Georgetown, CA 950
Telephone Number (Office):	530.333.4111
Telephone Number (Cell):	530.957.9100
If Corporation: Name of Corporation:	
State of Incorporation:	
Date of Incorporation: (Use format MM/DD/YYYY)	07-04-1854

Name of Corporate Officers / Board of Directors*	Title	Address
Rod Williams	President	
Larry Anderson	Director	
Bob Brown	Director	
Craig Davis	Director	
Rick Todd	Director	
Agent for Service of Process:		
Greg Schwab	Fire Chief	

Required Statement	Check if attached
12. A detailed description of the number of ALS Non-Transporting Unit and/or ALS Assessment Unit vehicles in use and for each: the make and model, year, vehicle identification number, State vehicle license number and proof of current Department of Motor Vehicles registration.,	<input checked="" type="checkbox"/>
13. Evidence of Insurance meeting the requirements of the County, as noted in Section XVII.	<input checked="" type="checkbox"/>
14. A written statement, signed by the Fire Chief, certifying that: 1) the Fire District understands and will comply with the County's EMS vehicle inspection process and policies, including County EMS Policy titled "ALS Unit Minimum Equipment Inventories for ALS Non-Transport and Assessment Units," 2) each ALS Non-Transporting Unit or ALS Assessment Unit that is permitted under this permit is currently in compliance with such policies and, 3) Fire District will submit to the County EMSA an annual certification letter for each ALS Non-transporting Unit or ALS Assessment Unit certifying that such unit has been inspected by the Fire District and that such unit is in full compliance with the inspection policies and minimum equipment inventories. Each annual certification must be signed by the Chief of the Fire District, and submitted within five (5) days of each anniversary of this permit agreement. Any units added to the fleet after issuance of the permit will require an initial certification by the Fire Chief within five (5) days of the unit starting service and subsequent annual certifications shall occur on the same date as the existing fleet annual certifications.	<input checked="" type="checkbox"/>
15. A detailed description of the Fire District's program for maintenance for vehicles and equipment.	<input checked="" type="checkbox"/>
16. A quality assurance plan that meets EMS policies for the specific level of service in accordance with California Code of Regulations Title 22, Chapter 12.	<input checked="" type="checkbox"/>
17. A detailed list of all EMS personnel, inclusive of EMT's, EMT-P/s, with each person's license and certification information, license number and expiration date.	<input checked="" type="checkbox"/>
18. A written statement that the Fire District shall only employ personnel who comply with the requirements of the California Code of Regulations, Title 22; Health and Safety Code, Division 2.5 Statutes, Section 1797 et seq., County's Ambulance Ordinance, and County's Emergency Medical Services Agency Policy and Procedure Manual.	<input checked="" type="checkbox"/>
19. A staffing or deployment plan that describes the Fire District's method of operation within the County.	<input checked="" type="checkbox"/>
20. The application fee as set by the County (available at https://www.edcgov.us/Government/EMS/Pages/ambulance_ordinance.aspx under "EMS Fees"), payable by cash, money order, or cashier's check made payable to County of El Dorado Emergency Medical Services Agency, or by credit card.	<input checked="" type="checkbox"/>

- ii. Properly completed ePCR reports shall be delivered or electronically available to the County within forty-eight (48) hours of the completion of each call.
 - iii. In the event that hardware, software, communications, licensing, or other technical problems temporarily prohibit the real-time capture of ePCR data and information, Fire District shall have an immediately available backup system to manually collect all required information. Upon manual collection of this information, it shall be Fire District's responsibility to enter it into appropriate electronic databases to assure compliance with the reporting requirements and timelines of this agreement.
- D. In the event the ePCR format is not available, Fire District personnel shall utilize the El Dorado County approved Prehospital Care Report form(s) for all emergency and non-emergency responses.
- i. In the case of an ALS first responder where the first responder maintains patient care and rides in the ambulance, a single Prehospital Care Report form may be filled out noting any action the first responder has taken to provide care for the patient, and shall be transferred with the patient.
 - ii. In the case where the first responder does not maintain patient care and ride in the ambulance, the ALS first responder report will be forwarded/faxed within twenty-four (24) hours to the hospital, to be attached to the patient record, to complete the prehospital patient care documentation completed by the paramedic who maintained patient care until delivery to the hospital.
 - iii. In the case of ALS first responder, at the time of transfer of patient care to the transporting paramedic, the first responder shall relay all pertinent information including, but not limited to, patient history, mechanism of injury, medications normally taken, allergies, assessment finding, and treatments already performed.
 - iv. In the case of ALS first responder where the first responder report is not completed prior to the ambulance leaving the scene, the first responder shall complete this report within twenty-four (24) hours and follow the distribution instructions as defined in the El Dorado County EMS documentation policy. If any portion of the incomplete record is passed on to the transporting unit, it shall not be considered an official document.
 - v. Fire District personnel shall perform due diligence to obtain and transmit all required patient care information. If circumstances arise which limit the availability of patient information, billing information, and associated information, the Fire District shall remain responsible to obtain the required information and submit it to the County. Fire District personnel shall adhere to the requirements in the El Dorado County EMS Policy: "EMS Documentation Policies and Procedures."

XIII. Liability: Fire District is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services authorized by this Agreement. Fire District exclusively assumes responsibility for any and all acts of its officers, employees, agents, and associates as they relate to services authorized and provided pursuant to this Agreement during the course and scope of their employment.

Fire District shall be solely responsible for performing services authorized by this Agreement in a safe, professional, skillful, and workmanlike manner and shall be liable for its own negligence and negligent acts of its officers, employees, agents and associates. County shall have no right of control over the manner in which services are provided and shall, therefore, not be charged with responsibility of preventing risk to Fire District or its officers, employees, agents and associates.

2. *Consumer complaints:* Any person alleging that a Fire District has provided unsatisfactory or inappropriate emergency medical services as defined herein this Agreement may file a written complaint with the Permit Officer setting forth such allegations. The Permit Officer shall notify the Fire District in writing of the receipt of the complaint. The Permit Officer shall investigate the complaint to determine whether the Fire District has committed any improper act or failed to satisfactorily perform any duty specified herein. Fire District may provide a written response to the Permit Officer in writing within ten (10) business days from the receipt of that notification. If the Permit Officer determines that the Fire District has committed a violation, the Permit Officer shall take timely and reasonable actions to secure compliance with the requirements herein. If the Permit Officer is unable to secure compliance, the Permit Officer will initiate action to suspend, revoke, or terminate the contract or permit.
3. *Suspension, revocation and/or termination:*
 - a. Following the procedures specified in the Article titled "Default Termination, and Cancellation" paragraph "Default/Violation" herein, the County may suspend or revoke a permit or contract for:
 - i. Violating any provision of the contract or permit;
 - ii. Violating any provisions of this chapter or violating any provisions of statute, regulations or other laws relating to emergency medical services;
 - iii. Changing the operational or financial capabilities of the Fire District or contractor in such a manner that had that change been known at the time of the application, the application could have been denied;
 - iv. Failing to pay any fine issued pursuant to this section within ten business days.
 - b. The County may suspend, revoke, or terminate this Agreement and Permit as specified herein above.
 - c. Suspension is not a condition precedent to revocation.
4. *Penalties:* The County may impose fines for noncompliance infractions. Infractions of a contract or permit are punishable by a fine not exceeding: \$100.00 for a first violation; \$200.00 for a second violation of the same infraction within one year; and \$500.00 for each additional violation of the same infraction within one year.
5. *Appeals:* Requests to challenge the decision to terminate this Agreement and Permit may be appealed in writing to the Emergency Medical Services Agency Administrator within fifteen (15) business days from the date of the mailed notice of suspension, revocation, or termination. The appeal shall be signed by an authorized representative of appellant and shall set forth all relevant facts and law in support of the appeal. If the Fire District disagrees with the decision of the EMS Agency Administrator, the Fire District may appeal in writing to the Health and Human Services Agency Director within seven (7) calendar days of receipt of the EMS Agency Administrator's decision. The decision of the Health and Human Services Agency Director is final, unless otherwise provided by law.

In any case where the Health and Human Services Director determines to uphold the decision to suspend or revoke a permit, the Director shall prepare a written notice of suspension or revocation which includes a statement of the proposed action, a concise explanation of the reasons and basis for the proposed action and an explanation of the Fire District's right to appeal to the Board of Supervisors. Within five business days of the mailing of the Director's notice, the Fire District may file an application for appeal to be held in accordance with the procedures set forth in El Dorado County Ordinance Chapter 2.09.

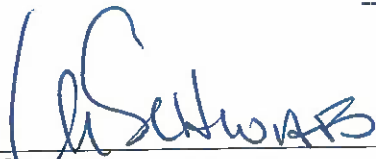
owned, and hired automobiles with a minimum combined single limit of \$1,000,000 per occurrence for bodily injury and property damage liability.

- D. Professional Liability Insurance covering liability imposed by law or contract arising out of an error, omission or negligent act in the performance, or lack thereof, of professional services and any physical property damage, bodily injury or death resulting there from, with a limit of not less than \$6,000,000 per claim and in the aggregate. The insurance shall include a vicarious liability endorsement to indemnify, defend, and hold harmless El Dorado County for claims arising out of covered professional services and shall have an extended reporting period of not less than two years. That policy retroactive date coincides with or precedes Fire District's start of work (including subsequent policies purchased as renewals or replacements).
- E. If the policy is terminated for any reason during the term of this Agreement, Fire District shall either purchase a replacement policy with a retroactive date coinciding with or preceding the retroactive date of the terminating policy, or shall purchase an extended reporting provision of at least two (2) years to report claims arising from work performed in connection with this Agreement and a replacement policy with a retroactive date coinciding with or preceding the expiration date of the terminating policy.
- F. If this Agreement is terminated or not renewed, Fire District shall maintain the policy in effect on the date of termination or non-renewal for a period of not less than two years there from. If that policy is terminated for any reason during the two (2) year period, Fire District shall purchase an extended reporting provision at least covering the balance of the two (2) year period to report claims arising from work performed in connection with this Agreement or a replacement policy with a retroactive date coinciding with or preceding the retroactive date of the terminating policy.
- G. All policies of insurance shall provide for the following:
 - i. Name El Dorado County, members of the Board of Supervisors of El Dorado County, its officers, agents and employees, as additional insureds except with respect to Workers' Compensation and Professional Liability.
 - ii. Be primary and non-contributory with respect to all obligations assumed by Fire District pursuant to this Agreement or any other services provided. Any insurance carried by El Dorado County shall not contribute to, or be excess of insurance maintained by Fire District, nor in any way provide benefit to Fire District, its affiliates, officers, directors, employees, subsidiaries, parent company, if any, or agents.
- H. Be issued by insurance carriers with a rating of not less than A VII, as rated in the most currently available "Best's Insurance Guide."
- I. Include a severability of interest clause and cross-liability coverage where El Dorado County is an additional insured.
- J. Provide a waiver of subrogation in favor of El Dorado County, members of the Board of Supervisors of El Dorado County, its officers, agents and employees.
- K. Provide defense in addition to limits of liability.
- L. Upon execution of this Agreement and each extension of the Term thereafter, Fire District shall cause its insurers to issue certificates of insurance evidencing that the coverages and policy endorsements required under this Agreement are maintained in force and that not less than 30 days written notice shall be given to El Dorado County prior to any material modification, cancellation, or non-renewal of the policies. Certificates shall expressly confirm at least the following: (i) El Dorado County's additional insured status on the general liability, and auto liability policies; (ii) and the waiver of subrogation applicable to the workers' compensation and professional liability policies. Fire District shall also furnish El Dorado County with endorsements effecting coverage required by this insurance requirements clause. The endorsements are to be signed by a person authorized by the Insurer to bind coverage on its behalf. The certificate of insurance and all required

County Authorized Signer:

By: _____ Dated: _____
Health and Human Services Agency Director, or designee

-- FIRE DISTRICT --

By:  Dated: 10-08-18
Name: _____
Title: CEsar Schwab, FIRE CHIEF
"Fire District"



EXCESS LIABILITY COVERAGE - FOLLOWING FORM

Provides excess coverage over your primary liability insurance stated in the underlying schedule. The excess liability policy will automatically take the place of the primary liability policies whose aggregate limits have been exhausted.

Policy Term: 11-1-17 to 11-1-18

Georgetown FPD

Excess Liability Limit: \$ 10,000,000

Retained Limit: \$0

Underlying American Allied World Assurance Company: Refer to the policy

Underwriting Company: Allied World Assurance Company,
AM Best Rating A XV

Insured: Northern California Fire District Association and its members

Annual Premium: \$5,200



Allied World Insurance Company
 199 Water Street, 24th Floor
 New York, NY 10038
 Tel: (646) 794-0500
 Fax: (646) 794-0811

COMMERCIAL EXCESS LIABILITY POLICY DECLARATIONS

ITEM 1. NAMED INSURED AND MAILING ADDRESS: Northern California Fire Department Association and the Association's Members As Scheduled 800 Pacific Street Placerville, CA 95667	POLICY NUMBER: 6500-0002-02 EFFECTIVE DATE: 11/1/2017
---	--

THIS POLICY PROVIDES BOTH CLAIMS MADE AND OCCURRENCE COVERAGE

IF THE UNDERLYING INSURANCE IS WRITTEN ON A CLAIMS MADE BASIS, THEN THIS IS POLICY PROVIDES CLAIMS MADE COVERAGE WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD.

IF THE UNDERLYING INSURANCE IS WRITTEN ON AN OCCURRENCE BASIS, THEN THIS POLICY PROVIDES OCCURRENCE COVERAGE WHICH APPLIES ONLY TO CLAIMS ARISING OUT OF OCCURRENCES WHICH TAKE PLACE DURING THE POLICY PERIOD.

READ THE ENTIRE COVERAGE FORM AND ENDORSEMENTS CAREFULLY.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS COVERAGE FORM, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS COVERAGE FORM.

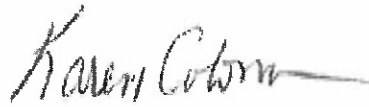
ITEM 2. POLICY PERIOD: FROM: 11/1/2017 TO 11/1/2018 at 12:01 a.m. Standard Time at the Named Insured's Address Stated above.	
ITEM 3. LIMITS OF LIABILITY	
	LIMITS OF LIABILITY
(FOR OCCURRENCE COVERAGE) EACH OCCURRENCE LIMIT:	\$ SEE NAMED INSURED SCHEDULE
(FOR CLAIMS MADE COVERAGE) EACH CLAIM LIMIT:	\$ N/A
GENERAL AGGREGATE LIMIT:	\$ SEE NAMED INSURED SCHEDULE
<small>*See Attached Named Insured Schedule showing Excess Limits, Applicable Claims-Made Retroactive Date(s) and Retention/Deductible(s), as Applicable, For Each NCFDA Member Listed.</small>	
ITEM 4. FORMS AND ENDORSEMENTS ATTACHED TO THIS COVERAGE FORM AND MADE A PART OF THIS POLICY AT TIME OF ISSUANCE ARE LISTED BELOW: FR-XS 00001 00 (05/15), FR-XS 00003 00 (09/15), FR-XS 00004 00 (05/15), FR-XS 00005 00 (05/15), FR-XS 00006 00 (05/15), FR-XS 00007 00 (05/15), FR-XS 00008 00 (05/15), FR-XS 00013 00 (05/15), FR-XS 00015 00 (05/15), FR-XS 00020 00 (05/15), FR-XS 00028 00 (05/15), FR-XS 00029 00 (05/15) , FR-JL 00009 00 (05/15)	
ITEM 5.	ANNUAL PREMIUM DUE: \$See Summary for individual premiums

ITEM 6. NOTICES TO THE COMPANY	
(A) ALL NOTICES OF CLAIM, OCCURRENCE OR SUIT:	Allied Public Risk, LLC CA DBA: Allied Community Insurance Service, LLC 300 South Wacker Drive, Suite 2424 Chicago, IL 60606
(B) ALL OTHER NOTICES:	Allied World Assurance Company (U.S.) Inc. ATTN: US Programs UW 199 Water St, 24th Fl New York, NY 10038 (646) 794-0500

In Witness Whereof, the Insurer has caused this Policy to be executed by its authorized officers.



PRESIDENT

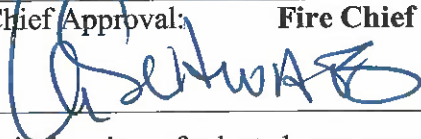


ASST. SECRETARY



AUTHORIZED REPRESENTATIVE

GEORGETOWN FIRE DISTRICT
General Operating Guidelines

Name of Policy: Emergency Medical Services—Continuous Quality Improvement Program (CQIP)			
Policy Number: 307	Effective Date: July 14, 2010	First Approved: July 14, 2010	Index: California Code of Regulations, Title 22, §100136; California State Evidence Code 1157.
Training Officer Approval: CAPT Greg Bueghly		Fire Chief Approval: Fire Chief Greg Schwab 	

PURPOSE: To provide peer-based process that conducts a clinical review of selected emergency medical services (EMS) cases each month based on strict confidentiality, and a shared commitment to excellent pre-hospital care. Our CQI reveals potential areas for improvement of the provider and system care, suggests training opportunities, highlights outstanding clinical performance, audits compliance with treatment protocols and reviews specific illness or injury along with associated treatments. These efforts contribute to the continued success of our EMS through a systematic process of review, analysis, and improvement. This systematic process should help EMS training needs and/or policy changes.

I. Structure and Organizational Description

- EDC EMSA Medical Director: **Dr. David Brazzel, MD**
- EDC EMSA CQI Committee: **All Active Agency Members**
- Georgetown Fire CQI Cord/Rep: **ENG Susan Johnson, FTO**
- Participants: All persons providing patient care on a regular basis, within the provider agency, participate in Georgetown Fire Protection District’s Continuous Quality Improvement Program (CQIP) program.

II. Data Collection and Reporting

a. Quality indicators that our program measures

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Documentation (PCRs, audio tapes, etc.) 2. Completeness/Legibility/Spelling 3. Appropriate Treatment Guidelines and Clinical Care 4. Response to Treatment/Patient Outcome 5. Equipment/Supply Usage 6. Skills Maintenance/Competency 7. Transportation Locations 8. Prevention/Public Education | <ol style="list-style-type: none"> 9. Risk Management (Provider Safety, etc.) 10. Non-Transport Documentation (AMA, Private Transport, etc.) 11. ECG Rhythm Identification and Capnography Trends 12. Supporting Documents/Trauma Reports/Focus Studies/Triage Tags, etc. 13. Training Needs 14. Overall Patient Care |
|--|---|

b. Monthly CQI Process

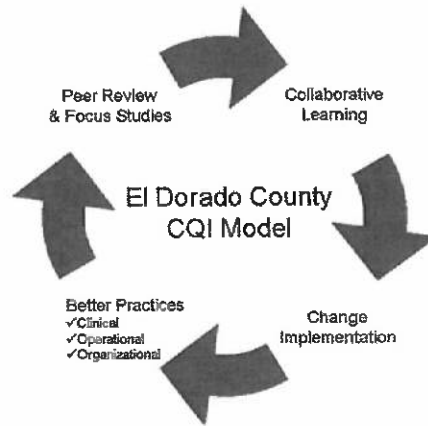
1. Each month ALL PCRs (First Responder, Transport, etc.) are first reviewed by the CQI coordinator.
2. Specific data points shall be collected for each month and recorded on approved annual spreadsheets to monitor trends and training needs.
3. After PCRs have been critiqued and reviewed they are confidentially returned, including any comments or concerns regarding any quality indicators. All noted indicators are submitted in writing on the comments section of the JPA standardized CQI Form. (Attached on back.)
4. Any substantial quality indicator is documented and tracked by the use of the El Dorado County EMSA Medical Event Report by the provider agency’s CQI representative. Any EMSA Medical Event Report received will be returned to the provider agency CQI representative with

a written response within ten days and/or prior to the following CQI committee meeting. (Attached on back.)

5. The agency's CQI representative will report back to the CQI committee which Medical Event Reports were used, for what reason, and the outcome.
6. ALL Medical Event Reports used shall be retained by the provider agency CQI representative, in a confidential locked file cabinet (located in the Fire Chief's office) for one (1) year. This enables the CQI representative to track any possible trends or identify any possible training needs.
7. After one (1) year ALL completed Medical Event Reports will be shredded semi-annually (first week in April and October annually).
8. A Georgetown Fire representative will attend monthly EMSA CQI Committee meetings.

III. Evaluation of Indicators

- a. Any person within the Fire Department can recommend a possible new quality indicator. Any request for a new quality indicator is submitted in writing to the Department CQI Coordinator.
- b. If a new quality indicator is adopted within the CQI process it is communicated to the entire group. It then becomes a part of what is identified within the EMSA CQI process.



IV. Action to Improve

- a. All actions to improve will be handled confidentially and on a case by case basis.
- b. Examples of possible actions to improve include but are not limited to:
 1. Training
 2. Remediation
 3. Skills exercises
 4. One-on-one review
 5. Progressive discipline
 6. Etc.

V. Training and Education

- a. All training needs identified by the provider agency CQI process or EDC EMSA CQI committee is communicated to the individual(s) in writing.
- b. A plan for improvement is then made between the agency's CQI representative and said individual(s).
- c. The plan for improvement will also be documented and saved by the provider agency's CQI representative for one (1) year.
- d. After one (1) year all documents will be shredded on a semi-annually (first week in April and October annually).
- e. Any other training needs for the provider agency through the year will be handled by the agency's officers and/or field training officer(s) (FTO).

VI. Annual Update

- a. Any identified and necessary update to the provider agency's CQI process will be submitted in writing to the EDC EMSA CQI representative.
- b. All new changes to the provider agency's CQI program will go into effect once a year on July 1st annually (to mirror EDC EMSA Protocol changes).

This policy is to compliment (go hand in hand with), and not supersede Georgetown Fire's Article XXII of Personnel Manual and El Dorado County EMSA Continuous Quality Improvement Administrative Policy.

Authority: California Code of Regulations, Title 22, Section 100136, and California State Evidence Code, Section 1157.

GEORGETOWN FIRE DISTRICT
BOARD OF DIRECTORS
REGULAR MEETING
April 19, 2018, 9:00 AM
Station 61 – 6283 Main Street, Georgetown, CA 95634

MINUTES

Directors Present: Patti Smith Rick Todd Rod Williams Craig Davis Larry Anderson
Staff Present: Fire Chief Schwab Admin Assistant Diana Sampson
Guests Present: Chief Clive Savacool (GRV), Frank Edwards & Mark Spaugh

Call to Order, Roll Call & Pledge of Allegiance

Director Todd called the meeting to order at 9:00 a.m. and roll was taken.

Director's Items

None

Public Comment

None

Presentation

- A. Mark Spaugh presented to the Board regarding the Garden Valley Fire Property Tax Initiative *Garden Valley Fire conducted a county wide phone polling regarding to determine whether a property tax increase would have community support. A local tax measure seems more promising. Going forward, a joint venture of Georgetown Fire, Garden Valley Fire and Mosquito Fire would put together a new poll to be executed within the next month. Need to create a committee to coordinate community outreach. The Districts have a responsibility to seek adequate funding, and the community has the ultimate decision to the level of care desired from the Districts.*

Correspondence

None

Consent Calendar

- A. Approval of Meeting Minutes
 a. Regular Meeting of March 22, 2018
- B. Approve deposits of \$14,187.94 and bills of \$44,081.85 for District Fund 855700
- C. Approve deposits of \$0.00 and bills of \$4,745.60 for JPA Fund 874000
Director Anderson moved to approve the Consent Calendar as presented with Director Smith making the second. Motion passed 3-0.

Action Items

- A. Review and Approve General Operating Guidelines (GOG) Emergency Medical Services – Continuous Quality Improvement Program (CQIP) Policy #307
Director Smith moved to approve the CQIP Policy #307 with Director Anderson making the second. Motion passed 3-0.

- B. FASIS Board of Directors Election
Director Smith moved to vote for Mr. Gary Grenfell of the South Placer Fire Board, with Director Anderson making the second. Motion passed 3-0.
- C. Review and Approve JPA 2017/2018 Budget – *Tabled*
- D. Review and Approve JPA 2018/2019 Budget – *Tabled*

Chief's Report

- A. Financial Report
 - a. Development Fee transfer of \$27,653 to general fund for annual mortgage for new fire station lot is on Tuesday, May 8th Board of Supervisors Agenda
 - b. Davey Tree is leasing new fire station lot \$500 month – *will relocate for Jeepers*
 - c. Submitted CAL FIRE Volunteer Firefighter Assistant Grant – *nine (9) portable radios*
 - d. FY 2018/2019 Budget prep is underway
 - e. USFS Audit (CFAA) conducted March 1st; waiting on results
 - f. Special Property Tax research begins
- B. Personnel Report
 - a. CAPT Bueghly is retiring on July 7th
 - b. Engineer/Paramedic is out for twelve (12) months; JPA has been notified
 - c. 2018 Fire Academy continues (3 members for GEO) – Structure Fire phase
 - d. Suggestions for Academy Graduation/Fire Engine Dedication date(s) in late May?
 - e. Buchanan (triple homicide/arson case) subpoena for court dates May 17th and 22nd
 - f. Growlersburg Camp 50th Anniversary Open House/Luncheon is Friday, June 1st
 - g. Volcanoville Fire Safe Council meeting is Saturday, June 2nd
 - h. ISO Rating meeting is Monday, June 18th
 - i. Chief Schwab turned in NEMAA research paper; graduation is June 29th
- C. Apparatus Report
 - a. **GEO E361** (International/HME) in service and first out
 - b. **OES E322** (HME/WestStates) master stream valve rebuild
 - c. **GEO SQ62** (F350/Braun) glow plugs
 - d. **GEO C7100** (F250) hit by uninsured motorist – *rear ended in snow event*
- D. Facilities Report
 - a. **GEO STA61** (Headquarters) bay door spring broke; making some safety upgrades
 - b. **GEO STA65** (Quintette) Draft USFS-ENF MOU working on indemnity clause change
- E. JPA Report
 - a. **JPA M51** has arrived on the Divide – *doesn't have approvals from EMSA to take calls yet*
 - b. ~~Adding half-time medic unit process continues; awarded to Diamond Springs (M48)~~
 - c. Draft JPA preliminary master contract – *moving forward. Chief Roberts is the main architect on this contract, is retiring from the Advisory Board El Dorado Fire Chiefs. Chief Schwab would like to compete for the seat at the Board's pleasure. Okayed by Board.*

Discussion

- A. Review and Update of District Administrative Code – *Tabled*
- B. Proposed FY 17/18 Amendments and Proposed Preliminary FY 18/19 Budgets – *Tabled*

Adjournment - Next Regular Meeting May 10, 2018 at 9:00 am

*Director Anderson moved to adjourn at 11:02 a.m., Director Smith made the second.
Motion passed 3-0.*

Respectfully submitted,



Diana Sampson, Admin Assistant



Rod Williams, Board President

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

***** DO NOT DETACH - REGISTERED OWNER INFORMATION *****



REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
INTL	2018	2018	MA	31Y	35	1417352
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
FT	D	ZW	2	N	13820	3HAWESTR7JL203758
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		
COMMERCIAL	09/18/18	09	09/18/18	4		
PERM EXEMPT						

REGISTERED OWNER	AMOUNT DUE	AMOUNT RECVD
GEORGETOWN FIRE PROT DIST	\$ NONE	CASH :
6281 MAIN ST		CHCK :
PO BX 420		CRDT :
GEORGETOWN		
CA 95634		

LIENHOLDER
 FST BANKERS CORP
 PO BX 781165

INDIANAPOLIS
 IN 46278

E62

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WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

***** DO NOT DETACH - REGISTERED OWNER INFORMATION *****



REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER	
INTL	2004	2004	MA	31Y	35	1080849	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER	
PT	D	KV	2	W	23560	1HTWEADR34J022605	
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	USE TAX		
COMMERCIAL	08/25/04	09	07/27/04	5	15088		
PERM EXEMPT							
REGISTERED OWNER						AMOUNT PAID	
GEORGETOWN FIRE DIST						\$15088.00	
6283 MAIN ST							
PO BX 420							
GEORGETOWN						AMOUNT DUE	
CA	95634						\$ 15088.00
				AMOUNT RECVD			
				CASH :			
				CHCK :			
				CRDT :			

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WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

***** DO NOT DETACH - REGISTERED OWNER INFORMATION *****



4 Public Service Agency

REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
FORD	2006	2007	WD	31A	34	1099385
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
AM	D	NT	2	K	10480	1FDWF37P26ED67714
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		
COMMERCIAL	06/06/07	09	06/06/07	5		
PERM EXEMPT						
REGISTERED OWNER						AMOUNT PAID
CAL TAHOE EMERGENCY						\$NFEE
OPERATING AUTHORITY						
PO BX 8917						
			AMOUNT DUE	AMOUNT RECVD		
			\$ NONE	CASH :		
				CHCK :		
				CRDT :		
S LAKE TAHOE						
CA	96158					

SQ62

LIENHOLDER

INVOICE DATE	INVOICE NUMBER	DEPARTMENT DESCRIPTION	INVOICE AMOUNT
10/23/2018	ALS AGMT	GEORGETOWN FIRE Permitting App Agmt Fee	\$397.00

RECEIVED

NOV 07 2018

EMERGENCY MEDICAL
SERVICES AGENCY

PAID
11-7-18

\$397.00

[Signature]

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
6295	EL DORADO COUNTY EMERGENCY MEDICAL ✓	10324236	11/02/2018	\$397.00 ✓

ORIGINAL - PAYEE'S COPY

COUNTY OF EL DORADO

NO 042685

Date 11/7/18

Received from Georgetown FPD

Three Hundred Ninety Seven ⁰⁰ ~~00~~ Dollars \$ 397.00

For Non-transport ALS Agreement

Cash

By P Pirullo

Check 10324236 Department EMS Agency

FORM # AU-002

APPLICATION & AGREEMENT
Advanced Life Support Non-Transporting Unit
Advanced Life Support Assessment Unit

THIS AGREEMENT for Advanced Life Support (ALS) Non-Transporting Unit and/or ALS Assessment Unit is made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and Rescue Fire Protection District (hereinafter referred to as "Fire District");

RECITALS

WHEREAS, the County directly provides ambulance services through a Public Utility Model (PUM) Emergency Medical Services (EMS) system; and

WHEREAS, Fire District desires to provide ALS Non-Transporting Unit or ALS Assessment Unit services; therefore, Fire District makes this application for authorization to provide such services in accordance with the conditions set forth in this Agreement; and

WHEREAS, in accordance with California Health and Safety Code Section 1797.227, the County has contracted for an electronic Prehospital Care Report (ePCR) software and database, which provides the capability to utilize tablets, computers, and other devices to collect and transmit ePCR data; and

WHEREAS, in February 2017, the California Emergency Medical Services Authority awarded the County grant funding opportunity number C16-041 for the purchase of Electronic Mobile Devices as part of the Data Quality Improvement Program to collect and transmit patient care data to the County consistent with Health and Safety Code 1797.227 with subsequent transmission to the California Emergency Medical Services information System (CEMSIS) database; and

WHEREAS, to facilitate wireless connectivity between the Emergency Medical Technician (EMT) and EMT-Paramedic staff with the ePCR database, the County has purchased tablets in sufficient quantity to provide for ALS Non-Transporting Units and ALS Assessment Units to have a dedicated ePCR tablet, based on availability; and

WHEREAS, Fire District agrees that in exchange for the initial purchase of said tablets, Fire District will maintain, accessorize, update, repair, and replace each tablet and associated components on an as needed basis at the Fire District's sole cost and expense; and

Whereas, in accordance with County Emergency Medical Services Agency policy, Fire District shall submit annual certifications that each ALS Non-Transporting Unit or ALS Assessment Unit complies with the County's minimum equipment requirements; and

WHEREAS, it is the intent of the parties hereto that such services be in conformity with County of El Dorado Code of Ordinances, Chapter 8.74 County Emergency Medical Service and Medical Transportation (hereinafter referred to as the "Ambulance Ordinance") as well as all federal, State and local laws, statutes, ordinances, regulations, policies, procedures and protocols applicable to the emergency medical services that are provided pursuant to this Agreement.

NOW, THEREFORE, County and Fire District mutually agree that the Recitals are incorporated herein and further mutually agree as follows:

I. All activities and services resulting from and provided pursuant to this application and Agreement shall be provided in Fire District's capacity as an independent fire district and in accordance with the County of El Dorado Ambulance Ordinance, available for reference at :

https://www.edcgov.us/Government/EMS/Pages/ambulance_ordinance.aspx. In the event there is any discrepancy between this Agreement and the Ambulance Ordinance, the provisions in the Ambulance Ordinance control. Fire District warrants and represents that it has read and is fully aware of and knowledgeable of all applicable provisions in the Ambulance Ordinance that relate to and govern services provided pursuant to this Agreement.

II. This application and Agreement pertain only to the provision of ALS Non-Transporting Unit and ALS Assessment Unit services.

III. Fire District shall at all times meet the requirements set forth by the California Highway Patrol (CHP); the California Vehicle Code; the State of California Health and Safety Code; the State of California Emergency Medical Services Authority; the California Code of Regulations; the County Emergency Medical Service and Medical Transportation Ordinance; the Policies, Procedures and Field Treatment Protocols established by the medical control within the Fire District's local jurisdiction; and any and all other applicable statute, ordinance, and resolution regulating prehospital Advanced Life Support services provided under this Agreement, including but not by way of limitation, personnel, vehicles, equipment, services, and supplies. In the event of any conflicting statute, ordinance, or regulation, the statute, ordinance, or regulation setting forth the more stringent requirement shall be met.

IV. Fire District is applying for the following permits:

Advanced Life Support Non-Transporting Unit

Advanced Life Support Assessment Unit

V. Change in Circumstances: Fire District shall notify the Permit officer if any information in this application changes during the pendency of the application, and shall provide, within five (5) days of that notification, updated information.

VI. Changes to Operations: The Fire District shall notify the County about changes to business location and phone numbers, hours of operations, service charges and rates, insurance coverage, changes to the Fire District, registered owner, partner, officer, director, controlling shareholder, or any other substantive change to this application on file, within fifteen (15) days of such changes.

VII. *In accordance with Ambulance Ordinance 8.74.080, Fire District shall document herein below the names and addresses of the Fire District, officers, and directors.

APPLICATION FOR ALS NON-TRANSPORT UNIT OR ALS ASSESSMENT UNIT PROVIDER PERMIT

Name under which Fire District proposes to engage in business:

Rescue Fire Protection District


Physical Address:	5221 Deer Valley Road, Rescue, CA 95672
Mailing Address (if different):	PO Box 201, Rescue, CA 95672
Telephone Number (Office):	(530) 677-1868
Telephone Number (Cell):	
If Corporation: Name of Corporation:	
State of Incorporation:	
Date of Incorporation: (Use format MM/DD/YYYY)	

Name of Corporate Officers / Board of Directors*	Title	Address
Scott Thorne	Director	PO Box 201, Rescue, CA 95672
Matt Koht	Director	PO Box 201, Rescue, CA 95672
Ken Humphreys	Director	PO Box 201, Rescue, CA 95672
Anne Walker	Director	PO Box 201, Rescue, CA 95672
Jason Butler	Directo	PO Box 201, Rescue, CA 95672
Agent for Service of Process:		
Jodi Martin	Administrative Assistant	PO Box 201, Rescue, CA 95672

VIII. The following required Statements are attached hereto and incorporated herein by reference:

Required Statement	Check if attached
1. A written statement identifying the type and level of service proposed.	<input checked="" type="checkbox"/>
2. A written statement specifying whether the Fire District has provided any EMS services outside the County, and if so, under what name, what type of service, where, and for how long.	<input checked="" type="checkbox"/>
3. If Fire District is required to be licensed and permitted by the California Highway Patrol , they shall hold a valid license and permit prior to submitting the application. Please provide:	
a. A copy of a current CHP Authorized Emergency Vehicle Permit for each emergency vehicle, if required by the CHP.	<input type="checkbox"/>
4. A copy of a current El Dorado County Business License and a copy of the business license for each city in which the Fire District is doing business.	<input type="checkbox"/>
5. A written statement of the legal history of the Fire District inclusive of all criminal and civil convictions, suspensions, or termination of EMS contracts and/or permits. The statement shall be accompanied by a completed application for a criminal record check.	<input checked="" type="checkbox"/>
6. A written statement that the Fire District will abide, where applicable, by regulations of the California Vehicle Code and the California Code of Regulations, Title 13, Motor Vehicles.	<input checked="" type="checkbox"/>
7. A written statement specifying the education, training, and experience of the Fire District in the care of patients.	<input checked="" type="checkbox"/>
8. A written statement that the Fire District understands and will comply with the County's EMS Agency's policies and procedures for staffing, equipment, and supply specifications and requirements, including automated external defibrillators (AEDs).	<input checked="" type="checkbox"/>
9. A detailed description of the Fire District's training and orientation programs for all EMS personnel, inclusive of EMTs and EMT-Ps, drivers, and maintenance staff.	<input checked="" type="checkbox"/>
10. A detailed description of the radio equipment including vehicle radios as well as cellular phones in use.	<input checked="" type="checkbox"/>
11. A detailed statement demonstrating that the Fire District owns or controls, in good mechanical condition, the required equipment to consistently provide the type of EMS service for which the Fire District is applying, and that Fire District owns or controls a suitable facility(ies) from which contracted or permitted services will be operated, and the address(es) and hours of operation for each facility listed.	<input checked="" type="checkbox"/>

Required Statement	Check if attached
12. A detailed description of the number of ALS Non-Transporting Unit and/or ALS Assessment Unit vehicles in use and for each: the make and model, year, vehicle identification number, State vehicle license number and proof of current Department of Motor Vehicles registration.,	<input checked="" type="checkbox"/>
13. Evidence of Insurance meeting the requirements of the County, as noted in Section XVII.	<input checked="" type="checkbox"/>
14. A written statement, signed by the Fire Chief, certifying that: 1) the Fire District understands and will comply with the County's EMS vehicle inspection process and policies, including County EMS Policy titled "ALS Unit Minimum Equipment Inventories for ALS Non-Transport and Assessment Units," 2) each ALS Non-Transporting Unit or ALS Assessment Unit that is permitted under this permit is currently in compliance with such policies and, 3) Fire District will submit to the County EMSA an annual certification letter for each ALS Non-transporting Unit or ALS Assessment Unit certifying that such unit has been inspected by the Fire District and that such unit is in full compliance with the inspection policies and minimum equipment inventories. Each annual certification must be signed by the Chief of the Fire District, and submitted within five (5) days of each anniversary of this permit agreement. Any units added to the fleet after issuance of the permit will require an initial certification by the Fire Chief within five (5) days of the unit starting service and subsequent annual certifications shall occur on the same date as the existing fleet annual certifications.	<input checked="" type="checkbox"/>
15. A detailed description of the Fire District's program for maintenance for vehicles and equipment.	<input checked="" type="checkbox"/>
16. A quality assurance plan that meets EMS policies for the specific level of service in accordance with California Code of Regulations Title 22, Chapter 12.	<input checked="" type="checkbox"/>
17. A detailed list of all EMS personnel, inclusive of EMT's, EMT-P/s, with each person's license and certification information, license number and expiration date.	<input checked="" type="checkbox"/>
18. A written statement that the Fire District shall only employ personnel who comply with the requirements of the California Code of Regulations, Title 22; Health and Safety Code, Division 2.5 Statutes, Section 1797 et seq., County's Ambulance Ordinance, and County's Emergency Medical Services Agency Policy and Procedure Manual.	<input checked="" type="checkbox"/>
19. A staffing or deployment plan that describes the Fire District's method of operation within the County.	<input checked="" type="checkbox"/>
20. The application fee as set by the County (available at https://www.edcgov.us/Government/EMS/Pages/ambulance_ordinance.aspx under "EMS Fees"), payable by cash, money order, or cashier's check made payable to County of El Dorado Emergency Medical Services Agency, or by credit card.	<input checked="" type="checkbox"/>

Required Statement	Check if attached
21. A written statement that the Fire District will participate in the County's disaster response plan.	<input checked="" type="checkbox"/>
22. Any other information that the County deems necessary for determination of compliance with the Ambulance Ordinance.	

Fire District warrants and represents that the information in the application and Statements above, are true and correct.

- IX. **Services:** Fire District is authorized to provide ALS Non-Transporting Unit and/or ALS Assessment Unit services subject to and in accordance with the conditions set forth in this Agreement. Fire District is prohibited from subcontracting, delegating or assigning any services authorized pursuant to this Agreement, in whole or in part, to any other person or entity.
- X. **Term:** This Agreement shall become effective upon final execution by both parties hereto and shall expire three (3) years from the date thereof.
- XI. **Changes to Agreement:** This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the parties hereto.
- XII. **ePCR Requirements:** County may purchase an initial supply of ePCR mobile tablets for ALS Non-Transporting/Assessment Units, to be distributed based on availability.
 - A. ePCR mobile tablets shall remain property of the State of California and may not be transferred for use by another entity or another department of a local government or disposed of without written approval of California State Emergency Medical Services Authority (EMSA). A detailed description of the provided ePCR equipment will be maintained and updated routinely during the annual County property inventory.
 - B. Fire District shall provide tablet maintenance and repair, as well as operating system updates for each tablet. Fire District will be solely responsible for the purchase and replacement of all accessories to the tablet(s) including, but not limited to: batteries, plugs, power cords, protective cases, and screen protectors. In the event a tablet needs to be replaced, Fire District shall, at its sole cost and expense, purchase the replacement tablet in an updated make and model capable of performing in accordance with the ePCR platform system requirements. Fire District shall ensure that a sufficient number of mobile ePCR tablets are available for replacement in the event of a breakdown, maintenance, and disaster operations.
 - C. After ePCR implementation, Fire District shall utilize an ePCR meeting the standards and specifications of the EMS Agency Medical Director. The ePCR is required to be completed for all patients for whom care is rendered at the scene, regardless of whether the patient is transported.
 - i. To ensure that the County and EMS Agency Medical Director can conduct system-wide quality improvement activities, Fire District is required to provide County with electronic copies of accurately completed patient care forms including but not limited to correct name, address, date of birth, social security number, and signature of the patient or patient representative (or clearly stated reason why patient is unable to sign) and sufficient information to appropriate document medical necessity.

- ii. Properly completed ePCR reports shall be delivered or electronically available to the County within forty-eight (48) hours of the completion of each call.
 - iii. In the event that hardware, software, communications, licensing, or other technical problems temporarily prohibit the real-time capture of ePCR data and information, Fire District shall have an immediately available backup system to manually collect all required information. Upon manual collection of this information, it shall be Fire District's responsibility to enter it into appropriate electronic databases to assure compliance with the reporting requirements and timelines of this agreement.
- D. In the event the ePCR format is not available, Fire District personnel shall utilize the El Dorado County approved Prehospital Care Report form(s) for all emergency and non-emergency responses.
- i. In the case of an ALS first responder where the first responder maintains patient care and rides in the ambulance, a single Prehospital Care Report form may be filled out noting any action the first responder has taken to provide care for the patient, and shall be transferred with the patient.
 - ii. In the case where the first responder does not maintain patient care and ride in the ambulance, the ALS first responder report will be forwarded/faxed within twenty-four (24) hours to the hospital, to be attached to the patient record, to complete the prehospital patient care documentation completed by the paramedic who maintained patient care until delivery to the hospital.
 - iii. In the case of ALS first responder, at the time of transfer of patient care to the transporting paramedic, the first responder shall relay all pertinent information including, but not limited to, patient history, mechanism of injury, medications normally taken, allergies, assessment finding, and treatments already performed.
 - iv. In the case of ALS first responder where the first responder report is not completed prior to the ambulance leaving the scene, the first responder shall complete this report within twenty-four (24) hours and follow the distribution instructions as defined in the El Dorado County EMS documentation policy. If any portion of the incomplete record is passed on to the transporting unit, it shall not be considered an official document.
 - v. Fire District personnel shall perform due diligence to obtain and transmit all required patient care information. If circumstances arise which limit the availability of patient information, billing information, and associated information, the Fire District shall remain responsible to obtain the required information and submit it to the County. Fire District personnel shall adhere to the requirements in the El Dorado County EMS Policy: "EMS Documentation Policies and Procedures."

XIII. **Liability:** Fire District is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services authorized by this Agreement. Fire District exclusively assumes responsibility for any and all acts of its officers, employees, agents, and associates as they relate to services authorized and provided pursuant to this Agreement during the course and scope of their employment.

Fire District shall be solely responsible for performing services authorized by this Agreement in a safe, professional, skillful, and workmanlike manner and shall be liable for its own negligence and negligent acts of its officers, employees, agents and associates. County shall have no right of control over the manner in which services are provided and shall, therefore, not be charged with responsibility of preventing risk to Fire District or its officers, employees, agents and associates.

The parties to this Agreement are not partners or joint ventures and nothing contained herein shall be construed to create a partnership or joint venture between the parties or to constitute any party the agent of the other. Neither party shall hold itself out contrary to the terms of this section nor shall either party become liable by any representation, act, or omission of the other contrary to the provisions herein.

XIV. Default, Termination, and Cancellation:

A. **Default/Violation:** Upon the occurrence of any default or violation of the provisions of this Agreement, the Permit Officer shall give written notice of said default or violation to the Fire District (notice). If the Fire District does not cure the default or violation within ten (10) days of the date of notice (time to cure), then the Fire District shall be in default. Upon failure to cure the default or violation within the specified time to cure, the Permit Officer may, in their sole discretion extend the time to cure, or suspend, revoke or terminate the Fire District's permit in accordance with the paragraph "Suspension, Revocation and/or Termination" herein below.

Any extension of time to cure must be in writing, prepared by the Fire District for signature by the Permit Officer and must specify the reason(s) for the extension and the date on which the extension of time to cure expires.

Notice given under this section shall specify the alleged default or violation, and the applicable Agreement provision or cite the appropriate section of the Ambulance Ordinance, and shall demand that the Fire District perform the provisions of this Agreement within the applicable period of time.

B. **Termination or Cancellation without Cause:** Either party may terminate this Agreement in whole or in part upon seven (7) calendar days written notice without cause. Upon receipt of a Notice of Termination, Fire District shall promptly discontinue all services affected, as of the effective date of termination set forth in such Notice of Termination, unless the notice directs otherwise.

C. **Enforcement:** In accordance with Ambulance Ordinance Section 8.74.140, Enforcement, the County shall have the following rights and remedies.

1. *Inspections and investigations.*

- a. The County shall have the right to inspect and audit records, facilities, equipment, supplies, personnel, and methods of operation of a Fire District whenever the County deems such inspection necessary.
- b. The Fire District shall cooperate with County in any investigations of possible violations and shall make all dispatch logs and similar dispatch records including tape recordings available for inspection and copying at reasonable times at the Fire District's regular place of business. All tape recordings shall remain available for a minimum of sixty (60) days from the date the recording was made.
- c. The Fire District shall allow County to inspect, on a pre-announced or unannounced basis, all ALS Non-Transporting/Assessment vehicles used by the Fire District within the County. The purpose of such inspection is to determine if the vehicle and its equipment and supplies are in good working order, properly maintained and equipped for the provision of the emergency medical services for which it is permitted. The inspection for vehicles will be for all equipment identified in the County's Emergency Medical Services Agency Policy and Procedure Manual which has not been inspected by the CHP. The Fire District shall inform the County of any suspension and/or revocation of their CHP vehicle certificate or permit for emergency vehicles used within the County.

2. *Consumer complaints:* Any person alleging that a Fire District has provided unsatisfactory or inappropriate emergency medical services as defined herein this Agreement may file a written complaint with the Permit Officer setting forth such allegations. The Permit Officer shall notify the Fire District in writing of the receipt of the complaint. The Permit Officer shall investigate the complaint to determine whether the Fire District has committed any improper act or failed to satisfactorily perform any duty specified herein. Fire District may provide a written response to the Permit Officer in writing within ten (10) business days from the receipt of that notification. If the Permit Officer determines that the Fire District has committed a violation, the Permit Officer shall take timely and reasonable actions to secure compliance with the requirements herein. If the Permit Officer is unable to secure compliance, the Permit Officer will initiate action to suspend, revoke, or terminate the contract or permit.
3. *Suspension, revocation and/or termination:*
 - a. Following the procedures specified in the Article titled "Default Termination, and Cancellation" paragraph "Default/Violation" herein, the County may suspend or revoke a permit or contract for:
 - i. Violating any provision of the contract or permit;
 - ii. Violating any provisions of this chapter or violating any provisions of statute, regulations or other laws relating to emergency medical services;
 - iii. Changing the operational or financial capabilities of the Fire District or contractor in such a manner that had that change been known at the time of the application, the application could have been denied;
 - iv. Failing to pay any fine issued pursuant to this section within ten business days.
 - b. The County may suspend, revoke, or terminate this Agreement and Permit as specified herein above.
 - c. Suspension is not a condition precedent to revocation.
4. *Penalties:* The County may impose fines for noncompliance infractions. Infractions of a contract or permit are punishable by a fine not exceeding: \$100.00 for a first violation; \$200.00 for a second violation of the same infraction within one year; and \$500.00 for each additional violation of the same infraction within one year.
5. *Appeals:* Requests to challenge the decision to terminate this Agreement and Permit may be appealed in writing to the Emergency Medical Services Agency Administrator within fifteen (15) business days from the date of the mailed notice of suspension, revocation, or termination. The appeal shall be signed by an authorized representative of appellant and shall set forth all relevant facts and law in support of the appeal. If the Fire District disagrees with the decision of the EMS Agency Administrator, the Fire District may appeal in writing to the Health and Human Services Agency Director within seven (7) calendar days of receipt of the EMS Agency Administrator's decision. The decision of the Health and Human Services Agency Director is final, unless otherwise provided by law.

In any case where the Health and Human Services Director determines to uphold the decision to suspend or revoke a permit, the Director shall prepare a written notice of suspension or revocation which includes a statement of the proposed action, a concise explanation of the reasons and basis for the proposed action and an explanation of the Fire District's right to appeal to the Board of Supervisors. Within five business days of the mailing of the Director's notice, the Fire District may file an application for appeal to be held in accordance with the procedures set forth in El Dorado County Ordinance Chapter 2.09.

6. *Exception to hearing procedure:* When, in the opinion of the Health and Human Services Director, there is a clear and imminent threat to the safety and protection of the public, the Health and Human Services Director may suspend a permit without following the procedure set forth in Ambulance Ordinance Section 8.74.080 D. A written notice of decision and the basis relied upon for such action shall be provided to the Fire District. The Fire District may file an application for appeal to the Board of Supervisors in accordance with the procedures set forth in El Dorado County Ordinance Chapter 2.09.
7. *Notification:* When a permit is suspended or revoked or a contract terminated, the Permit Officer shall notify all public safety agencies, hospitals and other interested parties in the County of this fact, specifying the name of the Fire District and the action taken.

XV. **Indemnity:** To the fullest extent of the law, the Fire District shall defend, indemnify, and hold the County, its Board of Supervisors, agents, officers and employees harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorney's fees and costs incurred, brought for, or on account of, personal injury, sickness, disease, injuries to or death of any person, including but not limited to workers, County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Fire District's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the County, the Fire District, subcontractor(s) and employee(s) of any of these, except for the sole, or active negligence of the County, its officers and employees, or as expressly prescribed by statute. This duty of Fire District to indemnify and save County harmless includes the duties to defend set forth in California Civil Code Section 2778.

In the event of any suspension, revocation or termination of this Agreement, any and all obligations of Fire District to defend, indemnify and/or hold harmless County, its Board of Supervisors, agents, officers and employees, including but not limited to this indemnification provision, shall survive such suspension, revocation and/or termination.

XVI. **Insurance:** Fire District shall maintain at its sole cost and expense, and keep in force during the term of this agreement, the following insurance coverages:

- A. Workers' Compensation Insurance with statutory limits, as required by the laws of any and all states in which Contractor's employees are located and; Employer's Liability insurance on an "occurrence" basis with a limit of not less than \$1,000,000.
- B. Commercial General Liability Insurance at least as broad as CG 00 01, covering premises and operations and including but not limited to, owners and contractors protective, product and completed operations, personal and advertising injury and contractual liability coverage with a minimum per occurrence limit of \$3,000,000 covering bodily injury and property damage; General Aggregate limit of \$5,000,000; Products and Completed Operations Aggregate limit of \$2,000,000 and Personal & Advertising Injury limit of \$2,000,000, written on an occurrence form. If Fire District's general liability limits fail to meet the limits required above Fire District may carry excess or umbrella liability insurance providing excess coverage at least as broad as the underlying coverage for general liability with a limit equal to or above the amount stated above on a per occurrence and aggregate basis.
- C. Automobile Liability Insurance at least as broad as CA 00 01 with Code 1 (any auto, including ambulances, fire engines and other emergency services mobile equipment. Inland Marine insurance specific to emergency mobile equipment will be acceptable to meet this requirement together with the automobile liability insurance), covering use of all owned, non-

owned, and hired automobiles with a minimum combined single limit of \$1,000,000 per occurrence for bodily injury and property damage liability.

- D. Professional Liability Insurance covering liability imposed by law or contract arising out of an error, omission or negligent act in the performance, or lack thereof, of professional services and any physical property damage, bodily injury or death resulting there from, with a limit of not less than \$6,000,000 per claim and in the aggregate. The insurance shall include a vicarious liability endorsement to indemnify, defend, and hold harmless El Dorado County for claims arising out of covered professional services and shall have an extended reporting period of not less than two years. That policy retroactive date coincides with or precedes Fire District's start of work (including subsequent policies purchased as renewals or replacements).
- E. If the policy is terminated for any reason during the term of this Agreement, Fire District shall either purchase a replacement policy with a retroactive date coinciding with or preceding the retroactive date of the terminating policy, or shall purchase an extended reporting provision of at least two (2) years to report claims arising from work performed in connection with this Agreement and a replacement policy with a retroactive date coinciding with or preceding the expiration date of the terminating policy.
- F. If this Agreement is terminated or not renewed, Fire District shall maintain the policy in effect on the date of termination or non-renewal for a period of not less than two years there from. If that policy is terminated for any reason during the two (2) year period, Fire District shall purchase an extended reporting provision at least covering the balance of the two (2) year period to report claims arising from work performed in connection with this Agreement or a replacement policy with a retroactive date coinciding with or preceding the retroactive date of the terminating policy.
- G. All policies of insurance shall provide for the following:
 - i. Name El Dorado County, members of the Board of Supervisors of El Dorado County, its officers, agents and employees, as additional insureds except with respect to Workers' Compensation and Professional Liability.
 - ii. Be primary and non-contributory with respect to all obligations assumed by Fire District pursuant to this Agreement or any other services provided. Any insurance carried by El Dorado County shall not contribute to, or be excess of insurance maintained by Fire District, nor in any way provide benefit to Fire District, its affiliates, officers, directors, employees, subsidiaries, parent company, if any, or agents.
- H. Be issued by insurance carriers with a rating of not less than A VII, as rated in the most currently available "Best's Insurance Guide."
- I. Include a severability of interest clause and cross-liability coverage where El Dorado County is an additional insured.
- J. Provide a waiver of subrogation in favor of El Dorado County, members of the Board of Supervisors of El Dorado County, its officers, agents and employees.
- K. Provide defense in addition to limits of liability.
- L. Upon execution of this Agreement and each extension of the Term thereafter, Fire District shall cause its insurers to issue certificates of insurance evidencing that the coverages and policy endorsements required under this Agreement are maintained in force and that not less than 30 days written notice shall be given to El Dorado County prior to any material modification, cancellation, or non-renewal of the policies. Certificates shall expressly confirm at least the following: (i) El Dorado County's additional insured status on the general liability, and auto liability policies; (ii) and the waiver of subrogation applicable to the workers' compensation and professional liability policies. Fire District shall also furnish El Dorado County with endorsements effecting coverage required by this insurance requirements clause. The endorsements are to be signed by a person authorized by the Insurer to bind coverage on its behalf. The certificate of insurance and all required

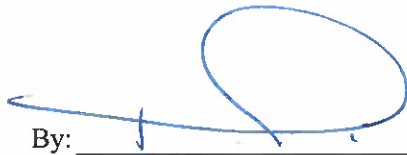

endorsements shall be delivered to El Dorado County's address as set forth in the Notices provision of this Agreement.

- M. All endorsements are to be received and approved by the County of El Dorado before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.
 - N. Unless otherwise agreed by the parties, Fire District shall cause all of its Subcontractors to maintain the insurance coverages specified in this Insurance section and name Fire District as an additional insured on all such coverages. Evidence thereof shall be furnished as El Dorado County may reasonably request.
 - O. The coverage types and limits required pursuant to this Agreement shall in no way limit the liability of Fire District.
- XVII. **HIPAA:** Fire District acknowledges its obligations under the Health Insurance Portability and Accountability Act (HIPAA) and agrees that it shall comply with all applicable HIPAA requirements and obligations at all times, in accordance the Business Associate Agreement attached hereto as Exhibit A and incorporated by reference herein.
- XVIII. **County Business License:** It is unlawful for any person to furnish supplies or services, or transact any kind of business in the unincorporated territory of El Dorado County without possessing a County business license unless exempt under County Code Section 5.08.070.
- XIX. **Licenses:** Fire District hereby represents and warrants that Fire District, its officers, employees, agents and associates have all the applicable licenses, permits, and certifications that are legally required for Fire District, its officers, employees, agents and associates to practice its profession or provide the services or work authorized under this Agreement in the State of California. Fire District, its officers, employees, agents and associates shall maintain said applicable licenses, permits, or certificates in good standing throughout the term of this Agreement.
- XX. **Administrator:** The County Officer or employee with responsibility for administering this Agreement is Richard W. Todd, M.B.A., Emergency Medical Services Agency Administrator, or successor.
- XXI. **Authorized Signatures:** The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.
- XXII. **Partial Invalidity:** If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions will continue in full force and effect without being impaired or invalidated in any way.
- XXIII. **Venue:** Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California.
- XXIV. **No Third Party Beneficiaries:** Nothing in this Agreement is intended, nor will be deemed, to confer rights or remedies upon any person or legal entity not a party to this agreement.
- XXV. **Entire Agreement:** This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties and they incorporate or supersede all prior written or oral Agreements or understandings.

County Authorized Signer:

By: _____ Dated: _____
Health and Human Services Agency Director, or designee

-- FIRE DISTRICT --

By:  _____ 

Dated: 09/17/2018

Name: Thomas Keating
Title: Fire Chief
"Fire District" Rescue Fire
Protection District



Rescue Fire Protection District

• P.O. Box 201 Rescue, CA 95672 • Phone: (530) 677-1868 • Fax: (530) 677-9609

www.rescuefiredepartment.org

September 18, 2018

Permit / Contract Officer
Emergency Medical Services Agency
2900 Fair Lane Court
Placerville, CA 95667

Dear Permit / Contract Officer:

1. Please accept this written statement as part of the application and agreement for the Rescue Fire Protection District and hereinafter referred to as RFPD to provide the following level of services in El Dorado County:
 - Advanced Life Support Non-Transporting Unit
 - Advanced Life Support Assessment Unit services
2. The RFPD has provided ALS services outside of El Dorado County (Sacramento County and throughout the State of California) when deployed to Strike Team assignments or move-up assignments as part of California's Master Mutual Aid systems. While providing these services outside of El Dorado County, we operate under the RFPD name. We provide fire suppression, emergency medical and other emergency services for indefinite periods of time.
3. The RFPD fire apparatus are not required to be licensed and permitted by the California Highway Patrol.
4. As a Special District in El Dorado County a Business License is not required.
5. The RFPD has no legal history inclusive of any criminal or civil convictions, suspensions, or termination of EMS contracts and/or permits.
6. The RFPD will abide, where applicable, by regulations of the California Vehicle Code and the California Code of Regulations, Title 13, Motor Vehicles.
7. The RFPD provides education, training, and experience in the care of patients we provide service to. All our employees are trained to the level of EMT or EMT-Paramedic. Each employee is required to complete monthly and annual continuing education. All paramedics are accredited by El Dorado County and meet the annual education, training and experience requirements associated with that accreditation.

8. The RFPD understands and will comply with the County's EMS Agency's policies and procedures for staffing, equipment, and supply specifications and requirements, including automated external defibrillators (AEDs).

9. The RFPD's training and orientation programs for all EMS personnel begin upon employment. All safety employees are required to hold a California State Firefighter 1 Certificate and are California State Licensed Paramedics or El Dorado County Licensed Emergency Medical Technicians. Each employee is trained in fire and EMS operations, hospital locations, ambulance operations, ePCR, and incident reporting requirements. All Paramedics are also trained in 12 lead EKG. All employees serve a probationary period where they are trained and tested by Fire Captains, Chief Officers and peers.

10. Emergency vehicles are equipped with the following radio/cell equipment:
 - One (1) iPad
 - One (1) Cell Phone
 - One (1) Kenwood TK-790 VHF
 - Four (4) Bendix King GPH-CMD portable radios

11. The RFPD owns and controls, in good mechanical condition, all required equipment to consistently provide ALS EMS service for which we are applying. The RFPD owns and controls a total of one staffed fire station, Station 83, 5221 Deer Valley Road, Rescue, CA 95672, which operates 24/7/365 and one un-staffed fire station, Station 81, 1722 Lotus Road, Placerville, CA 95667, that are maintained and are suitable facilities from which contracted or permitted services will be operated.

12. Type 1 ALS Fire Engines:

Identifier	Make	Year	VIN	License #
E83	Pierce Saber	2007	4P1CS01A77A007540	1272216

Type 3 ALS Fire Engines:

Identifier	Make	Year	VIN	License #
E383	International	2007	1HTWEAZR27J506388	1300051

Department of Motor Vehicles registrations are attached.

13. Evidence of Insurance meeting the requirements of the County, as noted in Section XVII are attached.

14. As Fire Chief, I am hereby certifying that:

- The RFPD understands and will comply with the County's EMS vehicle inspection process and policies, including County EMS Policy titled "ALS Unit Minimum Equipment Inventories for ALS Non-Transport and Assessment Units".
- Each ALS Non-Transporting Unit or ALS Assessment Unit that is permitted under this permit is currently in compliance with such policies.
- The RFPD will submit to the County EMSA an annual certification letter for each ALS Non-transporting Unit or ALS Assessment Unit certifying that such unit has been inspected by the RFPD and that such unit is in full compliance with the inspection policies and minimum equipment inventories. Each annual certification will be signed by the Fire Chief of the RFPD and submitted within five (5) days of each anniversary of this permit agreement. We understand that any units added to the fleet after issuance of the permit will require an initial certification by the Fire Chief within five (5) days of the unit starting service and subsequent annual certifications shall occur on the same date as the existing fleet annual certifications.

15. The RFPD has an aggressive inspection and maintenance program for all our vehicles and equipment.

From an inspection perspective, each day, professionally trained Captains, Engineers and/or Firefighters inspect our apparatus. During this time (usually first thing in the morning) all EMS equipment is tested and inspected for response readiness. Weekly all of our apparatus undergo an extensive and detailed inspection. Detailed records and check sheets are maintained for all these inspections and are available to review at any time.

The RFPD uses local fleet service professional vendors including: Veerkamp's, Golden State Fire Apparatus, West Coast Fire Apparatus, Ford, Chevy, etc. We also have professional third-party annual inspections completed by Veerkamp's for every fire engine.

16. The RFPD maintains a quality assurance plan that meets EMS policies for the specific level of service in accordance with California Code of Regulations Title 22, Chapter 12.

17. RFPD EMS personnel, inclusive of EMTs and EMT-Ps

Rescue Fire Protection District

First Name	Last Name	Credential Name	Expiration Date	Credential Number
Thomas	Balak	Paramedic	11/30/2019	P30318
Isaac	English	Paramedic	2/28/2019	P07172
Brett	Jones	Paramedic	2/28/2019	P24570
J. Chris	Paper	Paramedic	5/31/2019	P19943
Joel	Warman	Paramedic	4/30/2019	P15659
Guy	Delaney	EMT-Basic	4/30/2019	E017822

18. The RFPD only employs personnel who comply with the requirements of the California Code of Regulations, Title 22; Health and Safety Code, Division 2.5 Statutes, Section 1797 et seq., County's Ambulance Ordinance, and County's Emergency Medical Services Agency Policy and Procedure Manual.

19. Staffing and deployment plan that describes the RFPD's method of operation within the County:

Daily Staffing:

Daily Staffing is accomplished with one engine staffed with a Captain and an Engineer or Firefighter. ALS is provided by at least one Paramedic at all times. We also cross-staff a water tender when needed.

20. The RFPD will pay the application fee as set by the County (available at https://www.edcgov.us/Government/EMS/Pages/ambulance_ordinance.aspx under "EMS Fees"), payable by cash, money order, or cashier's check made payable to County of El Dorado Emergency Medical Services Agency, or by credit card.

21. The RFPD will participate in the County's disaster response plan.

Sincerely,

A handwritten signature in black ink, appearing to read 'T. Keating', with a horizontal line extending to the left of the first letter.

Thomas M. Keating, Fire Chief

8370

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS
Allied World Assurance Company

POLICY NUMBER

6400004902

EFFECTIVE DATE EXPIRATION DATE

11/01/17 11/01/18

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR MAKE/MODEL

2007 PIERCE PUMPER

VEHICLE IDENTIFICATION NUMBER

4P1CS01A77A007540

AGENCY/COMPANY ISSUING CARD

**ISU Insurance Services
Jennifer L. Kime
800 Pacific Street
Placerville, CA 95667**

INSURED

┌

**Rescue FPD
PO Box 201
Rescue, CA 95672**

└

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.**
- 2. Name of Insurance Company and policy number for each vehicle involved.**

8360

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

COMPANY NAME AND ADDRESS

Allied World Assurance Company

POLICY NUMBER

6400004902

EFFECTIVE DATE

EXPIRATION DATE

11/01/17

11/01/18

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2007

INT'L PUMPER

1HTWEAZR27J506388

AGENCY/COMPANY ISSUING CARD

ISU Insurance Services

Jennifer L. Kime

800 Pacific Street

Placerville, CA 95667

INSURED

Rescue FPD

PO Box 201

Rescue, CA 95672

SEE IMPORTANT NOTICE ON REVERSE SIDE

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- 1. Name and address of each driver, passenger and witness.**
- 2. Name of Insurance Company and policy number for each vehicle involved.**

STATE OF CALIFORNIA

CERTIFICATE OF TITLE

VEHICLE HISTORY

55707082719

COMMERCIAL

PERM EXEMPT

VEHICLE ID NUMBER
4P1CS01A77A007540

YR MODEL MAKE
2007 PIERC

PLATE NUMBER
1272216

BODY TYPE MODEL
FT

UNLADEN AX WEIGHT
2 40000 D

FUEL TRANSFER DATE

FEES PAID
NONE

REGISTRATION EXPIRATION DATE
12/31/2009

YR 1ST SOLD CLASS *YR
2007 MA

MO
NW

EQUIPMT/TRUST NUMBER

ISSUE DATE
09/06/07

MOTORCYCLE ENGINE NUMBER

ODOMETER DATE
08/24/2007

ODOMETER READING
2708 MI

ACTUAL MILEAGE

REGISTERED OWNER(S)
RESCUE FIRE PROTECTION DIST
5221 DEER VALLEY RD
PO BOX 201
RESCUE CA 95672

I certify under penalty of perjury under the laws of the State of California, that THE SIGNATURE(S) BELOW RELEASES INTEREST IN THE VEHICLE.

1a. DATE SIGNATURE OF REGISTERED OWNER

1b. DATE SIGNATURE OF REGISTERED OWNER

Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

The odometer now reads (no tenths) miles and to the best of my knowledge reflects the actual mileage unless one of the following statements is checked.

WARNING Odometer reading is not the actual mileage. Mileage exceeds the odometer mechanical limits.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Table with 4 columns: DATE, TRANSFEROR/SELLER SIGNATURE(S), DATE, TRANSFEREE/BUYER SIGNATURE(S). Includes printed names of agents signing for a company.

IMPORTANT READ CAREFULLY

Any change of Lienholder (holder of security interest) must be reported to the Department of Motor Vehicles within 10 days.

LIENHOLDER(S)

2. X Signature releases interest in vehicle. (Company names must be countersigned) Release Date

020646 CA 105912545 REG. 17.30RS (REV.10/09)

KEEP IN A SAFE PLACE - VOID IF ALTERED

VOID WITHOUT BEAR WATERMARK. HOLD TO LIGHT TO VIEW.

VOID WITHOUT BEAR WATERMARK. HOLD TO LIGHT TO VIEW.

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

***** DO NOT DETACH - REGISTERED OWNER INFORMATION *****



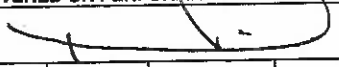
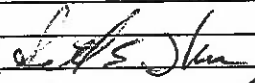
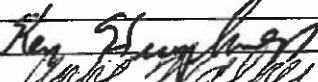
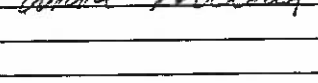
REGISTRATION CARD VALID FROM: 00/00/0000 TO: 12/31/2099

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	TYPE VEH	TYPE LIC	LICENSE NUMBER
INTL	2007	2008	MA	31Y	35	1300051
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER
F'T	D	PX	2	X	35000	1HTWEAZR27J506388
TYPE VEHICLE USE		DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	
COMMERCIAL		10/02/08	09	10/02/08	5	
PERM EXEMPT						
REGISTERED OWNER						AMOUNT PAID
RESCUE FIRE PROTECTION DIST						\$NFEE
5221 DEER VALLEY RD						
			AMOUNT DUE	AMOUNT RECVD		
			\$ NONE	CASH :		
				CHCK :		
				CRDT :		
RESCUE						
CA	95672					

LIENHOLDER

Vouchers #1 Payables Interface CV1 (Permanent Vendors) - Outside District		Record:		PLEASE INDICATE CHECK DISTRIBUTION METHOD IN THE SPACE BELOW	
District Name: Rescue Fire Protection District		Number	Interfaced By	Batch Date	
Date: 9-18-2018		Copy:	Copied By	Copy Date	Call for pickup: Jodl 677-1868 <input checked="" type="checkbox"/>
Prepared By: Jodi Martin		Scan:	Scanned By	Scan Date	
Contact Phone: 530-677-1868		Audit:	Audited By	Audit Date	Document Total: \$ 397.00
File Name: 5 09 18 18 BOARD		I HEREBY CERTIFY THAT THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE NECESSARY FOR USE BY THE DISTRICT AND HAVE BEEN DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES:			

I HEREBY CERTIFY THAT THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE NECESSARY FOR USE BY THE DISTRICT AND HAVE BEEN DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES:

Authorizing signature: 										Date: 09 18 18		
Always 1	Vendor	Sufx	Invoice Number	Amount	File Name	Date	Always 2	Org Code	Object	Description	Amount	Vendor
1	JOURNAL	ENTRY	ALS	397.00	RFPD091818	9/18/18	2	8560000	4500	RFPD ALS Non-Transport Contract Fee	397.00	El Dorado Co. Regional Prehosp
APPROVED: SCOTT THORNE: 												
MATT KOHT:												
KEN HUMPHREYS: 												
ANNE WALKER: 												
JASON BUTLER:												