

EMERGENCY MEDICAL SERVICES AUTHORITY

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



October 31, 2025

Benjamin Gammon, EMS Administrator
Solano County Emergency Medical Services Agency
355 Tuolumne St. MS 20-240
Suite 2400
Vallejo, CA 94590

Dear Benjamin Gammon,

This letter is in response to Solano County Emergency Medical Service (EMS) Agency's 2020-2024 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke, and Quality Improvement (QI) plan submissions to Emergency Medical Service Authority (EMSA) on April 30, 2025.

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 6.1, 6.2, 6.3, and 10 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. Solano County EMS Agency will only be considered current if an EMS plan is submitted each year.

Your 2025 EMS plan will be due on or before October 31, 2026. Concurrently with the EMS plan, please submit an annual Trauma, STEMI, Stroke, and QI plan.

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

Sincerely,

A handwritten signature in blue ink that reads "Angela Wise".

Angela Wise, Branch Chief
EMS Quality and Planning
On behalf of Elizabeth Basnett, Director

Enclosure: AW: rd

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Solano EMS 2020-2024 Areas and Subareas	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS, BLS Ambulance	All CCT Ambulance Services	IFT ALS	Standby Service with Transport Authorization
	EXCLUSIVITY			TYPE			LEVEL						
ZONE	EXCLUSIVITY			TYPE			LEVEL						
Solano County EOA		X	Competitive										
City of Vacaville		X	Non-Competitive	X				X					

DEPARTMENT OF HEALTH & SOCIAL SERVICES
Medical Services Division

Emery Cowan, LCSW
Director

EMERGENCY SERVICES BUREAU
355 Tuolumne Street,
Suite 2400, MS 20-240
Vallejo, CA 94590



SOLANO
COUNTY

Pranav Shetty, MD, MPH
EMS Agency Medical Director

Benjamin Gammon, EMT-P
EMS Agency Administrator

(707) 784-8155
www.solanocounty.com

Solano County Emergency Medical Services Agency
EMS Plan Update Executive Summary 2020 – 2024

During this reporting period, Solano County Emergency Medical Services (EMS) Agency has continued to facilitate outstanding patient care through our field providers, trauma centers, stroke centers and STEMI centers for the citizens and visitors of Solano County.

In the past few years, Solano County EMS has continued to update many of our policies and protocols to aid our providers with performing top quality patient care. Among these was the implementation of a Local Optional Scope of Practice (LOSOP) for Advanced Life Support (ALS) Interfacility Transfers (IFT) to allowing paramedics to transport IV nitroglycerin, heparin, magnesium sulfate, and amiodarone, blood products, and automatic transport ventilators on IFTs. This is a first of its kind for an urban EMS Agency. Solano County EMS has also successfully integrated the use of TXA countywide in an IV push dose for uncontrolled hemorrhage. This use of TXA was credited in saving three lives within the first 36 hours of implementation. Solano County EMS has also been updating the entire protocol manual to integrate both BLS and ALS protocols into one flowchart format.

Solano County EMS has now met the threshold to designate a second Level II Trauma Center and is in the very early phases of discussion to do this.

Solano County has also conducted its periodic systems analysis to facilitate the creation of a new ALS Exclusive Operating Area (EOA) Request for Proposal (RFP). We anticipate the RFP will be approved by State EMSA in the new few months.

The Medical and Health Operations Area Coordinator (MHOAC) in cooperation with the county office of emergency services, local public health department, the local office of environmental health, the local department of mental health, the local EMS agency, the local fire department, the regional disaster and medical health coordinator (RDMHC), and the regional office of the Office of Emergency Services, is be responsible for ensuring the development of a medical and health disaster plan for the operational area following SEMS and NIMS. The plan includes preparedness, response, recovery, and mitigation functions consistent with the State Emergency Plan and has procedures that include the 17 MHOAC functions. In the event of a local, state, or federal declaration of emergency, the

MHOAC assists the agency operational area coordinator in the coordination of medical and health disaster resources within the operational area and be the point of contact in that operational area, for coordination with the RDMHC, the agency, the regional office of the agency, the State Department of Public Health, and the authority.

The designated MHOAC for Solano County is Solano County EMS Agency Administrator Benjamin Gammon, EMT-P. Designated Solano County MHOAC Duty Officers include Solano County EMS Agency EMS Coordinators Keith Erickson, EMT-P and Scott Wagness, EMT-P. This provides for 24/7/365 coverage for the MHOAC.

The documentation provided with this EMS Plan Update include but not limited to:

- Trauma Systems Plan Update
- Quality Improvement Plan Update
- Stroke Systems Plan Update
- STMEI Systems Plan Update
- Reports with call volumes
- Provider, PSAP, Training Program, System Organization, and Budgetary Information
- All other information as required by statute and regulations

Solano County Emergency Medical Services Agency
Organizational Chart

SEMSC Board of Directors

Chair
Bill Emlen, Solano County Administrator

Vice Chair
John Janson, Healthcare Consumer Representative

Members
Josh Chadwick, Fire Chief's Representative
Joshua Fan, MD, Physicians' Forum Representative
Thea Giboney, MHA, Medical Professional Representative
Manuel Gurrero, MD, Medical Professional Representative
Kristina Miller, City Manager's Representative

Pranav Shetty, MD, MPH
EMS Agency Medical Director

Brenda Melendez
Administrative Secretary

Benjamin Gammon, EMT-P
EMS Agency Administrator

Adelin Ansari
Health Education Specialist

Keith Erickson, EMT-P
EMS Coordinator

Scott Wagness, EMT-P
EMS Coordinator

Isabella Lim
Health Assistant

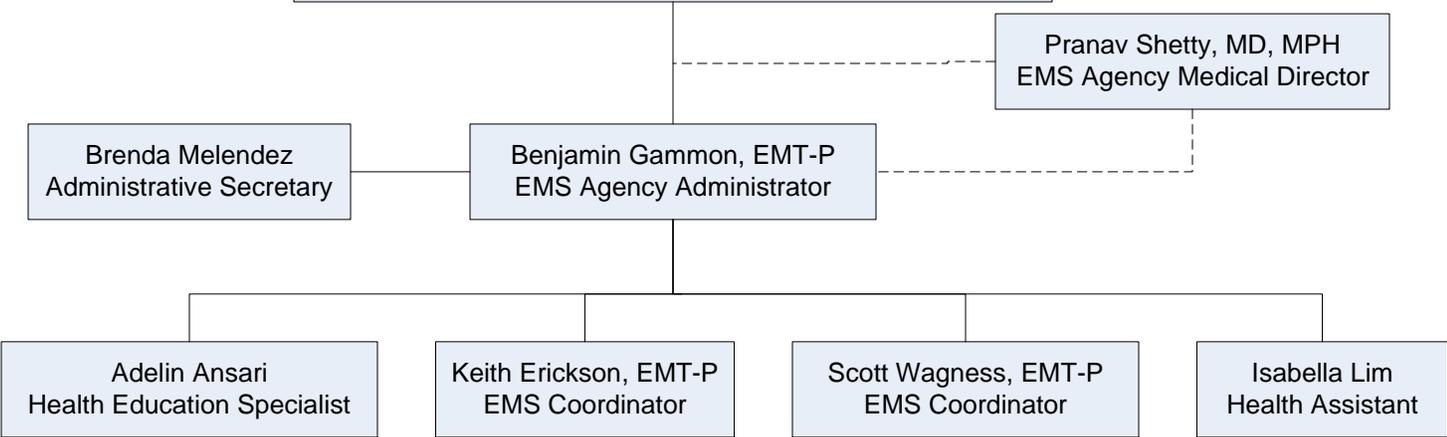


TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director		X			
Planning Activities:						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning*			X		
1.08	ALS Planning*		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X			
1.11	System Participants			X		
Regulatory Activities:						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
System Finances:						
1.16	Funding Mechanism		X			
Medical Direction:						
1.17	Medical Direction*		X			
1.18	QA/QI			X		
1.19	Policies, Procedures, Protocols		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

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

Fund	Dept	Div	Bur	Sect	Key	Key Desc	Categ	RV/XP	Subject	Obj	Obj Desc	FY 19/20 Actuals	FY 20/21 Actuals	FY 21/22 Actuals	FY 22/23 Actuals	FY 23/24 Actuals	FY 23/24 WB Working Budget	FY 23/24 MY Midyear Budget	FY 23/24 TQ Third Quarter Budget	FY 24/25 RQ Requested Budget	FY 24/25 CA CAO Budget Adjustments	FY 24/25 RC Recommended Budget	FY 24/25	FY 24/25	FY 24/25	FY 24/25	
																							SA Supplemental Adjustment	BA Board Budget Adjustment	TA Technical Adjustment	Board Adopted Budget	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	1000	XP	0001110	SALARY/WAGES REGULAR		614,894.51	650,843.02	423,446.30	408,187.45	549,531.57	698,252.00	567,312.00	524,296.00	869,532.00	0	869,532.00	0	0	0	869,532.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	1000	XP	0001131	SALARY/WAGES OT/CALL-BACK		5,108.80	54,828.68	47,522.11	10,606.72	826.08	22,000.00	22,000.00	11,000.00	11,000.00	0	11,000.00	0	0	0	11,000.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	1000	XP	0001141	SALARY/WAGES PREMIUM PAY		31.33	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	1000	XP	0001142	SALARY/WAGES STANDBY PAY		0	0	0	0	0	5,000.00	0	0	0	5,000.00	0	5,000.00	0	0	0	5,000.00
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	1000	XP	0001210	RETIREMENT-EMPLOYER		145,560.79	171,277.29	119,565.98	116,516.40	157,489.04	200,679.00	166,862.00	150,194.00	274,773.00	0	274,773.00	0	0	0	274,773.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	1000	XP	0001211	PARS RETIREMENT-ER		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	1000	XP	0001212	DEFERRED COMP-COUNTY MATCH		524.00	582.00	343.00	393.50	1,000.00	780.00	650.00	938.00	1,300.00	0	1,300.00	0	0	0	1,300.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	1000	XP	0001213	OPEB COSTS		12,152.76	13,021.39	10,939.50	7,812.36	10,939.50	13,965.00	11,346.00	10,452.00	17,390.00	0	17,390.00	0	0	0	17,390.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	1000	XP	0001220	FICA-EMPLOYER		46,397.72	51,190.74	37,052.89	31,024.47	40,603.75	53,415.00	42,752.00	38,667.00	66,520.00	0	66,520.00	0	0	0	66,520.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	1000	XP	0001230	HEALTH INS-EMPLOYER		86,779.39	92,780.33	70,921.16	80,550.43	131,092.16	149,340.00	129,690.00	134,971.00	193,447.00	0	193,447.00	0	0	0	193,447.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	1000	XP	0001231	VISION CARE INSURANCE		1,047.26	1,042.66	682.37	656.58	866.76	894.00	908.00	908.00	1,248.00	0	1,248.00	0	0	0	1,248.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	1000	XP	0001240	COMPENSATION INSURANCE		16,355.25	11,745.00	15,707.00	13,266.00	12,012.00	12,012.00	12,012.00	12,012.00	16,216.00	0	16,216.00	0	0	0	16,216.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	1000	XP	0001241	LT DISABILITY INSURANCE ER		621.96	612.47	0	226.00	503.88	565.00	546.00	546.00	1,084.00	0	1,084.00	0	0	0	1,084.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	1000	XP	0001250	UNEMPLOYMENT INSURANCE		1,005.00	801.00	2,256.00	0	0	0	0	0	0	0	0	0	0	0	0	0
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	1000	XP	0001260	DENTAL INS-EMPLOYER		6,020.44	5,375.04	3,924.59	4,599.63	5,374.66	6,792.00	6,581.00	6,581.00	8,892.00	0	8,892.00	0	0	0	8,892.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	1000	XP	0001270	ACCRUED LEAVE CTO PAYOFF		23,782.06	1,163.54	104,145.09	84.94	515.02	10,000.00	5,000.00	0	0	0	0	0	0	0	0	0
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	1000	XP	0001290	LIFE INSURANCE-EMPLOYER		759.91	754.35	256.20	384.67	612.95	776.00	594.00	630.00	0	1,136.00	0	1,136.00	0	0	0	1,136.00
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	1000	XP	0001999	SALARY SAVINGS		0	0	0	0	0	(396,678.00)	0	0	(416,729.00)	0	(416,729.00)	0	0	0	0	#####
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002021	COMMUNICATION-TELEPHONE SYSTEM		335.25	511.27	1,256.90	1,490.71	2,088.30	2,024.00	2,088.00	2,090.00	2,636.00	0	2,636.00	0	0	0	2,636.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002022	COMMUNICATION-TELEPHONE AMIC		385.25	79.00	446.50	345.50	446.69	300.00	300.00	450.00	315.00	0	315.00	0	0	0	315.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002023	COMMUNICATION-VOICE MAIL		108.80	170.64	0	0	0	0	0	0	0	0	0	0	0	0	0	0
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002025	CELLULAR COMMUNICATION SERVICE		5,780.66	4,019.28	2,883.03	3,438.60	2,757.50	2,721.00	3,107.00	3,111.00	3,576.00	0	3,576.00	0	0	0	3,576.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002035	HOUSEHOLD EXPENSE		219.98	207.70	0	205.47	230.57	150.00	232.00	294.00	252.00	0	252.00	0	0	0	252.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002050	INSURANCE-RISK MANAGEMENT		48.00	48.00	65,000.00	97.00	91.00	91.00	91.00	91.00	101.00	0	101.00	0	0	0	101.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002051	LIABILITY INSURANCE		11,103.00	9,238.00	14,613.00	22,196.00	23,357.00	23,357.00	23,357.00	23,357.00	32,566.00	0	32,566.00	0	0	0	32,566.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002120	MAINTENANCE EQUIPMENT		46.65	0	0	0	0	800.00	0	0	2,500.00	0	2,500.00	0	0	0	2,500.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002122	FUEL & LUBRICANTS		1,734.97	2,653.15	3,980.78	557.91	0	0	0	0	0	0	0	0	0	0	0	0
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002153	MEDICAL/DENTAL SUPPLIES		0	0	0	907.68	0	1,000.00	1,000.00	1,000.00	1,000.00	0	1,000.00	0	0	0	1,000.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002170	MEMBERSHIPS		2,850.00	1,650.00	2,350.00	8,563.00	2,850.00	2,000.00	3,500.00	3,500.00	10,558.00	0	10,558.00	0	0	0	10,558.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002176	FEES AND PERMITS		0	0	0	200.00	0	0	0	0	200.00	0	200.00	0	0	0	200.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002180	BOOKS & SUBSCRIPTIONS		0	0	0	0	0	500.00	250.00	0	500.00	0	500.00	0	0	0	500.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002205	OFFICE EXPENSE		1,739.93	1,595.64	546.86	642.87	1,174.56	1,700.00	1,700.00	2,013.00	500.00	0	1,500.00	0	1,500.00	0	0	1,500.00
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002202	CONT ASSETS-COMPUTER RELATED		0	1,728.88	0	0	0	4,030.00	8,912.00	6,351.00	4,600.00	0	4,600.00	0	0	0	4,600.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002203	COMPUTER COMPONENTS <\$1,500		1,137.94	0	0	0	317.79	0	0	0	1,000.00	0	1,000.00	0	0	0	1,000.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002204	COMPUTER RELATED ITEMS-<\$500		86.68	236.33	636.66	77.91	360.56	300.00	300.00	361.00	500.00	0	500.00	0	0	0	500.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002207	ERGONOMIC UNDER \$1500		0	0	0	598.47	0	0	0	0	0	0	0	0	0	0	0	0
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002215	MANAGED PRINT COST PER COPY		4,040.33	4,087.99	2,827.26	3,460.31	1,500.30	3,606.00	3,606.00	2,250.00	2,473.00	0	2,473.00	0	0	0	2,473.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002221	RECORDS STORAGE		105.01	60.71	256.93	0	0	0	0	30.00	0	0	0	0	0	0	0	0
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002245	CONTRACTED SERVICES		2,535.00	0	4,475.29	3,737.98	4,716.21	0	4,570.00	4,499.00	56,553.00	0	56,553.00	0	0	0	56,553.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002250	OTHER PROFESSIONAL SERVICES		0	0	31.28	90.35	0	0	0	0	0	0	0	0	0	0	0	0
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002261	SOFTWARE MAINTENANCE & SUPPORT		5,271.92	56,945.59	45,081.70	47,125.23	77,369.93	51,060.00	51,060.00	52,784.00	53,613.00	0	53,613.00	0	0	0	53,613.00	
902	7880	7800	7805	0000	7805	EMERGENCY MEDICAL SERVICES	2000	XP	0002265	SOFTWARE MAINTENANCE & SUPPORT		0	0	0	0	0											

SYSTEM ASSESSMENT FORMS

GENERAL:

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

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

INSTRUCTIONS:

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

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

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

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

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.01 LEMSA STRUCTURE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

NEED(S): NONE

OBJECTIVE:

See attached organizational chart.

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.02 LEMSA MISSION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

NEED(S): NONE

OBJECTIVE:

See attached QI Plan.

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.03 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Solano County EMS is overseen by a Joint Powers Authority known as the Solano Emergency Medical Services Cooperative (SEMSC). The SEMSC Board is comprised of the Chair, which is the County Administrator, and representatives from the Fire Chief's Association, each of the hospital groups in Solano County, Medical Director's Forum, City Managers, and a Consumer Advocate. The SEMSC Board meeting is open to the public and open to comments from the public.

NEED(S): NONE

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

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

OUR CURRENT MEDICAL DIRECTOR IS PRANAV SHETTY, MD, MPH. HE IS CONTACTED THROUGH THE UC BOARD OF REGENTS. SHE CURRENTLY WORKS AS AN ED PHYSICIAN AT UCD MEDICAL CENTER IN SACRAMENTO.

SOLANO COUNTY HAS A PHYSICIANS' FORUM GROUP THAT IS COMPRISED OF THE MEDICAL DIRECTORS OF OUR ALS PROVIDERS AND PHYSICIANS FROM OUR TRUMA AND STEMI PARTNERS. A PROVIDER REPRESENTATIVE AND THE ED MANAGERS OF OUR HOSPITALS ALSO SIT ON THIS COMMITTEE.

NEED(S):

NONE

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.05 SYSTEM PLAN

MINIMUM STANDARDS:

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

The plan shall:

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

RECOMMENDED GUIDELINES:

None.

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

COMPLIANCE WITH THIS STANDARD IS MET WITH THE SUBMISSION OF THIS PLAN.

NEED(S):

TO MORE FREQUENTLY SUBMIT A YEARLY PLAN UPDATE

OBJECTIVE

WE HAVE HIRED A NEW FULL TIME STAFF MEMBER THAT CAN ASSIST IN THE FUTURE WITH EMS PLAN SUBMISSIONS

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Submission of this plan will satisfy annual EMS Plan updates.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.07 TRAUMA PLANNING

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 RECOMMENDED STANDARD***

Currently Solano County designates Kaiser Vacaville as a Level II Trauma Center. NorthBay Medical Center is designated as a Level III Trauma Center although it is ACS Verified Level II.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

We are currently exploring the option to designate NorthBay Medical Center as a Level II Trauma Center. This may happen in the next few years.

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.08 ALS PLANNING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Medic Ambulance provides EOA ALS ground transport for all of Solano County except for the City of Vacaville. Vacaville Fire Department also provides ALS ground ambulance transport for Zone C. Solano County also has six ALS non-transporting fire departments. Solano County has 3 BLS fire departments that are covered 24/7 by either Medic Ambulance or Vacaville Fire.

COORDINATION WITH OTHER EMS AGENCIES:

Medic Ambulance, Vacaville Fire Dept, Vallejo Fire, Rio Vista Fire, Benicia Fire, Dixon Fire, Fairfield Fire, Suisun City Fire Department

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

NEED(S):

None

OBJECTIVE:

Solano County EMS uses an annual permitting process for BLS and CCT services which includes the providers clinical personnel lists and status. As a part of this process, BLS and CCT units are inspected annually to ensure compliance with minimum equipment standards as set forth in Solano County EMS Policy 5510.

All ALS providers (EOA 911 and non-transport fire departments) are held accountable through their respective contract agreements with Solano County EMS. The ALS EOA providers units are also inspected on an annual basis.

EDAP hospitals are required to go through a redesignation process annually.

TIME FRAME FOR MEETING OBJECTIVE:

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

Continue with annual inspections, permitting, and resignations of providers and facilities within Solano County.

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.10 SPECIAL POPULATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

Meets minimum standard. Solano County's Health Care Coalition HCC) is a network of hospitals and healthcare organizations, government agencies, and other providers working together to strengthen emergency preparedness, response and recovery. Solano County HCC works with Solano County Emergency Preparedness and Response staff to ensure that individuals with access and functional needs have access to specialized emergency medical services during an emergency or disaster. Solano County HCC members have signed a Coalition Governance Document that defines the structures and processes that Solano County HCC uses to develop cooperative disaster response capacities.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.11 SYSTEM PARTICIPANTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***MEETS RECOMMENDED GUIDELINES***

ALL PROVIDERS, DESIGNATED FACILITIES, AND EOA OPERATORS HAVE ENTERED INTO WRITTEN AGREEMENTS DESCRIBING THEIR ROLE WITH THE EMS AGENCY AND UNDERSTAND THEIR ROLES IN THE EMS SYSTEM.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.12 REVIEW AND MONITORING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

All policies and protocols are reviewed on a regular basis for updates. This is an ongoing process.

All providers, hospitals, and associated groups meet on a quarterly basis to discuss the system and ways to improve.

Our EOA provider and Public-Private Partnership fire departments are required to submit time compliance quarterly to be reviewed by the EMS staff.

STEMI, stroke, and trauma data is submitted quarterly for review.

NEED(S):

None.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.13 COORDINATION

MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:

None.

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

The EMS Agency has complete coordination and partnerships with all of our providers and hospitals by good working relationships and strong policies, resolutions, and protocols.

NEED(S):

None.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARDS*

Solano County EMS currently posts most of our policies and protocols on our website. All policies and protocols are available on a mobile device app that Medic Ambulance administers and is available to all providers. The full manual is also available upon request to the EMS Agency in electronic form.

NEED(S):

None

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

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The EMS Agency has a system in place called Field Advisory Reports (FAR) that can be submitted to the EMS Agency for unusual circumstances that occur in the EMS system. The EMS Agency investigates FARs and enforce compliance through SEMSC Resolutions 23-001, 25-001, and 25-002.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.16 FUNDING MECHANISM

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***

OBJECTIVE:

Solano County EMS is funded entirely through our fee schedule, Policy 3000 and through the franchise fee from our EOA provider. Policy 3000 is currently is revised annually to match fees of the surrounding LEMSAs.

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.17 MEDICAL DIRECTION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

All five hospitals, with the exception of David Grant Medical Center, are designated as base hospitals within Solano County.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.18 QA/QI

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 RECOMMENDED STANDARD***

All providers are required by policy to establish and conduct QA/QI programs with their own in-house programs that are approved by the Agency. If a trend need attention is seen, the providers report the issue to the Agency and it is discussed with our different committees to mitigate a solution.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

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

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

All of the above is addressed within the Agency's policy and protocol manual. Currently Medic Ambulance, Vacaville Police Department, Solano County Sherriff's Office, and Fairfield Police Department have active EMD programs that they have developed and adopted pre-arrival/post dispatch instructions.

NEED(S):

Implement EMD protocols county-wide. Currently working with all other PSAPs in the county to implement EMD.

OBJECTIVE:

Eventually all PSAPs in the county will have EMD capabilities or will be contracting with an established in-county PSAP with EMD capabilities.

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.20 DNR POLICY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

NEED(S):

None

OBJECTIVE:

Policy 6155, Resuscitation Parameters, is current with all DNR guidelines.

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: ***MEETS MINIMUM STANDARD***
NEED(S):

None

OBJECTIVE:

As stated in 1.20, Policy 6155 includes determination of death.

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.22 REPORTING OF ABUSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

NEED(S):

None

OBJECTIVE:

Policy 6190 addresses reporting of all types of abuse.

Policy 6100 addresses reporting of SIDS deaths.

Review as needed for both policies.

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.23 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

NEED(S):

None

OBJECTIVE:

Solano County Policy 7200 addresses interfacility transfers. Within the last 2 years, Solano County EMS has implemented an ALS IFT LOSOP to include ALS IFT transport of NTG, amiodarone, magnesium, heparin, blood products, and use of automatic transport ventilators.

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.24 ALS SYSTEMS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***MEETS RECOMMENDED STANDARD***

Solano County has entered into an ALS EOA with Medic Ambulance. The EOA was established in 1999. It has continued to be serviced by the same provider, Medic Ambulance, since its inception through several RFP processes

All ALS fire departments have entered into an ALS non-transport agreement with the Agency, with the exception of Vacaville Fire Department which provides ALS transport service under Section 1797.201 provisions.

NEED(S):

We have conducted an ALS systems analysis for the new RFP scheduled to be released in May 2025.

OBJECTIVE:

Develop framework to evaluate effectiveness of current system and develop recommendations for enhancements.

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.25 ON-LINE MEDICAL DIRECTION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS: ***MEETS RECOMMENDED STANDARD***

Outlined in Policies 6500, 2202, and 7100.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

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

See attached Trauma System Plan update.

The Level II Trauma Center was decided through an RFP process in 2013, where Kaiser Vacaville was awarded the designation.

NEED(S):

Solano County EMS is looking into possibly designating a second level II trauma center since we now meet the population enclatchment requirements per regulations.

OBJECTIVE:

Explore the need and designate a new Level II trauma center

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***

Solano County EMS designates Emergency Department Approved for Pediatrics (EDAP). All hospitals within Solano County, with the exception of Sutter Solano Medical Center, are EDAP designated. Policy 7300 outlines the process for initial designation and redesignation as an EDAP facility. EDAP facilities redesignate annually.

Solano County transports pediatric trauma patients to UCD Medical Center in Sacramento and Children's Hospital Oakland.

NEED(S): NONE

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.28 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*

The current EOA provider for Solano County is Medic Ambulance. BLS and CCT Ambulance Services are provided by multiple non-exclusive agencies. ALS services are provided by Medic Ambulance and the City of Vacaville respectively.

NEED(S):

RFP process beginning mid-2025

OBJECTIVE:

Conduct a new RFP process starting in mid-2025 to conclude in 2026.

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

All policies and protocols are reviewed on an as needed basis to update with any new techniques or better practices that may have come out. Once something has been identified, the providers are notified and it is their responsibility to train their staff. We are also redoing our entire protocol format to have both BLS and ALS Protocols on one document.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.02 APPROVAL OF TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Outlined in Policy 4100 and 4500.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.03 PERSONNEL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Emergency Medical Technician certification is outlined in Policy 3200.

Paramedic Accreditation is outlined in Policy 3400.

EMT Discipline is outlined in Policy 3820.

All unusual occurrences can be reported through Policy 2305.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.04 DISPATCH TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

Currently the Vacaville Police, Medic Ambulance, Solano County Sheriff's Office, and Fairfield Police Dispatches are EMD capable and provide prearrival instructions when appropriate.

NEED(S):

All PSAPs in the County need to be EMD capable

OBJECTIVE:

Continue discussions with all other county PSAPs to either become EMD or contract with an existing EMD PSAP.

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.05 FIRST RESPONDER TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

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

All first responders within the County are required to have at least certification as an PSFA with CPR and defibrillation capabilities. With the 3 BLS fire departments in the County, most all have EMTs responding, but some of the outlying BLS depts. may have PSFA responding.

Solano has six ALS fire departments with paramedics staffed 24/7.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.06 RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Most of the major fire departments have some sort of citizen emergency response team (CERT) to assist with public events and major emergencies. These are run on a local departmental level. At minimum these CERT teams are PSFA certified. Solano does have one industrial private fire agency with the Valero refinery in Benicia. They follow and adhere to all policies and protocols. All are EMT certified.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.07 MEDICAL CONTROL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

All fire departments adhere to and comply with Solano EMS policy and protocols including Valero Refinery Safety Team.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.08 EMT-I TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***MEETS RECOMMENDED STANDARD***

All emergency medical transport vehicles are required to be staffed with at least one paramedic per contract. BLS transport is permitted after the transport paramedic has deemed the patient care can be provided by a BLS unit.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.09 CPR TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

All allied health personnel are required by their employers to be trained in BLS CPR.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.10 ADVANCED LIFE SUPPORT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS RECOMMENDED STANDARD*

All ED RNs and physicians are required by their employers to be certified in ACLS and the physicians certified by the American Board of Emergency Medicine.

NEED(S):**OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.11 ACCREDITATION PROCESS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Paramedic accreditation is outlined in Policy 6400.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.12 EARLY DEFIBRILLATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Outlined in Policy 4200.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.13 BASE HOSPITAL PERSONNEL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Mandated by Policy 7100.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.01 COMMUNICATIONS PLAN

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***MEETS RECOMMENDED STANDARD***

All hospitals have a dedicated ambulance LAN line and radio back-up for communication with field crews. All transporting and non-transporting responders are equipped with cell phones and radios with common frequencies for communication with the hospitals. Hospitals can all communicate through the ReddiNet system.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.02 RADIOS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***MEETS RECOMMENDED STANDARD***

All emergency medical transport and non-transporting ALS vehicles within Solano County are equipped with two-way radios that provide for communication with all dispatches, jurisdictions, hospitals, and other vehicles.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.03 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

All non-exclusive transport providers and ALS transport units are equipped with cellular phones as per Policy 5510.

COORDINATION WITH OTHER EMS AGENCIES:

Medic Ambulance, Falcon CCT, West Coast Medical Transport, Bay Medic, Eagle Ambulance, America West Ambulance, Royal Ambulance

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.04 DISPATCH CENTER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

All emergency medical transport vehicles are equipped with cellular phones or multiple two way radios with their primary dispatch frequency and the frequencies of the local first responder PSAPs.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.05 HOSPITALS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***MEETS RECOMMENDED GUIDELINES***

All hospitals have a two-way radio system to communication with providers and other hospitals. All hospitals within the system have excellent working relationships to provide in the communications of any services or specialties that patients may need.

NEED(S):

none

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.06 MCI/DISASTERS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The MCI base of Kaiser Vacaville, Kaiser Vacaville takes the lead on conducting drills with communication during disasters and MCIs. Kaiser Vacaville conducts MCI drills over ReddiNet, radio, and phone at least once a day or more and reports back to the EMS Agency on a quarterly basis.

NEED(S):

none

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.07 9-1-1 PLANNING/COORDINATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

The EMS agency has policies in place for standards of EMD dispatching and dispatcher certification. Each PSAP is responsible for their own 911 system since we have seven PSAPs in the county. Most of these already have enhanced 911 systems in place.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.08 9-1-1 PUBLIC EDUCATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Per contact, our providers are to provide public education on the 911 system in their respective jurisdictions.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.09 DISPATCH TRIAGE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

All 911 calls in Solano County are dispatched as Code 3 calls with a fire unit and an ALS transport unit responding.

EMD capability is expanding to most PSAPs in the county.

NEED(S):

EMD capability to all PSAPs in the county.

OBJECTIVE:

Solano has greatly expanded EMD capability to most PSAPs in the county in the last few years. Talks are still ongoing to get the last few on board or have them contract with an existing PSAP.

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.10 INTEGRATED DISPATCH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: *MEETS RECOMMENDED STANDARD*

Solano County has seven PSAPs with our EOA provider having secondary PSAP capabilities. All PSAPs are familiar with one another and have all common radio frequencies for communications as well as phone systems.

Our EOA provider has a robust system status management plan to provide adequate coverage at all times for the County. This plan is mandated through their contract.

NEED(S):

None

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

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***MEETS RECOMMENDED STANDARD***

Solano County currently has an EOA with Medic Ambulance for ALS transportation for the entire County with the exception of the City of Vacaville and its surrounding unincorporated area, known as Service Area C.

COORDINATION WITH OTHER EMS AGENCIES:

Medic Ambulance, Vacaville Fire Department

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.02 MONITORING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***MEETS RECOMMENDED STANDARD***

ALS transportation is included in the EOA agreement with Medic Ambulance. Within the contract are stipulations on QA/QI, response time compliance, public education, equipment and supplies to the fire departments, etc. Vacaville Fire serves under their 201 rights to the City of Vacaville and Ambulance Zone C.

All other CCT and BLS providers operate under an annual permit process that is outlined in policy and SEMSC Board Resolutions 23-001 and 25-001. These resolutions outline a progressive discipline process for violation of policy and protocol.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.03 CLASSIFYING MEDICAL REQUESTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

All 911 calls within Solano County are dispatched as an emergency call. If a call is called directly into Medic Ambulance dispatch, the call is classified using their approved EMD protocols.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.04 PRESCHEDULED RESPONSES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

For 911 response, Medic Ambulance keeps available enough units to provide for adequate emergency response per their EOA contract. We also have a number of non-exclusive BLS and CCT providers to handle those types of calls.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS: ***MEETS RECOMMENDED STANDARD***

Currently our Public-Private Partnership (PPP) ALS fire departments have a 7 minute response time requirement per their contracts within the metropolitan/urban and suburban areas. Outside of that is quickly as possible.

The other non-PPP ALS and BLS departments have time requirements that meet the table above.

Our EOA provider also meets the time requirements as above.

COORDINATION WITH OTHER EMS AGENCIES:

PPP ALS fire departments, non-PPP fire departments, EOA provider

NEED(S):

None.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.06 STAFFING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Per SEMSC Resolution and Agency policy transport units are staffed with the following:

BLS: 2 EMTs

ALS: 1 EMT and 1 Paramedic

ALS RN: 1 EMT, 1 Paramedic, and 1 RN

CCT: At least 1 EMT and 1 CCT RN

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.07 FIRST RESPONDER AGENCIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Solano County currently has 7 ALS fire departments and 3 BLS/PSFA fire departments. There is also one industrial private safety team with Valero Refinery staffed at BLS level. All law enforcement agencies are PSFA level at least and have the ability to provide AED and naloxone.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.08 MEDICAL & RESCUE AIRCRAFT

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

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

EMS Aircraft utilization is covered in Policies 5800, 5810, 5820, and 5830.

COORDINATION WITH OTHER EMS AGENCIES:

Solano County Sherriff's Dispatch, REACH, CHP

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.09 AIR DISPATCH CENTER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The designated air ambulance dispatch center is the Solano County Sherriff's Office Dispatch

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Availability, staffing, and agreements are maintained through an annual permit process for air medical providers. Solano County also utilizes CHP for rescue and ALS air transport services.

COORDINATION WITH OTHER EMS AGENCIES:

CHP, REACH

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.11 SPECIALTY VEHICLES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

Various Solano County fire departments staff specialized teams for water rescue. They are responsible for staffing and training those teams. There are no known all-terrain vehicles or specialty transportation vehicles or need for snow mobiles in Solano County.

COORDINATION WITH OTHER EMS AGENCIES:

Various fire departments

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.12 DISASTER RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Solano County EMS has someone assigned to be the MHOAC on a 24/7 basis and is able to respond to staff the Medical Branch in the County OES EOC if needed. The MHOAC has the capabilities to call on all our providers to mobilize response and transport for in-county and out-of-county disasters

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.13 INTERCOUNTY RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***MEETS RECOMMENDED STANDARD***

All providers (fire, EOA provider, and non-exclusive BLS/CCT providers) have provisions written into their contracts that mandate they will be available for mutual aid during times of disasters if called upon.

Financial responsibility is described in contracts if called upon through the MHOAC system.

COORDINATION WITH OTHER EMS AGENCIES:

OES region, MHOAC system

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.14 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Solano County's mass casualty incident (MCI) protocols rely on the Incident Command System (ICS).

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.15 MCI PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The Solano County Medical and Health Operational Area Coordinator (MHOAC) coordinates with the local OES during emergencies or disasters as a member of the Emergency Operations Center (EOC). Additionally, Solano County has multi-casualty response plans and procedures in place that adhere to State standards and guidelines.

NEED(S):**OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.16 ALS STAFFING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS: ***MEETS RECOMMENDED STANDARD***

Per County policy, SEMSC Board Resolutions, and transport agreements, all ALS transport units are staffed with a minimum of 1 Paramedic and 1 EMT.

NEED(S):

None.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.17 ALS EQUIPMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Policy 5510 includes an inspection sheet of all required equipment that will be on ALS ambulances. Inspections are done on an annual basis and can be announced or unannounced as needed.

NEED(S):

None

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

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.18 TRANSPORT COMPLIANCE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

All providers enter into a contract stating that they will follow all resolutions, policies, and protocols, with Solano County EMS prior to operating. This is outlined in Policy 5510 and Resolution 23-001.

NEED(S):

None.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

At present, BLS and CCT ambulances are delivered by multiple non-exclusive providers. ALS services are provided county-wide, with the exception of the City of Vacaville and surrounding unincorporated areas, by Medic Ambulance. The greater Vacaville geographical area falls under HS 1797.201, and as such Vacaville Fire Department provides service. Since 1979, Medic Ambulance has provided ALS ambulance services county-wide, and continues to do so.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.20 "GRANDFATHERING"

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Solano County has one 911 ALS transporting entity in the Vacaville Fire Department that meets the requirements for grandfathering under Section 1797.224.

NEED(S):

None.

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

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.21 EOA COMPLIANCE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The EOA provider for Solano County is bound by contract to adhere to all EMS resolutions, policies, and protocols.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.22 EOA EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

In 2024, a thorough EMS system review was drafted. Upon review, the SEMSC Board of Directors indicated it wishes to evaluate and consider evidence based, clinical best practices to improve and optimize patient outcomes associated with the future EOA development and enhancement.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.01 ASSESSMENT OF CAPABILITIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***MEETS RECOMMENDED STANDARD***

Solano EMS currently reviews all base hospitals, EDAP facilities, stroke centers, trauma centers, and STEMI centers annually per policy and contract. Solano EMS has written agreements with the previously listed facilities to provide those services.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Solano EMS Trauma Triage Plan is Policy 6105. Solano EMS' IFT Policy is 7200.

COORDINATION WITH OTHER EMS AGENCIES:

NBMC, VACAVALLEY HOSPITAL, KAISER VALLEJO, KAISER VACAVILLE, SSMC, MEDIC AMBULANCE

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

All facilities currently have internal transfer guidelines for transferring patients. All facilities have agreements with other specialty care centers to accept transfer patients.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.04 SPECIALTY CARE FACILITIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

Solano EMS currently designates all in-county hospitals, with the exception of David Grant Medical Center TAFB, as base hospitals.

The designated Level II Trauma Center is Kaiser Vacaville. NorthBay Medical Center (NBMC) is designated a Level III Trauma Center although we are entering the first discussions of a possible upgrade to Level II.

Kaiser Vallejo and NBMC are designated STEMI Centers

NBMC, Kaiser Vacaville, Kaiser Vallejo, and VacaValley Hospital have EDAP designations

NBMC, Kaiser Vacaville, Kaiser Vallejo, VacaValley, and Sutter Solano Medical Center are stroke designated.

All are monitored per contract and County Resolution 16-002.

COORDINATION WITH OTHER EMS AGENCIES:

See above list

NEED(S):

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.05 MASS CASUALTY MANAGEMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***MEETS RECOMMENDED STANDARD***

At least once a year, the EMS Agency conducts a countywide mass casualty surge exercise with all base hospitals. We also are starting to conduct little to no notification table-top drills.

Patient flow during a mass casualty incident has been tasked to our Level II Trauma Center, Kaiser Vacaville. They are to coordinate with all county hospitals to obtain bed status through ReddiNet and assign field crews where to transport patients.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.06 HOSPITAL EVACUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Solano County relies on hospital-specific plans and previously facilitated hospital evacuation exercises to test plans.

COORDINATION WITH OTHER EMS AGENCIES:

Sutter Solano Medical Center, Kaiser Vacaville, NorthBay Medical Center, Kaiser Vallejo, VacaValley Hospital, Medic Ambulance, Vacaville Fire Department

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.07 BASE HOSPITAL DESIGNATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Policy 7100 outlines the process to apply and designate base hospitals to provide for medical direction.

COORDINATION WITH OTHER EMS AGENCIES:

Kaiser Vacaville, Kaiser Vallejo, NBMC, SSMC, VacaValley Hospital

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.08 TRAUMA SYSTEM DESIGN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

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

Solano County currently now has just met the threshold population requirements for two Level II Trauma Center. Currently there is only one designated Level II which is Kaiser Vacaville. The designated Level III Trauma Center with NorthBay Medical Center which we are in the first discussions to upgrade to Level II. For out-of-county trauma centers, we also regularly use Level II Trauma Center John Muir Medical Center, Walnut Creek, Children's Hospital Oakland (pediatric trauma), and Level I Trauma Center UCD Medical Center in Sacramento.

The central northern part of the county and neurological trauma transports to Kaiser Vacaville. The more central and southern part of the county generally transports to NBMC. The extreme southern part of the county (Vallejo and Benicia) can transport to JMMC. The extreme northern part of the county (Dixon) can transport to UDCMC. Pediatric trauma is split in the middle with south county going to CHO and north county going to UCDCMC.

Our trauma triage algorithm is outlined in Policy 6105.

Mechanism only and patients that are rapidly deteriorating, have an unstable airway, or traumatic arrest can go to the closest facility.

Data from the trauma centers is reported monthly to the EMS Agency.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.09 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The Trauma Advisory Committee meets on a quarterly basis. This committee consists of representatives from all area trauma centers, EMS providers, all medical directors, and base hospitals. Also on our SEMSC Board is a Healthcare Consumer Representative that assists in making decisions from the consumer point of view.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.10 PEDIATRIC SYSTEM DESIGN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

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

Kaiser Vallejo and Vacaville, VacaValley Hospital, and NorthBay Medical Center are all Emergency Department Approved for Pediatrics designated. Only Sutter Solano Medical Center in-county is not. Since these hospitals are spread throughout all the geographical locations of the county, it is parent choice on transport.

All facilities have internal policies on the triage and transfer of pediatric patients which is on file with the EMS Agency as part of the EDAP designation process.

All transport providers have been reviewed on their capabilities of transporting pediatric patients as a part of their annual permit renewals.

Solano County uses Children's Hospital Oakland and UCDCM Sacramento as pediatric trauma centers.

Sutter Solano Medical Center can accept pediatric patients as long as the parent/guardian signs a release saying the child is not being transported to an EDAP facility.

EDAP facilities are required to submit their data to the EMS Agency quarterly.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.11 EMERGENCY DEPARTMENTS

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***MEETS RECOMMENDED STANDARD***

All Solano County Emergency Departments, with the exception of Sutter Solano Medical Center (SSMC), are EDAP designated with the EMS Agency. This is an annual designation. All of the above criteria are included in the policy. All EDAP designated hospitals and SSMD have agreements with pediatric specialty centers for transfers for pediatric critical care and trauma. Field crews are directed to transport to Children's Hospital Oakland or UCDCM Sacramento for pediatric trauma.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.12 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: *MEETS MINIMUM STANDARD*

The Process Improvement Committee meets on a quarterly basis. This committee consists of representatives from all area pediatric centers, EMS providers, all medical directors, and base hospitals. Also on our SEMSC Board is a Healthcare Consumer Representative that assists in making decisions from the consumer point of view.

NEED(S):

None

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

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

None.

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

Other than trauma and EDAP, Solano County designates STEMI and Stroke Centers. Currently Kaiser Vallejo and NorthBay Medical Center are the in-county designated STEMI centers. We also use out-of-county John Muir Medical Center, Concord as a STEMI Center. The north part of the county uses NBMC while the majority of south county uses Kaiser Vallejo. The Benicia area can use JMMC also. It is rare that a STEMI patient is transported to a non-STEMI center but all non-STEMI hospitals have agreements with the STEMI Centers for transfers.

Non-STEMI Centers stabilize the patient for the quickest transfer to a STEMI Center.

STEMI Centers submit data on a quarterly basis to the EMS Agency.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.14 PUBLIC INPUT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Solano County's Health Care Coalition (HCC) is a network of hospitals and healthcare organizations, government agencies, and other providers working together to strengthen emergency preparedness, response and recovery. Solano County HCC works with Solano County Emergency Preparedness and Response staff, and meets bi-monthly, to ensure that individuals with access and functional needs have access to specialized emergency medical services during an emergency or disaster. Solano County HCC members have signed a Coalition Governance Document that defines the structures and processes that Solano County HCC uses to develop cooperative disaster response capacities, and to ensure input from both pre-hospital and hospital providers.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***MEETS RECOMMENDED STANDARD***

Our QA/QI polices are outlined in the 2000 and 8000 series. Also QA/QI is mandated through provider, base hospital, and specialty center contracts. They are required to submit their QA/QI plans to the EMS Agency for evaluation and adherence to the polices.

Specialty centers are required to submit data to the Agency on a quarterly basis for review. The data then is reviewed by their respective larger committees. Non-exclusive BLS and CCT providers submit PCRs to the Agency monthly for review.

NEED(S):

None.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.02 PREHOSPITAL RECORDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

Per policy, all documentation for critical patients is due within one hour after the call. All other PCR's are due within 24 hours after the call.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

Providers submit their response times to the EMS Agency quarterly for compliance evaluations. Care based audits are completed by the providers in accordance with the policies in the 2000 series and 8000 series.

NEEDS:

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.04 MEDICAL DISPATCH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

For PSAPs that are using EMD protocols, those protocols are reviewed and approved by the EMS Agency prior to implementation.

NEED(S):

Countywide EMD

OBJECTIVE:

Since not all PSAPs are EMD, we have recognized the need for more widespread EMD usage. This has been acknowledged by all providers and the SEMSC Board and will be discussed more in the near future.

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

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

Currently Solano County EMS monitors STEMI, stroke, and trauma data. This is submitted on a quarterly basis to the EMS Agency for evaluation. The data is then presented quarterly to its respective groups for further evaluation.

All in-county hospitals currently submit data to the CARES Registry and the trauma centers submit to other outside registries as well. Get With the Guidelines is also utilized.

COORDINATION WITH OTHER EMS AGENCIES:

KAISER VACAVILLE, KAISER VALLEJO, NORTHBAY MEDICAL CENTER

NEEDS:

None.

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.06 SYSTEM DESIGN EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

A system design evaluation is constructed every five years. The most recent evaluation was completed in 2024.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.07 PROVIDER PARTICIPATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The EMS Agency has sufficient staff to conduct this evaluation and all providers are required to participate by policy and contract.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.08 REPORTING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

A quarterly report is given to the SEMSC Board, provider agencies, and our quarterly committee meetings by our Administrator and Medical Director. A year-end comprehensive report is also submitted to the SEMSC Board for review.

NEEDS:

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.09 ALS AUDIT

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***

ALS is audited through provider-based program using the guidelines set in the 2000 and 8000 policy series. Base hospitals do participate in regular audits with the ALS providers, Vacaville Fire and Medic Ambulance.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.10 TRAUMA SYSTEM EVALUATION

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***

Solano County EMS contracts with Lancet Technology to implement TraumaOne, allowing our agency to collect, analyze, and evaluate trauma data from Solano County designated trauma centers. The data collected in this registry is used by our agency for quality of care improvements, policy updates, development of injury prevention strategies, and epidemiologic research. To identify areas of improvement within our trauma system, our agency holds quarterly trauma meetings with our EMS providers and trauma centers to discuss emerging topics and provide a forum for sharing data. In order to look more closely at our trauma data, we have developed a trauma template that streamlines data from our EMS providers to our designated trauma centers, to look at over and under triages rates as well as to track patients who were diverted to the closest facility rather than a trauma center. This process has allowed us to not only get a better picture of our trauma system, but also be inclusive to our EMS providers who provide prehospital care to these patients.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.11 TRAUMA CENTER DATA

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***

Trauma centers are required by contract to submit trauma data to the EMS Agency on a quarterly basis. This data is processed and presented to the Trauma Advisory Committee on a quarterly basis.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.01 PUBLIC INFORMATION MATERIALS

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES:

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

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

By contract, our EOA provider and base hospitals are required to provide public education in the above fields.

The EMS Agency also provides hands-only CPR training and hemorrhage control in partnership with the Stop The Bleed campaign during EMS Week.

NEED(S):

None

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.02 INJURY CONTROL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

Solano County employs a Health Education Specialist who works with hospital specialty programs to conduct specialized training, and to conduct outreach.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.03 DISASTER PREPAREDNESS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

Solano County EMS/EPR staff provided disaster preparedness information to Solano County residents during community resource fairs. Additionally, Solano County EMS/EPR staff provides disaster preparedness information to members of its Health Care Coalition.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.04 FIRST AID & CPR TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

As a part of our EMS Week activities, the EMS Agency provides walk-up training in hands-only CPR and basic first aid. All providers, per contract, are required to provide public CPR training.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.01 DISASTER MEDICAL PLANNING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

The Solano County Health Care Coalition (HCC) works with Solano County EMS/EPR staff to develop medical response plans for catastrophic disasters, including those involving toxic substances. Each member facility develops medical response plans for its own facility, and the Coalition works together to ensure that multi-facility cooperation and coordination occurs during an emergency or disaster.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.02 RESPONSE PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

Solano County uses the Local Multi-Hazard Mitigation Plan to develop its medical response plans and procedures for catastrophic disasters. Moreover, Solano County's Health Care Coalition develops its medical response plans and procedures for its facilities to effectively respond to a variety of hazards.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.03 HAZMAT TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

EMS PERSONNEL W/FIRE AND EOA PROVIDER UNDERGO TRAINING ON A RECURRENT BASIS. EXERCISES ARE ARRANGED BY OES SUPPORTED BY UASI FUNDS

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.04 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

THE INCIDENT COMMAND SYSTEM IS THE CORNERSTONE OF FIRESCOPE AND IS USED FOR FIELD COMMAND DURING CATASTROPHIC DISASTERS BY BOTH FIRE AND EOA PROVIDER

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.05 DISTRIBUTION OF CASUALTIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

IN ACCORDANCE WITH THE MULTI-CASUALTY INCIDENT (MCI) PROCEDURES DEVELOPED LOCALLY BETWEEN HOSPITALS AND EMS, REDDI-NET IS USED BY THE MCI BASE TO COORDINATE DISTRIBUTION OF PATIENTS TO THE MOST APPROPRIATE FACILITIES

COORDINATION WITH OTHER EMS AGENCIES:

Sutter Solano Medical Center, NorthBay Medical Center, VacaValley Hospital, David Grant Medical Center, Kaiser Vallejo, Kaiser Vacaville (MCI Base)

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.06 NEEDS ASSESSMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

AGENCY SERVES AS MEDICAL/HEALTH OPERATIONAL AREA COORDINATOR IN ACCORDANCE WITH THE CALIFORNIA HEALTH AND SAFETY CODE. TRAINING AND PROCEDURES HAVE BEEN ESTABLISHED FOR COMMUNICATION OF EMERGENCY REQUESTS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.07 DISASTER COMMUNICATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

All mobile and portable radios are programmed with CALCORD along with all the different PSAP and TAC channel frequencies.

COORDINATION WITH OTHER EMS AGENCIES:

All first responders within Solano County.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.08 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

EPR TEAM ACTUALLY MAINTAINS THE INVENTORY OF EMERGENCY MEDICAL RESOURCES POSSESSED BY COUNTY. OES IS INCLUDED IN GENERAL PLANNING AND MANAGEMENT EFFORTS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.09 DMAT TEAMS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

AGENCY WORKS WITH BOTH NDMS AND DMAT AS TRAVIS AFB IS LOCATED WITHIN THE COUNTY'S JURISDICTIONAL BOUNDARIES

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.10 MUTUAL AID AGREEMENTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

MUTUAL AID AGREEMENTS EXIST WITHIN AND OUTSIDE THE COASTAL REGION. SOLANO IS UNIQUE IN THAT IT BORDERS TWO REGION IV COUNTIES EVEN THOUGH THE COUNTY ITSELF SITS WITHIN REGION II.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.11 CCP DESIGNATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

WHEN APPROPRIATE FTS ARE ESTABLISHED. THE NATURE OF THE EVENT DETERMINES WHO AND WHAT IS INVOLVED AND THE LOCATION DETERMINES WHERE SITE(S) IS/ARE SET UP.

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.12 ESTABLISHMENT OF CCP

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

MEETS MINIMUM STANDARDS IN THAT EMS STAFF ARE WORKING WITH OES TO DEVELOP CAUALTY COLLECTION POINT PLANS

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.13 DISASTER MEDICAL TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

OES TAKES LEAD ON HAZMAT (RADIATION) TRAINING, RESPONSE, AND MANAGEMENT

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.14 HOSPITAL PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***MEETS RECOMMENDED STANDARD***

ALL HOSPITALS ARE MEMBERS OF COUNTY'S HEALTHCARE COALITION (HCC) AND WORK TOGETHER WITH COUNTY AND LIKE FACILITIES TO ENSURE INTEGRATION WITH COUNTY'S RESPONSE PLANS. ANNUALLY, EACH HOSPITAL PARTICIPATES IN THE SWMHE AND EXERCISES TOGETHER WITH EACH OTHER AND COUNTY.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.15 INTERHOSPITAL COMMUNICATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

REDDI-NET AND CAHAN ARE BOTH USED BY HOSPITALS AND EMS AGENCY TO ENSURE INTER-HOSPITAL AND INTER-AGENCY COMMUNICATIONS DURING DISASTERS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.16 PREHOSPITAL AGENCY PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: ***MEETS RECOMMENDED STANDARD***

ANNUALLY AN EMERGENCY MEDICAL RESPONSE SUMMIT IS FACILITATED FOR EMS STAFF, PARTNERS, AND AFFILIATES. GUIDELINES AND MANAGEMENT OF SIGNIFICANT MEDICAL EVENTS IS ALWAYS CONSIDERED AND INCORPORATED INTO THE MATERIALS FOR THE SUMMIT. ADDITIONAL TRAINING IS MADE AVAILABLE AS WELL.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.17 ALS POLICIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

AT PRESENT INTRA-STATE LICENSED/CERTIFIED EMS PROFESSIONALS ARE INCLUDED IN SIGNIFICANT MEDICAL EVENT RESPONSE PLANNING. INTER-STATE PERSONNEL HAVE NOT BEEN INCLUDED.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.18 SPECIALTY CENTER ROLES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

TRAUMA, STEMI, AND EDAP CENTERS HAVE ALL BEEN INCLUDED IN DEVELOPMENT OF DISASTER RESPONSE TRIAGE AND DESTINATION PROCEDURE PLANNING EFFORTS.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.19 WAIVING EXCLUSIVITY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

None.

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

PROCESS EXISTS TO WAIVE EXCLUSIVITY DUE TO OFFICIALLY DECLARED CATASTROPHIC EVENTS

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2024

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 to 100%.)

County: Solano County

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

2. Type of agency
- a) Public Health Department
 - b) County Health Services Agency
 - c) Other (non-health) County Department
 - d) Joint Powers Agency**
 - e) Private Non-Profit Entity
 - f) Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to
- a) Public Health Officer
 - b) Health Services Agency Director/Administrator**
 - c) Board of Directors
 - d) Other: _____

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

Implementation of exclusive operating areas (ambulance franchising)	X
Designation of trauma centers/trauma care system planning	X
Designation/approval of pediatric facilities	X
Designation of other critical care centers	X
Development of transfer agreements	X
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	N/A
Continuing education	X
Personnel training	X
Operation of oversight of EMS dispatch center	N/A
Non-medical disaster planning	X
Administration of critical incident stress debriefing team (CISD)	N/A

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	N/A
Administration of EMS Fund [Senate Bill (SB) 12/612]	N/A
Other: _____	_____
Other: _____	_____
Other: _____	_____

For Items 5 and 6 see attached budget spreadsheet

5. EXPENSES

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

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	_____
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____

Base hospital application fees	_____
TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)	
Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: STEMI Center	
Other critical care center designation fees	_____
Type: Stroke Center	
Ambulance service/vehicle fees (ALS Franchise Fee)	_____
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: _____	_____
Other fees: Non-Exclusive Operating Permits	_____
Other fees: Fines, Forfeitures, Penalties, & Assessments	_____
Other fees: Business Licenses	_____
Other (specify): _____	_____
TOTAL REVENUE	\$ _____

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

See attached fee structure. Policy 3000, EMS Fees

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Agency Administrator	1.0			
Asst. Admin. Admin.Asst. Admin. Mgr.					
ALS Coord./Field Coord./Trng Coordinator	EMS Coordinator	2.0			
Program Coordinator/Field Liaison (Non-clinical)	Health Assistant/Certification Specialist	1.0			
Trauma Coordinator					
Medical Director	Medical Director				Contract UCD Regents
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					

Medical Planner					
Data Evaluator/Analyst	Health Education Specialist	1.0			
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Administrative Secretary	1.0			
Other Clerical					
Data Entry Clerk					
Other					

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: STAFFING/TRAINING

Reporting Year: 2021

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	201	N/A	131	6
Number newly certified this year	47	N/A	38	2
Number recertified this year	154	N/A	93	4
Total number of accredited personnel of the reporting year		N/A		
Number of certification reviews resulting in:				
a) formal investigations	0	N/A		0
b) probation	0	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

__201__

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

2. Do you have an EMR training program

yes no

TABLE 3: STAFFING/TRAINING

Reporting Year: 2022

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	248	N/A	173	10
Number newly certified this year	71	N/A	36	1
Number recertified this year	177	N/A	137	9
Total number of accredited personnel of the reporting year		N/A		
Number of certification reviews resulting in:				
a) formal investigations	0	N/A		0
b) probation	0	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

___248___

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

2. Do you have an EMR training program

yes no

TABLE 3: STAFFING/TRAINING

Reporting Year: 2023

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	284	N/A	178	10
Number newly certified this year	99	N/A	52	8
Number recertified this year	185	N/A	126	2
Total number of accredited personnel of the reporting year		N/A		
Number of certification reviews resulting in:				
a) formal investigations	0	N/A		0
b) probation	0	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

 284

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

2. Do you have an EMR training program

yes no

TABLE 3: STAFFING/TRAINING

Reporting Year: 2024

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	283	N/A		13
Number newly certified this year	98	N/A		4
Number recertified this year	185	N/A		9
Total number of accredited personnel of the reporting year	283	N/A	184	13
Number of certification reviews resulting in:				
a) formal investigations	0	N/A		0
b) probation	0	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

283

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

2. Do you have an EMR training program

yes no

TABLE 4: COMMUNICATIONS

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

County: Solano

Reporting Year: 2020 - 2024

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

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

Board of Directors

Bill Emlen
Solano County Administrator
Chair, SEMSC

John Jansen
Health Care Consumer Rep.
Vice Chair, SEMSC

Joshua Chadwick, Fire Chief
Benicia Fire Department
Fire Chief Representative

Joshua Fan, MD
Emergency Department
NorthBay Medical Center
Physicians' Forum Rep.

Kristina Miller, City Manager
City of Rio Vista
City Manager Representative

Thea Giboney, MHA
Medical Group Administrator
Kaiser Permanente
Medical Professional Rep.

Manuel Guerrero, MD
Emergency Department
Sutter Solano Med. Center
Medical Professional Rep.

EMS Agency Staff

Bela Matyas, MD, MPH
Public Health Officer

Pranav Shetty, MD, MPH
EMS Agency
Medical Director

Benjamin Gammon, EMT-P
EMS Agency Administrator

Counsel

Julie Barga
Deputy County Counsel

Solano County EMS Plan 2020 – 2024 Communications Attestation

The Solano County Emergency Medical Services (EMS) system utilizes the following Public Safety Answering Points for EMS communication and emergency medical dispatch (“EMD”) for most fire department and 911 emergency ambulance activity countywide.

- Solano County Sheriff’s Office
Serves all incorporated areas of Solano County and fire/ambulance response for cities of Dixon and Rio Vista
- Fairfield Police Department
- Vacaville Police Department

The Solano County Advanced Life Support (ALS) Exclusive Operating Area (EOA) Provider, Medic Ambulance, also serves as a private EMS communication and EMD secondary answering center.

The above listed are public safety agencies and one private entity that provides EMD services through utilization of the Priority Medical Dispatch System, approved by the Solano County EMS Agency, in compliance with Health and Safety Codes 1797.223 and 1798.8 and California Code of Regulations (“CCR”) 100170.

Additionally, Solano County Sheriff’s Office Dispatch dispatches EMS aircraft, which utilizes countywide frequencies and standard hospital communication capabilities, in compliance with local EMS policies and procedures and CCR 100306.

Solano County EMS Agency is currently working with the cities of Benicia, Suisun City, and Vallejo to bring them up to the standards of EMD and pre-arrival instructions. Solano County believes this can be accomplished within the next 12 months.

Solano County does not have an air ambulance service stationed within the county.

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2020 – 2024

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

- 1. Number of EMT-Defibrillation providers 5

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	N/A
Early defibrillation responder	7 minutes	7 minutes	N/A	N/A
Advanced life support responder	7 minutes	7 minutes	90 minutes	N/A
Transport Ambulance	9 minutes	9-15 minutes	90 minutes	N/A

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: **2021**

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>1138</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u> </u>
3. Number of major trauma patients transferred to a trauma center	<u> </u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u> </u>

Emergency Departments

Total number of emergency departments	<u>5</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>0</u>
3. Number of basic emergency services	<u>0</u>
4. Number of comprehensive emergency services	<u>5</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>5</u>
2. Number of base hospitals with written agreements	<u>5</u>

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: **2022**

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>1181</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u> </u>
3. Number of major trauma patients transferred to a trauma center	<u> </u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u> </u>

Emergency Departments

Total number of emergency departments	<u>5</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>0</u>
3. Number of basic emergency services	<u>0</u>
4. Number of comprehensive emergency services	<u>5</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>5</u>
2. Number of base hospitals with written agreements	<u>5</u>

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: **2023**

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>1196</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u> </u>
3. Number of major trauma patients transferred to a trauma center	<u> </u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u> </u>

Emergency Departments

Total number of emergency departments	<u>5</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>0</u>
3. Number of basic emergency services	<u>0</u>
4. Number of comprehensive emergency services	<u>5</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>5</u>
2. Number of base hospitals with written agreements	<u>5</u>

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2024

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>1154</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>1088</u>
3. Number of major trauma patients transferred to a trauma center	<u>64</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>2</u>

Emergency Departments

Total number of emergency departments	<u>5</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>0</u>
3. Number of basic emergency services	<u>0</u>
4. Number of comprehensive emergency services	<u>5</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>5</u>
2. Number of base hospitals with written agreements	<u>5</u>

TABLE 7: DISASTER MEDICAL

Reporting Year: 2020 - 2024

County: Solano County

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? None Identified
 - b. How are they staffed? N/A
 - c. Do you have a supply system for supporting them for 72 hours? Yes No

2. CISD
Do you have a CISD provider with 24 hour capability? Yes No

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

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes No
 - b. At what HazMat level are they trained? _____
 - 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? 7

3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
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?
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

Reporting Year: 2020

Response/Transportation/Providers

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

County: Solano County **Provider:** Bay Medic Ambulance **Response Zone:** Solano County

Address: 959 Detroit Ave **Number of Ambulance Vehicles in Fleet:** 18
Concord CA 94518

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

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

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

409 Total number of transports
0 Number of emergency transports
425 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Solano County **Provider:** Bay Medic Ambulance **Response Zone:** Solano County

Address: 959 Detroit Ave **Number of Ambulance Vehicles in Fleet:** 18
Concord CA 94518

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

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

County: Solano County **Provider:** Bay Medic Ambulance **Response Zone:** Solano County

Address: 959 Detroit Ave **Number of Ambulance Vehicles in Fleet:** 18
Concord CA 94518

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

<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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input 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 type="checkbox"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Solano County **Provider:** Bay Medic Ambulance **Response Zone:** Solano County

Address: 959 Detroit Ave **Number of Ambulance Vehicles in Fleet:** 18
Concord CA 94518

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Solano County **Provider:** Bay Medic Ambulance **Response Zone:** Solano County

Address: 959 Detroit Ave **Number of Ambulance Vehicles in Fleet:** 15
Concord CA 94518

Phone Number: 925-689-9000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<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"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input 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"/> 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>1235</u>	Total number of responses	<u>1,199</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>1235</u>	Number of non-emergency responses	<u>1,199</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2020_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Benicia Fire Department **Response Zone:** Solano County

Address: 150 Military W **Number of Ambulance Vehicles in Fleet:** 0
Benicia, CA 94510

Phone Number: 707-746-4275 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 checked="" type="checkbox"/> Yes <input 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 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> 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

<u>1642</u> Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2021 _____

Response/Transportation/Providers

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

County: Solano County **Provider:** Benicia Fire Department **Response Zone:** Solano County

Address: 150 Military W **Number of Ambulance Vehicles in Fleet:** 0
Benicia, CA 94510

Phone Number: 707-746-4275 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> 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>1768</u> Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2022_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Benicia Fire Department **Response Zone:** Solano County

Address: 150 Military W **Number of Ambulance Vehicles in Fleet:** 0
Benicia, CA 94510

Phone Number: 707-746-4275 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> 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>1785</u> Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Benicia Fire Department **Response Zone:** Solano County

Address: 150 Military W **Number of Ambulance Vehicles in Fleet:** 0
Benicia, CA 94510

Phone Number: 707-746-4275 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 checked="" type="checkbox"/> Yes <input 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 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> 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

<u>1860</u> Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2024 _____

Response/Transportation/Providers

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

County: Solano County **Provider:** Benicia Fire Department **Response Zone:** _____

Address: 150 Military W
Benicia, CA 94510

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-746-4275

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> 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

1,928 Total number of responses
1,792 Number of emergency responses
136 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2020

Response/Transportation/Providers

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

County: Solano County **Provider:** Dixon Fire **Response Zone:** Solano County

Address: 205 Ford Way, Dixon, CA, 95620 **Number of Ambulance Vehicles in Fleet:** _____

Phone Number: (707)-678-7060 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<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 checked="" type="checkbox"/> Yes <input 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 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

<u>2725</u> Total number of responses	_____ Total number of transports
<u>2158</u> Number of emergency responses	_____ Number of emergency transports
<u>567</u> Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2024_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Dixon Fire Department **Response Zone:** _____

Address: 205 Ford Way
Dixon, CA 95640

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-678-7060

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<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 checked="" type="checkbox"/> Yes <input 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 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> 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

2032 Total number of responses
1933 Number of emergency responses
99 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2020

Response/Transportation/Providers

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

County: Solano County **Provider:** Eagle Ambulance **Response Zone:** Solano County

Address: _____ **Number of Ambulance Vehicles in Fleet:** _____

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input 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"/> 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	<u>0</u>	_____ Total number of transports
_____ Number of emergency responses	_____	_____ Number of emergency transports
_____ Number of non-emergency responses	_____	_____ Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Solano County **Provider:** Eagle Ambulance **Response Zone:** Solano County

Address: _____ **Number of Ambulance Vehicles in Fleet:** _____

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

<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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input 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 type="checkbox"/> 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

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

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

County: Solano County **Provider:** Eagle Ambulance **Response Zone:** Solano County

Address: _____ **Number of Ambulance Vehicles in Fleet:** _____

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

<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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input 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 type="checkbox"/> 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

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Solano County **Provider:** Eagle Ambulance **Response Zone:** Solano County

Address: _____ **Number of Ambulance Vehicles in Fleet:** _____

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

<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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input 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 type="checkbox"/> 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

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Solano County **Provider:** Eagle Ambulance **Response Zone:** Solano County

Address: 3251 Franklin Canyon Rd **Number of Ambulance Vehicles in Fleet:** 55
Rodeo, CA 94572

Phone Number: 8003046985 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 30

<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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input 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 type="checkbox"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Fairfield Fire Department **Response Zone:** Solano County

Address: 1200 Kentucky Street **Number of Ambulance Vehicles in Fleet:** 0
Fairfield, CA 94533

Phone Number: 707-428-7375 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 checked="" type="checkbox"/> Yes <input 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 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> 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

<u>11819</u> Total number of responses	_____ Total number of transports
<u>10434</u> Number of emergency responses	_____ Number of emergency transports
<u>1385</u> Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2024_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Fairfield Fire Department **Response Zone:** _____

Address: 1200 Kentucky Street
Fairfield, CA 94533

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-428-7375

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<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 checked="" type="checkbox"/> Yes <input 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 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> 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

12,077 Total number of responses
10,701 Number of emergency responses
1,376 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2020

Response/Transportation/Providers

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

County: Solano County **Provider:** Falcon CCT **Response Zone:** Solano County

Address: 1220 Concord Ave Suite 370 **Number of Ambulance Vehicles in Fleet:** _____
Concord, CA 94520

Phone Number: 510-223-1171 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

945 Total number of responses
15 Number of emergency responses
930 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Solano County **Provider:** Falcon CCT **Response Zone:** Solano County

Address: 1220 Concord Ave Suite 370 **Number of Ambulance Vehicles in Fleet:** _____
Concord, CA 94520

Phone Number: 510-223-1171 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input 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"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input 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 type="checkbox"/> 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

3403 Total number of responses
13 Number of emergency responses
3390 Number of non-emergency responses

3390 Total number of transports
0 Number of emergency transports
3390 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

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

County: Solano County **Provider:** Falcon CCT **Response Zone:** Solano County

Address: 1220 Concord Ave Suite 370 **Number of Ambulance Vehicles in Fleet:** _____
Concord, CA 94520

Phone Number: 510-223-1171 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input 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"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input 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 type="checkbox"/> 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

2019 Total number of responses
6 Number of emergency responses
2013 Number of non-emergency responses

1964 Total number of transports
0 Number of emergency transports
1964 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Solano County **Provider:** Falcon CCT **Response Zone:** Solano County

Address: 1220 Concord Ave Suite 370 **Number of Ambulance Vehicles in Fleet:** _____
Concord, CA 94520

Phone Number: 510-223-1171 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input 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"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input 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 type="checkbox"/> 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

<u>1005</u> Total number of responses	<u>983</u> Total number of transports
<u>9</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>996</u> Number of non-emergency responses	<u>983</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

Reporting Year: 2024

Response/Transportation/Providers

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

County: Solano County **Provider:** Falcon Ambulance **Response Zone:** Solano County

Address: 2250 Boynton Ave **Number of Ambulance Vehicles in Fleet:** (26) BLS and (4) CCT
Fairfield CA, 94533

Phone Number: 510 504 4855 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 15

<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"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2020_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Montezuma Fire Protection District **Response Zone:** Solano County

Address: 21 N 4th Street
Rio Vista, CA 94571

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-374-5962

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"/> LALS <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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021 _____

Response/Transportation/Providers

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

County: Solano County **Provider:** Montezuma Fire Protection District **Response Zone:** Solano County

Address: 21 N 4th Street
Rio Vista, CA 94571

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-374-5962

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> LALS <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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2022_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Montezuma Fire Protection District **Response Zone:** Solano County

Address: 21 N 4th Street
Rio Vista, CA 94571

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-374-5962

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> LALS <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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Montezuma Fire Protection District **Response Zone:** Solano County

Address: 21 N 4th Street
Rio Vista, CA 94571

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-374-5962

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> LALS <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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Montezuma Fire Protection District **Response Zone:** Solano County

Address: 21 N 4th Street
Rio Vista, CA 94571

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-374-5962

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> LALS <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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2020_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Suisun Fire Protection District **Response Zone:** Solano County

Address: 445 Jackson Street
Fairfield, CA 94533

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-425-3605

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> LALS <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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021 _____

Response/Transportation/Providers

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

County: Solano County **Provider:** Suisun Fire Protection District **Response Zone:** Solano County

Address: 445 Jackson Street
Fairfield, CA 94533

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-425-3605

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> LALS <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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2022_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Suisun Fire Protection District **Response Zone:** Solano County

Address: 445 Jackson Street
Fairfield, CA 94533

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-425-3605

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> LALS <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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Suisun Fire Protection District **Response Zone:** Solano County

Address: 445 Jackson Street
Fairfield, CA 94533

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-425-3605

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> LALS <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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Suisun Fire Protection District **Response Zone:** Solano County

Address: 445 Jackson Street
Fairfield, CA 94533

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-425-3605

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> LALS <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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2020_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Vacaville Fire Protection District **Response Zone:** Solano County

Address: 420 Vine Street
Vacaville, CA 95688

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-447-2252

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> LALS <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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021 _____

Response/Transportation/Providers

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

County: Solano County **Provider:** Vacaville Fire Protection District **Response Zone:** Solano County

Address: 420 Vine Street
Vacaville, CA 95688

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-447-2252

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> LALS <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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2022_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Vacaville Fire Protection District **Response Zone:** Solano County

Address: 420 Vine Street
Vacaville, CA 95688

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-447-2252

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> LALS <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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Vacaville Fire Protection District **Response Zone:** Solano County

Address: 420 Vine Street
Vacaville, CA 95688

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-447-2252

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> LALS <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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Vacaville Fire Protection District **Response Zone:** Solano County

Address: 420 Vine Street
Vacaville, CA 95688

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-447-2252

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" 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 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"/> LALS <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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2020

Response/Transportation/Providers

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

County: Solano County **Provider:** Medic Ambulance **Response Zone:** Solano County

Address: 506 Couch Street **Number of Ambulance Vehicles in Fleet:** _____
Vallejo, CA 94590

Phone Number: 707-644-8989 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input 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 type="checkbox"/> 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

33,564 Total number of responses
30,653 Number of emergency responses
2,911 Number of non-emergency responses

25,632 Total number of transports
23,273 Number of emergency transports
2,359 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Solano County **Provider:** Medic Ambulance **Response Zone:** Solano County

Address: 506 Couch Street **Number of Ambulance Vehicles in Fleet:** _____
Vallejo, CA 94590

Phone Number: 707-644-8989 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input 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 type="checkbox"/> 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

36,997 Total number of responses
34,258 Number of emergency responses
2,739 Number of non-emergency responses

28,216 Total number of transports
25,956 Number of emergency transports
2,260 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

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

County: Solano County **Provider:** Medic Ambulance **Response Zone:** Solano County

Address: 506 Couch Street **Number of Ambulance Vehicles in Fleet:** _____
Vallejo, CA 94590

Phone Number: 707-644-8989 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

39,542 Total number of responses
37,015 Number of emergency responses
2,527 Number of non-emergency responses

30,105 Total number of transports
28,040 Number of emergency transports
2,065 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Solano County **Provider:** Medic Ambulance **Response Zone:** Solano County

Address: 506 Couch Street **Number of Ambulance Vehicles in Fleet:** _____
Vallejo, CA 94590

Phone Number: 707-644-8989 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input 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 type="checkbox"/> 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

<p><u>39,339</u> Total number of responses</p> <p><u>37,283</u> Number of emergency responses</p> <p><u>2,056</u> Number of non-emergency responses</p>	<p><u>29,973</u> Total number of transports</p> <p><u>28,289</u> Number of emergency transports</p> <p><u>1,684</u> Number of non-emergency transports</p>
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Air Ambulance Services

<p>_____ Total number of responses</p> <p>_____ Number of emergency responses</p> <p>_____ Number of non-emergency responses</p>	<p>_____ Total number of transports</p> <p>_____ Number of emergency transports</p> <p>_____ Number of non-emergency transports</p>
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Table 8: Resource Directory

Reporting Year: 2024_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Medic Ambulance **Response Zone:** Solano County

Address: 506 Couch Street
Vallejo, CA 94590

Number of Ambulance Vehicles in Fleet: 60

Phone Number: 707-644-1761

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 14

<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 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"/> LALS <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"/> 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

40,602 Total number of responses
39,817 Number of emergency responses
785 Number of non-emergency responses

30,972 Total number of transports
2,147 Number of emergency transports
28,825 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2020

Response/Transportation/Providers

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

County: Solano County **Provider:** NORCAL Ambulance **Response Zone:** Solano County

Address: 1815 Stockton Blvd **Number of Ambulance Vehicles in Fleet:** 150
Sacramento, CA 95816

Phone Number: (866) 755-3400 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 75

<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"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input 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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Solano County **Provider:** NORCAL Ambulance **Response Zone:** Solano County

Address: 1815 Stockton Blvd **Number of Ambulance Vehicles in Fleet:** 150
Sacramento, CA 95816

Phone Number: (866) 755-3400 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 75

<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"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input 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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

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

County: Solano County **Provider:** NORCAL Ambulance **Response Zone:** Solano County

Address: 1815 Stockton Blvd **Number of Ambulance Vehicles in Fleet:** 150
Sacramento, CA 95816

Phone Number: (866) 755-3400 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 75

<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"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input 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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Solano County **Provider:** NORCAL Ambulance **Response Zone:** Solano County

Address: 1815 Stockton Blvd **Number of Ambulance Vehicles in Fleet:** 150
Sacramento, CA 95816

Phone Number: (866) 755-3400 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 75

<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"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input 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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Solano County **Provider:** NORCAL Ambulance **Response Zone:** Solano County

Address: 1815 Stockton Blvd
Sacramento, CA 95816

Number of Ambulance Vehicles in Fleet: 181

Phone Number: (866) 755 - 3400

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 93

<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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input 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 type="checkbox"/> 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

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

Table 8: Resource Directory

Reporting Year: 2020_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Rio Vista Fire Department **Response Zone:** Solano County

Address: 350 Main Street **Number of Ambulance Vehicles in Fleet:** 0
Rio Vista, CA 94571

Phone Number: 707-374-2233 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 checked="" type="checkbox"/> Yes <input 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 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

<u>2203</u> Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2021 _____

Response/Transportation/Providers

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

County: Solano County **Provider:** Rio Vista Fire Department **Response Zone:** Solano County

Address: 350 Main Street **Number of Ambulance Vehicles in Fleet:** 0
Rio Vista, CA 94571

Phone Number: 707-374-2233 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 checked="" type="checkbox"/> Yes <input 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 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

<u>2423</u> Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2022_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Rio Vista Fire Department **Response Zone:** Solano County

Address: 350 Main Street **Number of Ambulance Vehicles in Fleet:** 0
Rio Vista, CA 94571

Phone Number: 707-374-2233 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 checked="" type="checkbox"/> Yes <input 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 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

<u>2709</u> Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Rio Vista Fire Department **Response Zone:** Solano County

Address: 350 Main Street **Number of Ambulance Vehicles in Fleet:** 0
Rio Vista, CA 94571

Phone Number: 707-374-2233 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 checked="" type="checkbox"/> Yes <input 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 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

<u>2663</u> Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2024_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Rio Vista Fire Department **Response Zone:** Solano County

Address: 350 Main Street
Rio Vista, CA 94571

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-374-2233

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<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 checked="" type="checkbox"/> Yes <input 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 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

1897 Total number of responses
1645 Number of emergency responses
252 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2020

Response/Transportation/Providers

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

County: Solano County **Provider:** REACH Air Medical **Response Zone:** Solano County

Address: 1950 Airport Road **Number of Ambulance Vehicles in Fleet:** one
Napa, CA

Phone Number: 707 529 1530 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** One

<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 checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <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"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Solano County **Provider:** REACH Air Medical **Response Zone:** Solano County

Address: 1950 Airport Road **Number of Ambulance Vehicles in Fleet:** one
Napa, CA

Phone Number: 707 529 1530 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** One

<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 checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <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"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

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

County: Solano County **Provider:** REACH Air Medical **Response Zone:** Solano County

Address: 1950 Airport Road **Number of Ambulance Vehicles in Fleet:** one
Napa, CA

Phone Number: 707 529 1530 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** One

<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 checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <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"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Solano County **Provider:** REACH Air Medical **Response Zone:** Solano County

Address: 1950 Airport Road **Number of Ambulance Vehicles in Fleet:** one
Napa, CA

Phone Number: 707 529 1530 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** One

<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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input 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 type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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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

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Solano County **Provider:** REACH Air Medical **Response Zone:** Solano County

Address: 1950 Airport road **Number of Ambulance Vehicles in Fleet:** _____
Napa CA

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input 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 checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <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"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2020

Response/Transportation/Providers

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

County: Solano County **Provider:** Royal Ambulance **Response Zone:** Solano County

Address: 14472 Wicks Blvd **Number of Ambulance Vehicles in Fleet:** _____
San Leandro, CA 94577

Phone Number: 877-995-6161 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input 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"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input 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 type="checkbox"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Solano County **Provider:** Royal Ambulance **Response Zone:** Solano County

Address: 14472 Wicks Blvd **Number of Ambulance Vehicles in Fleet:** _____
San Leandro, CA 94577

Phone Number: 877-995-6161 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

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

County: Solano County **Provider:** Royal Ambulance **Response Zone:** Solano County

Address: 14472 Wicks Blvd **Number of Ambulance Vehicles in Fleet:** _____
San Leandro, CA 94577

Phone Number: 877-995-6161 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Solano County **Provider:** Royal Ambulance **Response Zone:** Solano County

Address: 14472 Wicks Blvd **Number of Ambulance Vehicles in Fleet:** _____
San Leandro, CA 94577

Phone Number: 877-995-6161 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input 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"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input 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 type="checkbox"/> 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

41	38
Total number of responses	Total number of transports
0	0
Number of emergency responses	Number of emergency transports
41	38
Number of non-emergency responses	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Solano County **Provider:** Royal Ambulance Inc. **Response Zone:** Solano County

Address: 14472 Wicks Blvd **Number of Ambulance Vehicles in Fleet:** 19 Ambulances
San Leandro CA 94577

Phone Number: 877-995-6161 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 12 Ambulances

<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"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2020

Response/Transportation/Providers

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

County: Solano County **Provider:** Suisun City Fire Department **Response Zone:** Solano County

Address: 621 Pintail Drive **Number of Ambulance Vehicles in Fleet:** 0
Suisun City, CA 94585

Phone Number: 707-421-7205 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

2101 Total number of responses
47 Number of emergency responses
 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Solano County **Provider:** Suisun City Fire Department **Response Zone:** Solano County

Address: 621 Pintail Drive **Number of Ambulance Vehicles in Fleet:** 0
Suisun City, CA 94585

Phone Number: 707-421-7205 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

2323 Total number of responses
56 Number of emergency responses
56 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

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

County: Solano County **Provider:** Suisun City Fire Department **Response Zone:** Solano County

Address: 621 Pintail Drive **Number of Ambulance Vehicles in Fleet:** 0
Suisun City, CA 94585

Phone Number: 707-421-7205 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

2323 Total number of responses
56 Number of emergency responses
 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Solano County **Provider:** Suisun City Fire Department **Response Zone:** Solano County

Address: 621 Pintail Drive **Number of Ambulance Vehicles in Fleet:** 0
Suisun City, CA 94585

Phone Number: 707-421-7205 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 checked="" type="checkbox"/> Yes <input 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 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Suisun City Fire Department **Response Zone:** Solano County

Address: 621 Pintail Drive
Suisun City, CA 95485

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-421-7205

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<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 checked="" type="checkbox"/> Yes <input 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 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

2542 Total number of responses
2516 Number of emergency responses
26 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2020

Response/Transportation/Providers

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

County: Solano County **Provider:** Vacaville Fire **Response Zone:** Solano County

Address: 650 Merchant St **Number of Ambulance Vehicles in Fleet:** 7
Vacaville, CA 95688

Phone Number: 707-449-5452 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

7234 Total number of responses
7234 Number of emergency responses
0 Number of non-emergency responses

6631 Total number of transports
6631 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

Reporting Year: 2021

Response/Transportation/Providers

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

County: Solano County **Provider:** Vacaville Fire **Response Zone:** Solano County

Address: 650 Merchant St **Number of Ambulance Vehicles in Fleet:** 7
Vacaville, CA 95688

Phone Number: 707-449-5452 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

8076 Total number of responses
8076 Number of emergency responses
0 Number of non-emergency responses

7453 Total number of transports
7453 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

Reporting Year: 2022

Response/Transportation/Providers

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

County: Solano County **Provider:** Vacaville Fire **Response Zone:** Solano County

Address: 650 Merchant St **Number of Ambulance Vehicles in Fleet:** 7
Vacaville, CA 95688

Phone Number: 707-449-5452 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

8608 Total number of responses
8608 Number of emergency responses
0 Number of non-emergency responses

8018 Total number of transports
8018 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

Reporting Year: 2023

Response/Transportation/Providers

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

County: Solano County **Provider:** Vacaville Fire **Response Zone:** Solano County

Address: 650 Merchant St **Number of Ambulance Vehicles in Fleet:** 7
Vacaville, CA 95688

Phone Number: 707-449-5452 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

8774 Total number of responses
8774 Number of emergency responses
0 Number of non-emergency responses

8188 Total number of transports
8188 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

Reporting Year: 2020

Response/Transportation/Providers

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

County: Solano County **Provider:** Vallejo Fire Department **Response Zone:** Solano County

Address: 970 Nimitz Ave **Number of Ambulance Vehicles in Fleet:** _____
Vallejo CA 94592

Phone Number: 707 648 4526 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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>11715</u> Total number of responses	_____ Total number of transports
<u>11352</u> Number of emergency responses	_____ Number of emergency transports
<u>363</u> Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2021

Response/Transportation/Providers

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

County: Solano County **Provider:** Vallejo Fire Department **Response Zone:** Solano County

Address: 970 Nimitz Ave **Number of Ambulance Vehicles in Fleet:** _____
Vallejo CA 94592

Phone Number: 707 648 4526 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<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 checked="" type="checkbox"/> Yes <input 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 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

<u>13124</u> Total number of responses	_____ Total number of transports
<u>12837</u> Number of emergency responses	_____ Number of emergency transports
<u>287</u> Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2022

Response/Transportation/Providers

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

County: Solano County **Provider:** Vallejo Fire Department **Response Zone:** Solano County

Address: 970 Nimitz Ave
Vallejo CA 94592

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 707 648 4526

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

14253 Total number of responses
13971 Number of emergency responses
282 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Solano County **Provider:** Vallejo Fire Department **Response Zone:** Solano County

Address: 970 Nimitz Ave **Number of Ambulance Vehicles in Fleet:** _____
Vallejo CA 94592

Phone Number: 707 648 4526 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<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 checked="" type="checkbox"/> Yes <input 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 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"/> LALS <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

<u>14360</u> Total number of responses	_____ Total number of transports
<u>14168</u> Number of emergency responses	_____ Number of emergency transports
<u>192</u> Number of non-emergency responses	_____ Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2024_____

Response/Transportation/Providers

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

County: Solano County **Provider:** Vallejo Fire Department **Response Zone:** Solano County

Address: 970 Nimitz Ave
Vallejo, CA 94592

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-648-4526

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<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 checked="" type="checkbox"/> Yes <input 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 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"/> LALS <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 checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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

14,016 Total number of responses
13,073 Number of emergency responses
943 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory Reporting

Year: 2020

Response/Transportation/Providers

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

County: Solano County **Provider:** WEST COAST MEDICAL TRANSPORT **Response Zone:** Solano County

Address: 1436 2ND STREET #10607 NAPA, CA 94559 **Number of Ambulance Vehicles in Fleet:** 6

Phone Number: 7072906806 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4-5

<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"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input 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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory Reporting

Year: 2021

Response/Transportation/Providers

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

County: Solano County **Provider:** WEST COAST MEDICAL TRANSPORT **Response Zone:** Solano County

Address: 1436 2ND STREET #10607 NAPA, CA 94559 **Number of Ambulance Vehicles in Fleet:** 6

Phone Number: 7072906806 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4-5

<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"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input 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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory Reporting

Year: 2022

Response/Transportation/Providers

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

County: Solano County **Provider:** WEST COAST MEDICAL TRANSPORT **Response Zone:** Solano County

Address: 1436 2ND STREET #10607 NAPA, CA 94559 **Number of Ambulance Vehicles in Fleet:** 6

Phone Number: 7072906806 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4-5

<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"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input 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"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory Reporting

Year: 2023

Response/Transportation/Providers

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

County: Solano County **Provider:** WEST COAST MEDICAL TRANSPORT **Response Zone:** Solano County

Address: 1436 2ND STREET #10607 NAPA, CA 94559 **Number of Ambulance Vehicles in Fleet:** 6

Phone Number: 7072906806 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4-5

<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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input 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 type="checkbox"/> 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Solano County **Provider:** West Coast Medical Transport **Response Zone:** Solano County

Address: 1436 2nd Street #10607 **Number of Ambulance Vehicles in Fleet:** 6
Napa, CA 94559

Phone Number: 707-972-6315 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

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

270 Total number of transports
0 Number of emergency transports
270 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

Date: 2020-2024

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Solano County
Area or Subarea (Zone) Name or Title: Solano County EOA
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Medic Ambulance Service Inc.
Area or Subarea (Zone) Geographic Description: All of Solano County with the exception of the City of Vacaville and its unincorporated surrounding areas.
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response, ALS Ambulance
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 SEMSC conducted a competitive process, via Request for Proposal (RFP) Effective Date: May 1, 2010 1 st 5 Year Expiration Date: April 30, 2015 2 nd 5 Year Expiration Date: April 30, 2020 3 rd 5 Year Expiration Date: April 30, 2025 Expected to extended for 1 year to April 30, 2026 to allow for current RFP process

Date: 2020-2024

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Solano County
Area or Subarea (Zone) Name or Title: City of Vacaville
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Vacaville Fire Department
Area or Subarea (Zone) Geographic Description: City of Vacaville and unincorporated surrounding area
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response
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. Grandfathered, via 1797.224. Provider has been providing uninterrupted service with no change in scope and manner since January 1, 1981.

TABLE 9: FACILITIES

County: Solano County_____

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

Facility: David Grant Medical Center (Travis AFB) Telephone Number: 707-423-3825
Address: 101 Bodin Circle
Fairfield, CA 94533

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

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: Solano County

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

Facility: Kaiser Permanente Vallejo Medical Center Telephone Number: 707-651-1000
Address: 975 Sereno Drive
Vallejo, CA 94589

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

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

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

County: Solano County

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

Facility: Kaiser Permanente Vacaville Medical Center Telephone Number: 707-624-4000
Address: 1 Quality Drive
Vacaville, CA 95688

<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"/> Standby Emergency <input type="checkbox"/> Basic 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>
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<p>Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input checked="" type="checkbox"/> Yes <input 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 II <input checked="" 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 checked="" type="checkbox"/> Yes <input 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: FACILITIES

County: Solano County

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

Facility: NorthBay Medical Center Telephone Number: 707-646-5000
Address: 1200 B Gale Wilson Blvd
Fairfield, CA 94533

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

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV

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

County: Solano County

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

Facility: Sutter Solano Medical Center Telephone Number: 707-554-4444
Address: 300 Hospital Drive
Vallejo, CA 94589

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

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

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

County: Solano County

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

Facility: VacaValley Hospital
Address: 1000 Nut Tree Blvd
Vacaville, CA 95687

Telephone Number: 707-624-7000

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

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

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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 10: APPROVED TRAINING PROGRAMS

County: Solano County _____

Reporting Year: 2020 _____

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

Training Institution: Vallejo Regional Education Center (CE provider # 48-0070)		Telephone Number: 1(800)927-5159
Address: 432 Del Sur St., Vallejo, CA 94591		
Student Eligibility*: Public	**Program Level: EMT	
Cost of Program:	Number of students completing training per year:	
Basic: \$2995	Initial training:	42
Refresher:	Refresher:	0
	Continuing Education:	0
	Expiration Date:	12/31/28
	Number of courses:	
	Initial training:	4
	Refresher:	0
	Continuing Education:	0

*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.

Training Institution: CalRegional Training Institute (CE provider # 48-0071)		Telephone Number: 1(800)927-5159
Address: 4820 Business Center Dr., Suite 100, Fairfield, CA 94534		
Student Eligibility*: Public	**Program Level: EMT	
Cost of Program:	Number of students completing training per year:	
Basic: \$2995	Initial training:	0
Refresher:	Refresher:	0
	Continuing Education:	0
	Expiration Date:	03/31/27
	Number of courses:	
	Initial training:	0
	Refresher:	0
	Continuing Education:	0

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

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Solano County _____

Reporting Year: 2021 _____

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

Training Institution: <u>Vallejo Regional Education Center (CE provider # 48-0070)</u>		Telephone Number: <u>1(800)927-5159</u>
Address: <u>432 Del Sur St., Vallejo, CA 94591</u>		
Student Eligibility*: <u>Public</u>	**Program Level <u>EMT</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>\$2995</u>	Initial training: <u>42</u>	
Refresher: _____	Refresher: <u>0</u>	
	Continuing Education: <u>0</u>	
	Expiration Date: <u>12/31/28</u>	
	Number of courses:	
	Initial training: <u>3</u>	
	Refresher: <u>0</u>	
	Continuing Education: <u>0</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.

Training Institution: <u>CalRegional Training Institute (CE provider # 48-0071)</u>		Telephone Number: <u>1(800)927-5159</u>
Address: <u>4820 Business Center Dr., Suite 100, Fairfield, CA 94534</u>		
Student Eligibility*: <u>Public</u>	**Program Level <u>EMT</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>\$2995</u>	Initial training: <u>0</u>	
Refresher: _____	Refresher: <u>0</u>	
	Continuing Education: <u>0</u>	
	Expiration Date: <u>03/31/27</u>	
	Number of courses:	
	Initial training: <u>0</u>	
	Refresher: <u>0</u>	
	Continuing Education: <u>0</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: APPROVED TRAINING PROGRAMS

County: Solano County _____

Reporting Year: 2022 _____

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

Training Institution: <u>Vallejo Regional Education Center (CE provider # 48-0070)</u>		Telephone Number: <u>1(800)927-5159</u>
Address: <u>432 Del Sur St., Vallejo, CA 94591</u>		
Student Eligibility*: <u>Public</u>	Cost of Program:	**Program Level <u>EMT</u>
	Basic: <u>\$2995</u>	Number of students completing training per year:
	Refresher: _____	Initial training: <u>38</u>
		Refresher: <u>0</u>
		Continuing Education: <u>0</u>
		Expiration Date: <u>12/31/28</u>
		Number of courses:
		Initial training: <u>3</u>
		Refresher: <u>0</u>
		Continuing Education: <u>0</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.

Training Institution: <u>CalRegional Training Institute (CE provider # 48-0071)</u>		Telephone Number: <u>1(800)927-5159</u>
Address: <u>4820 Business Center Dr., Suite 100, Fairfield, CA 94534</u>		
Student Eligibility*: <u>Public</u>	Cost of Program:	**Program Level <u>EMT</u>
	Basic: <u>\$2995</u>	Number of students completing training per year:
	Refresher: _____	Initial training: <u>0</u>
		Refresher: <u>0</u>
		Continuing Education: <u>0</u>
		Expiration Date: <u>03/31/27</u>
		Number of courses:
		Initial training: <u>0</u>
		Refresher: <u>0</u>
		Continuing Education: <u>0</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: APPROVED TRAINING PROGRAMS

County: Solano County _____

Reporting Year: 2023 _____

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

Training Institution: <u>Vallejo Regional Education Center (CE provider # 48-0070)</u>		Telephone Number: <u>1(800)927-5159</u>
Address: <u>432 Del Sur St., Vallejo, CA 94591</u>		
Student Eligibility*: <u>Public</u>	Cost of Program:	**Program Level <u>EMT</u>
	Basic: <u>\$2995</u>	Number of students completing training per year:
	Refresher: _____	Initial training: <u>64</u>
		Refresher: <u>0</u>
		Continuing Education: <u>0</u>
		Expiration Date: <u>12/31/28</u>
		Number of courses:
		Initial training: <u>5</u>
		Refresher: <u>0</u>
		Continuing Education: <u>0</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.

Training Institution: <u>CalRegional Training Institute (CE provider # 48-0071)</u>		Telephone Number: <u>1(800)927-5159</u>
Address: <u>4820 Business Center Dr., Suite 100, Fairfield, CA 94534</u>		
Student Eligibility*: <u>Public</u>	Cost of Program:	**Program Level <u>EMT</u>
	Basic: <u>\$2995</u>	Number of students completing training per year:
	Refresher: _____	Initial training: <u>0</u>
		Refresher: <u>0</u>
		Continuing Education: <u>0</u>
		Expiration Date: <u>03/31/27</u>
		Number of courses:
		Initial training: <u>0</u>
		Refresher: <u>0</u>
		Continuing Education: <u>0</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: DISPATCH AGENCY

County: Solano County _____

Reporting Year: 2020-2024 _____

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

Name:	Benicia Police Department		Primary Contact:
Address:	200 East L St.		
	Benicia, CA 94510		
Telephone Number:	707-745-3411 ext. 1		
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training _____ EMT-D _____ ALS
			_____ BLS _____ LALS _____ Other
Ownership:		If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input 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: _____	

Name:	Fairfield Police Department		Primary Contact:
Address:	1000 Webster St		
	Fairfield, CA 94533		
Telephone Number:	707-428-7300		
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training _____ EMT-D _____ ALS
			_____ BLS _____ LALS _____ Other
Ownership:		If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input 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: _____	

TABLE 11: DISPATCH AGENCY

County: Solano County _____

Reporting Year: 2020-2024 _____

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

Solano County Sheriff Office			
Name:		Primary Contact:	
Address:	530 Union Ave, Suite 100		
	Fairfield, CA 94533		
Telephone Number:	707-421-7094		
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training _____ EMT-D _____ ALS
			_____ BLS _____ LALS _____ Other
Ownership:		If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input checked="" 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: _____	

Suisun City Police Department			
Name:		Primary Contact: _____	
Address:	701 Civic Center Blvd		
	Suisun City, CA 94585		
Telephone Number:	707-421-7373		
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training _____ EMT-D _____ ALS
			_____ BLS _____ LALS _____ Other
Ownership:		If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input 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: _____	

TABLE 11: DISPATCH AGENCY

County: Solano County _____

Reporting Year: 2020-2024 _____

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

Name:	<u>Vacaville Police Department</u>	Primary Contact: _____
Address:	<u>630 Merchant Street</u>	
	<u>Vacaville, CA 95688</u>	
Telephone Number:	<u>707-449-5200</u>	
Written Contract:	Medical Director:	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ EMD Training _____ EMT-D _____ ALS
	<input type="checkbox"/> Disaster	_____ BLS _____ LALS _____ Other
Ownership:	If Public:	If Public:
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input 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: _____	

Name:	<u>Vallejo Police Department</u>	Primary Contact: _____
Address:	<u>111 Amador Street</u>	
	<u>Vallejo, CA 94590</u>	
Telephone Number:	<u>707-553-7255</u>	
Written Contract:	Medical Director:	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ EMD Training _____ EMT-D _____ ALS
	<input type="checkbox"/> Disaster	_____ BLS _____ LALS _____ Other
Ownership:	If Public:	If Public:
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input 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: _____	

TABLE 11: DISPATCH AGENCY

County: Solano County _____

Reporting Year: 2020-2024 _____

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

Name:	Medic Ambulance Service, Inc.		Primary Contact:	Sandra Whaley, VP Communications	
Address:	<u>506 Couch Street</u> <u>Vallejo, CA 94590</u>				
Telephone Number:	<u>707-644-8980</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 type="checkbox"/> Disaster	Number of Personnel Providing Services:		
			_____ EMD Training	_____ EMT-D	_____ ALS
			_____ BLS	_____ LALS	_____ Other
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		

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		

DEPARTMENT OF HEALTH & SOCIAL SERVICES
Public Health Division

Emory Cowan, LCSW
Director

Pranav Shetty, MD, MPH
EMS Agency Medical Director

EMERGENCY SERVICES BUREAU

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Suite 2400, MS 20-240
Vallejo, CA 94590



**SOLANO
COUNTY**

Benjamin Gammon, EMT-P
EMS Agency Administrator

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**Solano County Emergency Medical Services (EMS) Agency
Trauma Systems Status Report 2020 – 2024**

Trauma System Summary:

Solano County currently has two designated trauma centers: Level III Trauma Center, NorthBay Medical Center (NBMC) in Fairfield and Level II Trauma Center, Kaiser Foundation Hospital in Vacaville (KVV). Most importantly, there is an organized methodology (Solano County Trauma Triage Algorithm) for the rapid identification of patients likely to benefit from advanced neurosurgical trauma care available at Level I or Level II Centers, and discriminatory processes are in place to rapidly deliver these patients to the closest in-county or out-of-county trauma centers dependent upon geographic proximity.

Based on the 2012 county population census, Solano County completed a Request for Proposal (RFP) process to designate a Level II Trauma Center. Kaiser Foundation Hospital Vacaville was chosen and designated as our Level II Trauma Center. Per the current statues and regulations, Solano County now has a great enough population and trauma enchatchment area to possibly designate a second Level II Trauma Center. Solano County EMS is currently in the early phases of discussions with NBMC to upgrade to a fully designated Level II Trauma Center. NBMC is also a verified Level II Trauma Center with the American College of Surgeons (ACS).

The data was evaluated through a collaborative process and a change was instituted resulting in a more consistent volume. We are currently in the process of reviewing trauma data and streamlining the process. The current volume is an average of 102 trauma patients per month, with approximately 6% transported from the field to out-of-county Level I or II Trauma Centers. This patient population generally is geographically closer to these trauma centers. The majority of trauma victims are transported via ground ambulance to our local trauma centers. System paramedics continue to use helicopters for some of our remote and rural locations ensuring that patients do not have any delay in reaching a trauma center.

The primary type of traumatic injury for Solano County is blunt trauma. This accounts for a majority of traumatic cases, and is approximately 88% of Solano County's trauma volume. The most common mechanism of injury for the types of injured patients is "falls." The second largest mechanism of injury is motor vehicle accidents. Local Trauma Centers have focused injury prevention program efforts on the prevention of falls. The local trauma centers have collaborated with various groups and committees including but not limited to, the local nursing school, The Area Council on Aging, the Fall Prevention Coalition to decrease falls.

The Injury Severity Scores (ISS) for the majority of trauma patients transported to local trauma centers fall within the 0–9 range, which is appropriate for Level III Trauma Centers. In contrast, most patients transported to out-of-county trauma centers have an ISS greater than 9.

For cases where patients transported have an ISS between 0–9, both the receiving facility and the EMS Agency conduct a joint review to evaluate potential under-triage or over-triage. We have recently initiated discussions focused on under- and over-triage of local trauma patients and will address any findings that arise from these reviews.

After reviewing these cases they are discussed at the appropriate committee meeting. This is generally the Solano County Specialty Care Committee for EMS system issue(s). Hospital specific issue(s) are addressed at the appropriate hospital committee meeting where the EMS Agency is an active participant.

Changes in Trauma System:

As a Local EMS Agency (LEMSA), we utilize ESO to collect and manage our prehospital trauma data. In-hospital trauma data is collected separately and directly from each designated trauma hospital via Excel spreadsheets. Each trauma center is responsible for submitting its trauma data directly to the California Emergency Medical Services Information System (CEMSIS), which subsequently transmits the data to the National EMS Information System (NEMSIS). The designation of a Solano County Level II Trauma Center has resulted in a reduction in the transport to out-of-county Level I or II Trauma Centers. Geographically, there are some areas in the county which are closer to the out-of-county centers, so they will continue to be used. The EMS Agencies in those jurisdictions are aware of Solano County's trauma patients and have already endorsed the practice via correspondence.

Number and Designation Level of Trauma Centers:

Solano County's designated trauma centers are the same since the last update:

- NorthBay Medical Center, Fairfield: Level III Trauma Center
- Kaiser Foundation Hospital, Vacaville: Level II Trauma Center

The current number of Solano County designated trauma centers provides maximum coverage for the citizens and residents of the County. As stated above, Solano County EMS is in the very early stages of discussion to designate NBMC as a Level II Trauma Center.

Trauma System Goals and Objectives:

1. With two designated trauma centers in Solano County, ensure that each trauma center sees the appropriate level of trauma cases to maintain quality trauma care.

Objective: Decrease out of county transports

On a quarterly basis, Solano EMS staff will evaluate and review paramedic transport patient care reports and scene times of all trauma patients whose

destination of transport is to out of county hospitals for adherence to the Solano County Trauma Triage Algorithm. Although the ultimate goal is to reduce traumatic injuries countywide, Solano County EMS must ensure that its' 9-1-1 ALS providers are utilizing the trauma resources available within the county to not stress neighboring systems. This will also provide the necessary practice and skills to the trauma centers to maintain the highest possible quality of care.

Timeline: Ongoing

Progress to date: Reports are presented to the Specialty Care Committee on a quarterly basis. Other than air ambulance transports, a significant decrease in out of county transports has been noted.

2. Safeguard Solano County residents by providing timely transportation to the nearest appropriate trauma center.

Objective: Ensure appropriate trauma transport times

On a semiannual basis, Solano EMS will review and evaluate prehospital data for all trauma patients. The evaluated data will include scene and transport times, with hospital outcomes. Outcomes from the evaluation will be reported and discussed with the Specialty Care Committee for review to identify trauma standards of care and develop strategies to maintain or reduce transport times to appropriate levels.

Timeline: Ongoing

Progress to date: The exclusive advanced life support ambulance provider routinely exceeds transport time expectations established by the EMS Agency. The City of Vacaville's 9-1-1 system relies upon the city fire department to provide their trauma transports. Solano EMS has contracted with ESO to be our data depository to report and send NEMSIS compliant data to State EMSA. All providers within the county are now transmitting data to ESO.

3. Expansion of Trauma Services in Solano County.

Objective: Addition of a second designated Level II Trauma Center within Solano County.

Per the current regulations, for an EMS Agency to designate a second Level II Trauma Center in their jurisdiction, a population and/or trauma encatchment area of at least 350,000 must be met. According to the 2020 census, Solano County has a population of 453,491. Most of the county's population resides from Fairfield and south to Vallejo and Benicia. Solano County's Level II trauma encatchment area is even greater since we have the only Level II Trauma Center between the Northern Bay and Sacramento areas. We currently serve parts of Napa, Yolo, Lake, and Colusa County for trauma services. Also, with the main transportation arteries of I-80, I-505, and I-680 and Highways 12 and 113 running though the county, the possibly for trauma grows exponentially.

Due to this, Solano County EMS is in the early phases of discussion with our current trauma centers to designate a second Level II Trauma Center within Solano County.

Timeline: No estimate currently. Possible within the next 1-2 years.

System Performance Improvement:

Solano County EMS Agency representatives actively participate in both Trauma Centers' Trauma Committees and other related committees. This allows the EMS Agency to be aware of any Trauma Center issue(s) and any prehospital issue(s) that affect trauma care in the system and develop strategies to intervene if necessary, and monitor for loop closure.

The EMS Agency performs the following activities to ensure compliance with the California Health and Safety Code and California Code of Regulations as well as local requirements.

- On a triennial basis, EMS Agency staff accompanies American College of Surgeons' (ACS) representatives during trauma center verification visits.
- On a triennial basis (year prior to ACS visit), EMS Agency staff conducts a site visit to validate continued conformance.
- On a triennial basis (year following ACS visit), designated trauma centers complete and submit to EMS Agency a written self-evaluation.

In addition to performance improvement, quality assurance, and quality control at the site level, the EMS Agency conducts system level assessments to make improvements to countywide policies, procedures, and protocols. This is accomplished through several avenues, including:

- Electronic surveys created by EMS Agency staff to address specific areas requiring attention
- Review of all trauma related patient care and field advisory reports
- Quarterly quality assurance/quality improvement meetings wherein representatives from a vast cross section of stakeholders evaluate the effectiveness of the overall trauma system.

Progress on Addressing EMS Authority Trauma System Plan Comments:

There were no items that need to be addressed or corrected from the last trauma plan approval.

Emery Cowan, LCSW
Director

EMERGENCY SERVICES BUREAU
355 Tuolumne Street,
Suite 2400, MS 20-240
Vallejo, CA 94590

DEPARTMENT OF HEALTH & SOCIAL SERVICES
Public Health Division



SOLANO
COUNTY

PRANAV SHETTY, MD, MPH
EMS Agency Medical Director

BENJAMIN GAMMON, EMT-P
EMS Agency Administrator

(707) 784-8155
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Solano County Emergency Medical Services Agency
STEMI System Plan 2020 – 2024

The Solano County EMS Agency has a well-established STEMI system that has been in place since about the year 2010. Below is the information, as required by regulation, for the STEMI System Plan renewal. There are no significant changes from the last plan submission.

EMS Agency personnel with a role in the STEMI System

Pranav Shetty, MD, MPH
EMS Agency Medical Director
Charged with the general oversight of the EMS system in Solano County.

Benjamin Gammon, EMT-P
EMS Agency Administrator
Charged with the management of day-to-day operations of the EMS system in Solano County.

Keith Erickson, EMT-P
EMS Coordinator
Oversees designation and redesignation of STEMI centers.

Scott Wagness, EMT-P
EMS Coordinator
Primary person that revises all policies and protocols in the EMS system.

Adelin Ansari
Health Education Specialist
Performs data collection and analysis for the STEMI system

List of Designated STEMI Centers in Solano County

All STEMI Centers are redesignated on an annual calendar year schedule after initial designation.

NorthBay Medical Center, Fairfield, CA
Kaiser Vallejo Medical Center, Vallejo, CA

STEMI Treatment and Destination Policies and Protocols

Copies of Policies 6609, STEMI, 6700, Destination Protocols for Ambulances, and Protocol C-14, STEMI have been provided for patient destination and identification.

STEMI Center Communications

All ground ambulances are equipped with cellular phones and/or radios to contact STEMI receiving centers (SRC). Ambulances are also equipped with monitors with Wi-Fi capability to transmit 12-Lead EKGs directly to the SRC to be evaluated by the physician.

Interfacility Transfers

Copies of Policies 6609, STEMI, and 7200, Interfacility Transfer (IFT) Guidelines, have been provided for STEMI IFTs. A copy of Policy 6802, Paramedic Monitoring of Magnesium Sulfate, Nitroglycerin (NTG), Heparin, and/or Amiodarone Infusions During IFTs has also been included due the approval of the Solano County Advanced Life Support (ALS) IFT Local Optional Scope of Practice (LOSOP) by State EMSA. NTG, heparin, and amiodarone are common medications that may be used in the IFT transports of STEMI patients.

Data Collection

Solano County EMS has implemented a standardized data collection and reporting process in alignment with Section §100148.01 of the proposed Chapter 6 STEMI regulations. This includes the collection of both prehospital and hospital patient care data. Prehospital data elements include, but are not limited to: EMS incident number, ePCR number, patient demographics (name, DOB, age, gender, race), PSAP call time, unit notification time, arrival time, and field ECG performance and timing.

STEMI receiving centers (SRCs) are required to submit hospital data elements including first ECG date, ED arrival time, Cath lab arrival time, PCI performance and timing, thrombolytics administration (if applicable), discharge date, and final disposition including ICD-10 codes. These data are submitted quarterly in a HIPAA-compliant format to the EMS Agency and subsequently uploaded to CEMSIS. In addition, all designated STEMI Receiving Centers are mandated to report their STEMI data to the California Emergency Medical Services Authority (EMSA) on a monthly basis, in accordance with state data reporting requirements. For a description of data collection, please see Policy 6609, STEMI, Attachment A. SRCs are also required to submit data to the CARES Registry.

STEMI referring hospitals are required to submit patient transfer data including thrombolytics administration, timing, discharge data, and transfer details.

Additionally, Solano EMS collaborates with receiving facilities and ALS providers to ensure outcome data is shared back to EMS personnel, including cases that do not result in a STEMI diagnosis.

STEMI Centers in Neighboring Jurisdictions

STEMI patients that reside in or near the Benicia area can also elect to be transported to John Muir Medical Center, Concord for STEMI services. This is also a back-up SRC if Kaiser Vallejo is down for the southern part of the county. It is also common for patients in the Napa and Crockett area to be transported to Kaiser Vallejo. Patients in the Dixon area may also be transported to Sutter Davis Hospital for STEMI treatment.

STEMI QI Committees

Solano County EMS holds meetings every six months for QI. STEMI has been integrated into our Specialty Care Committee along with Trauma, Stroke, and EDAP. All data and case presentations are discussed during this meeting. The committee is comprised of EMS staff, ED staff, SRC leadership, and cardiologists from the SRCs.

STEMI Public Education

Once a year, the EMS Agency holds an event where we offer training in hands-only CPR.

Fairfield Fire Department hold regular events with a training device they have created that is like the AHA CPR machines in airports.

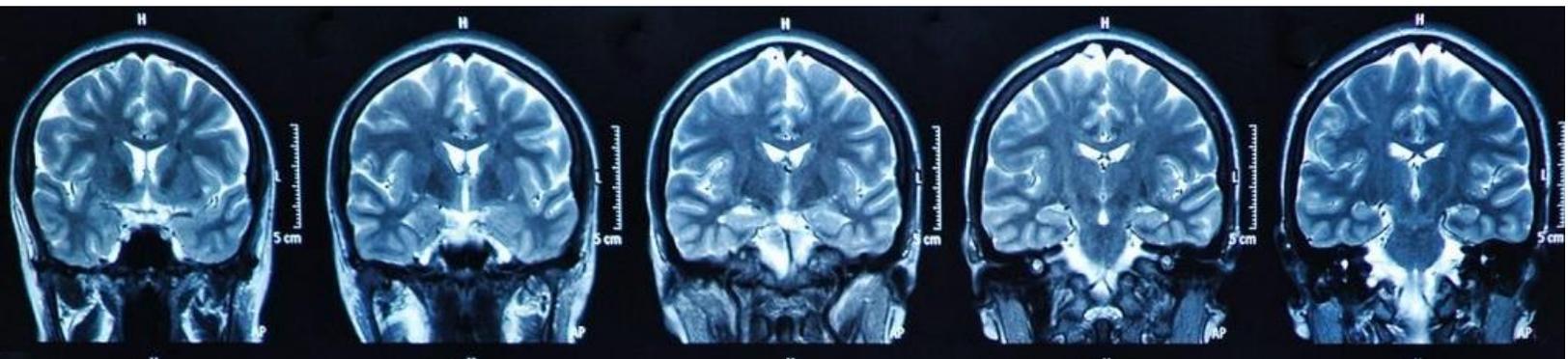
SRCs are obligated by their agreements to regularly provide STEMI education to the public.



SOLANO COUNTY
Emergency Medical Services
STROKE SYSTEM PLAN
UPDATE 2020 - 2024

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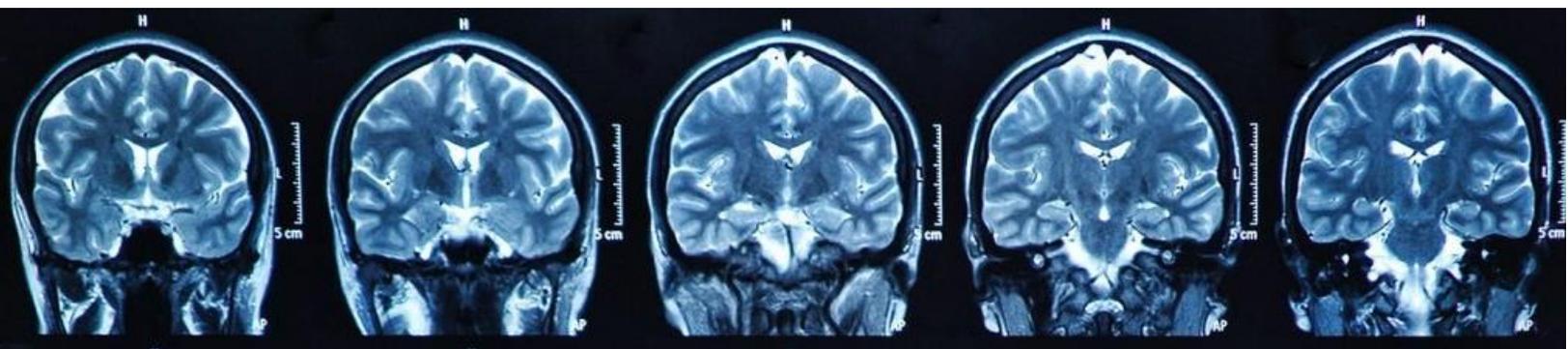


SUMMARY

The Solano County Emergency Medical Services Agency, in collaboration with our pre-hospital and hospital partners, has developed a program to serve the people of Solano County who are experiencing stroke.

Our program's goals are to:

- a) Prevent more strokes by strengthening our public outreach and education endeavors
- b) Refine stroke training and education for our EMS and hospital personnel
- c) Improve stroke patient outcomes by providing rapid evaluation, transport, and treatment



STROKE SYSTEM OVERVIEW

INTRODUCTION

Solano County, which includes the cities of Benicia, Vallejo, Suisun City, Dixon, Vacaville, Rio Vista, and Fairfield is home to over 450,000 residents. EMS personnel respond to approximately 700 stroke-related 911 calls each year; consequently, the Solano County Emergency Medical Services Agency (Solano EMS) has recognized the need for a stroke program and developed one for our county.

As outlined above, the goals of our program encompass not only patient outcomes, but education and rehabilitation as well. As with all our programs, we've begun to work in close collaboration with EMS transport providers and our newly designated stroke receiving centers to review stroke patient cases, analyze aggregate data, and identify areas in need of improvement. Our data collection methods are outlined in greater detail under Stroke System Plan – Data Collection.

In addition to QI initiatives, we also plan to prioritize outreach and education for the public and for our own EMS and hospital personnel. Our providers already have excellent staff education programs in place, and Solano EMS will aid in refining the content delivered and provide county-specific training points based off the data trends we identify. This information is included under Stroke System Plan – Stroke Community Outreach and Education, and Stroke Personnel Education.

SOLANO EMS AGENCY STAFF

Dr. Pranav Shetty, MD, MPH – EMS Medical Director

Benjamin Gammon, EMT-P –EMS Administrator

Keith Erickson, EMT-P – EMS Coordinator

Scott Wagness, EMT-P – EMS Coordinator

Adelin Ansari, MPH – EMS Data Specialist

Isabella Lim, BHS – EMS Certifications Specialist

SOLANO COUNTY DESIGNATED STROKE RECEIVING CENTERS

Kaiser Permanente – Vacaville, CA

Primary Stroke Center, designated through 12/31/2025

Kaiser Permanente – Vallejo, CA

Primary Stroke Center, designated through 12/31/2025

NorthBay Medical Center – Fairfield, CA

Primary Stroke Center, designated through 12/31/2025

Sutter Solano Medical Center – Vallejo, CA

Primary Stroke Center, designated through 12/31/2025

VacaValley Hospital – Vacaville, CA

Primary Stroke Center, designated through 12/31/2025

STROKE SYSTEM PLAN

STROKE PATIENT IDENTIFICATION AND DESTINATION

Solano County paramedics follow the Solano County N-4 Stroke Triage Algorithm (pg. 15) to identify a stroke patient and determine their destination. The patient will be transferred to the closest appropriate facility and mode of transportation will be based on time of day, day of week, traffic, scene location, distance to Stroke Center, and resource availability. Guidelines for the patient identification and destination are outlined in Policy 6613, IV, A (pg. 8-15).

FIELD COMMUNICATION TO RECEIVING HOSPITAL

Stroke Centers have a dedicated audio recorded phone line or radio system that is used by paramedics to notify the facility of incoming stroke patient. The line or radio system is capable of being answered 24/7. Guidelines for the field notification are outlined in Policy 6613, III, F.

INTERFACILITY TRANSFER

Stroke Centers in Solano County have written transfer agreements with higher level centers for neurosurgical emergencies. These higher-level centers include U.C. Davis Medical Center, John Muir Medical Center, and Kaiser Foundation Hospital Redwood City. Guidelines for interfacility transfers are outlined in Policy 6613, VII, B.

DATA COLLECTION

To evaluate our stroke program, Solano EMS collects data from our prehospital providers and designated stroke centers. On a quarterly basis Solano EMS receives prehospital stroke reports; the data in these reports range from demographics to chief complaint, transport time, scene time, and destination data and time. Solano EMS recently joined the Get With The Guidelines (GWTG) Registry through the American Heart Association (AHA), allowing us to not only obtain hospital data on all confirmed stroke cases, but to compare our local data with national AHA benchmarks for stroke care. In addition, we work with our stroke coordinators to obtain data on patients that had a positive stroke scale in the field but that did not ultimately have a stroke, with the goal of improving our program to better identify patients in the field. Solano EMS team members present this stroke data at our EMS Quarterly Meetings, as well as have case reviews for potential learning opportunities.

Solano EMS has acquired ESO, which submits data to ICEMA on our behalf. All our prehospital providers are dedicated to data sharing with California EMSA, with the goal of improving care in the field.

In addition, designated Stroke Receiving Centers are required to maintain a stroke registry and report stroke-related data to the California Emergency Medical Services Authority (EMSA) through the California EMS Information System (CEMSIS), in accordance with the data reporting and system evaluation requirements outlined in Section §100152.01 of the proposed Chapter 6 Stroke regulations.

Stroke data collection shall include both prehospital and hospital-based metrics, including but not limited to: EMS ePCR number, patient demographics, PSAP call time, unit notification time, hospital arrival time, stroke alerts, IV tPA administration, mechanical reperfusion procedures, and discharge outcomes. For a detailed breakdown of required elements, please refer to Solano EMS Policy 6613, Attachment A.

Guidelines for the stroke data collection are outlined in Policy 6613, VII, C.

INTEGRATION OF RECEIVING CENTERS IN NEIGHBORING JURISDICTIONS

Stroke Centers located in neighboring jurisdictions which are not designated by Solano EMS are responsible for conducting quality improvement activities in accordance with the requirements of their designation contracts. Representatives from these Stroke Centers are invited to submit stroke reports and analysis regarding patients received from Solano County, notify Solano EMS of unusual occurrences or other significant matters, and participate in the Solano EMS Advisory Committee upon request.

Guidelines for integration of neighboring centers are outlined in Policy 6613, VII, C, 3.

STROKE QI COMMITTEE

The Solano EMS Stroke QI committee meets twice a year and includes stroke program managers from each of the designated stroke receiving centers in Solano County as well as the ALS providers, CQI coordinators, and Emergency Department Managers. The committee evaluates cumulative stroke data and reviews specific cases that pertain to the county-wide stroke system. Responsibilities of the committee include review of data for accuracy, provision of feedback to EMS personnel, review and comment on policy changes, and communication with Solano EMS on all issues, concerns, and ideas regarding the Prehospital Stroke System. Stroke case selection is done by the EMS specialty care supervisor and EMS medical director and generally pertain to stroke deaths and patients transferred to higher level stroke centers. The committee chair ensures that all participating committee members sign a confidentiality agreement prior to participation. Guidelines for the stroke committee are outlined in Policy 6613, VIII, A – E.

STROKE COMMUNITY EDUCATION

Stroke centers are required to provide education to the community on an annual basis. Documentation for this event, including materials covered and credentials of individuals providing the trainings, is due to Solano EMS upon reaccreditation. Guidelines for community education are included in Policy 6613, VII, A, 2.

STROKE PERSONNEL EDUCATION

Stroke centers are required to provide annual stroke education and training to hospital and EMS personnel, with a minimum of two events per year. Documentation for these events, including materials covered, credentials of individuals providing the trainings, and attendee lists are due to the SEMSA for review at reaccreditation. Guidelines for the EMS and hospital personnel are included in Policy 6613, VII, A, 1.

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Director

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POLICY MEMORANDUM 6613

Implementation Date: NOVEMBER 1, 2020
Review Date: NOVEMBER 1, 2022

REVIEWED/APPROVED BY:

 MD, MAS
BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR


TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: SOLANO COUNTY STROKE SYSTEM

AUTHORITY:

California Health and Safety Code Sections 1797.204 and 1797.220
California Code of Regulations, Title 22, Section 100270.220

PURPOSE:

This policy shall provide the basic outline of the Stroke System in Solano County including, but not limited to, stroke system definitions, system designation and participation, stroke data collection and management, coordination of stroke care with neighboring jurisdictions, and quality improvement. To be considered eligible for designation as a stroke center, hospitals must participate in the Solano County Stroke System by meeting the guidelines outlined in this policy.

I. STROKE RECEIVING CENTER DESIGNATION LEVELS

- A. Acute Stroke Ready Hospital (ASR): A hospital able to provide the minimum level of critical care services for stroke patients in the emergency department and is paired with one or more hospitals with a higher level of stroke services.
- B. Primary Stroke Center (PSC): A hospital that treats acute stroke patients and identifies patient who may benefit from transfer to a higher level of care when clinically warranted.

- C. Thrombectomy-Capable Stroke Center (TSC): A primary stroke center with the ability to perform mechanical thrombectomy for the ischemic stroke patient when clinically warranted.
- D. Comprehensive Stroke Center (CSC): A hospital with specific abilities to receive, diagnose and treat all stroke cases and provide the highest level of care for stroke patients.

II. DESIGNATION BY SOLANO EMS AS A STROKE CENTER

- A. Designation Process: Initial designation as a Stroke Center in the Solano EMS System requires an application, satisfactory site survey and verification of the following:
 - 1. Compliance with all standards and requirements listed in this policy.
 - 2. Compliance with all requirements listed in Title 22, Division 9, Chapter 7.2 – Stroke Critical Care System, for the requested level of designation.
 - 3. Current certification as an ASR, PSC, TSC, or CSC from one of the three approved accreditation organizations - The Joint Commission, Det Norske Veritas, or Healthcare Facilities Accreditation Program.
 - 4. Enrollment and participation in the stroke data management system and agreement to provide additional data as required by Solano EMS.
- B. Re-Designation Process
 - 1. The Stroke Center may be re-designated after satisfactory review of written documentation and a site survey by Solano EMS Agency staff.
 - 2. Re-designation shall occur annually with a tri-annual site survey, conducted by Solano EMS Agency staff.
 - 3. Failure to comply with the criteria outlines in this policy at any time will result in disciplinary action up to and including suspension of designation as a Stroke Center.

III. STROKE SYSTEM PARTICIPATION

- A. Stroke Centers shall have established protocols for stroke services including triage, diagnosis, and stroke team activation following field notification of an inbound potential acute stroke patient.
- B. Stroke Centers shall establish adequate procedures for self-monitoring and quality control and assurance in compliance with standards in this policy on a continuous basis. Documentation of such efforts shall be made available to Solano EMS upon request.
- C. Stroke Centers shall have a single call activation system to activate the clinical stroke team directly.
- D. Stroke Centers shall have a process in place for the treatment and triage of simultaneously arriving stroke patients.

- E. Stroke Centers shall participate in the Solano EMS stroke data management system.
- F. Stroke Centers shall have a dedicated audio recorded phone line or radio system capable of being answered 24/7 used by paramedics to notify facility of incoming stroke patients.
- G. Stroke Center representatives shall actively participate as members of the Advisory Committee.
- H. Stroke Centers shall maintain CMS-approved accreditation equivalent with their level of designation.
- I. Stroke Centers will demonstrate compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality and a disclosure protected review of selected stroke cases.
- J. Stroke Centers will report changes of key Stroke Center personnel to Solano EMS within ten business days. These personnel include the Stroke Program Medical Director and the Stroke Program Manager.

IV. GENERAL GUIDANCE FOR FIELD OPERATIONS

- A. Solano County Paramedics will follow the Solano County Stroke Triage Policy and Algorithm (attached) when determining a stroke patient's destination. Mode of transportation will be based on, but not limited to, the following factors: time of day, day of week, traffic, scene location, distance to Stroke Center, and resource availability. The patient will then be transported to the closest appropriate facility.

V. STROKE CENTER STANDARDS: STAFFING REQUIREMENTS

- A. Stroke Program Medical Director: A board-certified neurologist, neurosurgeon, interventional neuro-radiologist, or other board-certified physician with sufficient experience and expertise dealing with cerebrovascular disease as determined by the hospital credentialing committee will serve as the Stroke Program Medical Director. Responsibilities of the Medical Director include:
 - 1. Development of hospital policies.
 - 2. Development and maintenance of the hospital Stroke Program performance and quality improvement plan.
 - 3. Development and maintenance of a Stroke Continuing Education Program with the California Board of Registered Nursing and the Medical Board of California approved continuing education hours for physicians and nursing staff.
 - 4. Attendance and participation in the Advisory Committee and Physician's Advisory Forum and other county-wide system meetings.
- B. Stroke Program Manager: A registered nurse or another qualified individual will serve as the Stroke Program Manager, a requirement for PSC, TSC, and CSC designated facilities. Responsibilities of the Program Manager include:

1. Development of stroke education programs for hospital staff and EMS personnel.
 2. Integration and documentation of inpatient acute rehabilitation services offered to stroke patients.
 3. Collection and reporting of required data to Solano EMS.
 4. Attendance and participation in Advisory Committee and other county-wide system meetings.
 5. Development of a stroke public education and community outreach program.
- C. Clinical Stroke Team: The team of healthcare professionals who provide care for the stroke patient may include, but is not limited to, neurologists, neuro-interventionalists, neurosurgeons, anesthesiologists, emergency medicine physicians, registered nurses, physician assistants, nurse practitioners, pharmacists and technologists. Responsibilities of the clinical stroke team include:
1. For ASR designated facilities, response within 20 minutes of a potential acute stroke patient's arrival to the emergency department or diagnosis in the hospital.
 2. For PSC, TSC and CSC designated facilities, response within 15 minutes of a potential acute stroke patient's arrival to the emergency department or diagnosis in the hospital is required.
- D. Neurosurgical Team: For facilities pursuing CSC designation, a neurosurgical team capable of assessing and treating complex stroke and stroke-like syndromes must be available 24/7. The team must include a qualified neuro-radiologist in addition to other qualified personnel. A written call schedule must be developed for attending neurointerventionalist, neurologist, and neurosurgeon providing 24/7 availability and be provided to Solano EMS upon request.

VI. STROKE CENTER STANDARDS: SERVICE REQUIREMENTS

- A. Time Frames
1. ASR Designated Facilities
 - a. A CT or MRI scan must be initiated and reviewed within 45 minutes of patient arrival in the emergency department; this intervention may be completed by a radiologist, neurologist, or neurosurgeon.
 - b. Lab services must be performed and results reviewed by a physician within 60 minutes of patient arrival in the emergency department.

- c. Neurosurgical services must be provided directly or under a transfer agreement with a TSC or CSC within three hours of the patient's arrival to the emergency department.
 2. PSC, TSC, CSC Designated Facilities
 - a. A CT scan must be initiated within 25 minutes and reviewed within 45 minutes of patient arrival in the emergency department; this intervention may be completed by a radiologist, neurologist, or neurosurgeon.
 - b. Lab services must be performed and results reviewed by a physician within 45 minutes of patient arrival in the emergency department.
 - c. PSC designated facilities: Neurosurgical services must be provided directly or under a transfer agreement with a TSC or CSC within two hours of the patient's arrival to the emergency department.
- B. Facility Capacity
 1. Stroke Centers must maintain the uninterrupted ability to perform advanced imaging, laboratory services, and treatment interventions that are consistent with the requirements for their level of designation. Imaging, laboratory, and treatment modalities shall be on site and available at all times.
 2. Stroke Centers must have the capability of accepting multiple stroke patients simultaneously and provide the required patient placement consistent with their level of designation.
- C. Rehabilitation Services
 1. Stroke Centers pursuing PSC or TSC designation must provide acute care rehabilitation services.
 2. Stroke Centers pursuing CSC designation must provide comprehensive rehabilitation services on-site or have written transfer agreements in place with neighboring facilities that can provide these services

VII. STROKE CENTER STANDARDS: STROKE SYSTEM PARTICIPATION

- A. Educational Requirements
 1. Stroke Centers will provide stroke related continuing education to EMS personnel, the clinical stroke team, and related hospital staff. A minimum of two educational events are required per year. These activities will be reported to Solano EMS on an annual basis.
 2. Stroke Centers will provide stroke education to the public and report these activities to Solano EMS on an annual basis.

B. Transfer Agreements

1. Stroke Centers, designated at or below the TSC level, must have written transfer agreements with higher level centers for neurosurgical emergencies when clinically warranted.
2. Stroke Centers pursuing CSC designation must have written transfer agreements with all PSC's in the region to receive transfers. Additionally, CSC's will provide guidance and continuing stroke specific education to PSC's they have transfer agreements with.

C. Data Collection and Submission

1. Stroke Centers shall participate in the stroke data management system and submit stroke data reports and analysis to Solano EMS via the Agency approved data collection method and in accordance with the agreed upon schedule.
2. Stroke Centers shall provide additional data as required by Solano EMS and will notify the Agency of any unusual occurrences or other significant matters.
3. Stroke Centers located in neighboring jurisdictions which are not designated by Solano County are responsible for conducting quality improvement activities in accordance with the requirements of their designation contracts. Representatives from these Stroke Centers located in neighboring jurisdictions are invited to:
 - a. Submit stroke reports and analysis regarding patients received from Solano County to the Solano EMS Agency as appropriate.
 - b. Notify Solano EMS of unusual occurrences or other significant matters.
 - c. Participate in the Solano EMS Advisory Committee upon request.

D. Quality Assurance and Improvement

1. Stroke System quality improvement and evaluation will be conducted by an improvement team comprised of local BLS and ALS providers, local receiving hospitals, and receiving Stroke Centers. Feedback will be directed to the appropriate individual, agency, or committee.
2. Evaluation parameters will include, at a minimum, measurements of stroke on scene time and transport times, determination of over triage and under triage rates, determination of preventable deaths, complications, average patient ages, lengths of stay, Intensive Care Unit days, and discharge status.

VIII. STROKE CENTER STANDARDS: COMMITTEE OVERSIGHT

A. Purpose and Participation

1. An advisory committee will be convened on a recurrent basis to evaluate the stroke system in Solano County, share best practices and recommend improvements, and work collaboratively with members of the local EMS system to achieve improved patient outcomes. The committee will evaluate the cumulative stroke data the Agency collects and specific cases which have some benefit to the various providers in our system. The committee will meet on a recurrent basis; refer to policy 1755.

B. Composition: Advisory Committee membership is comprised of the following:

1. Solano EMS Agency staff including, but not limited to, the EMS Medical Director, EMS Administrator, and other EMS staff as directed. The committee is chaired by the Solano EMS Agency Medical Director and/or the EMS Administrator.
2. Designated Stroke Centers' Stroke Medical Directors and Stroke Program Managers.
3. ALS Providers' and Air Ambulance Providers' Operations Manager and CQI Coordinators.
4. Additional participants may be invited on occasions that warrant their input.

C. Committee Responsibilities

1. Review of quarterly data for accuracy, completeness, and timely submission.
2. Provision of feedback to EMS personnel.
3. Review and comment on any policy changes.
4. Communication with Solano EMS on all issues, concerns, and ideas regarding the Prehospital Stroke System.

D. Case Selection

1. Cases will be selected by the EMS Specialty Care Supervisor and/or EMS Coordinator in consultation with the EMS Medical Director for review at the Advisory Committee meeting. In general, the following types of cases will be selected: stroke death cases, patients transported to local hospital or ASR and subsequently transferred to a higher-level Stroke Center.

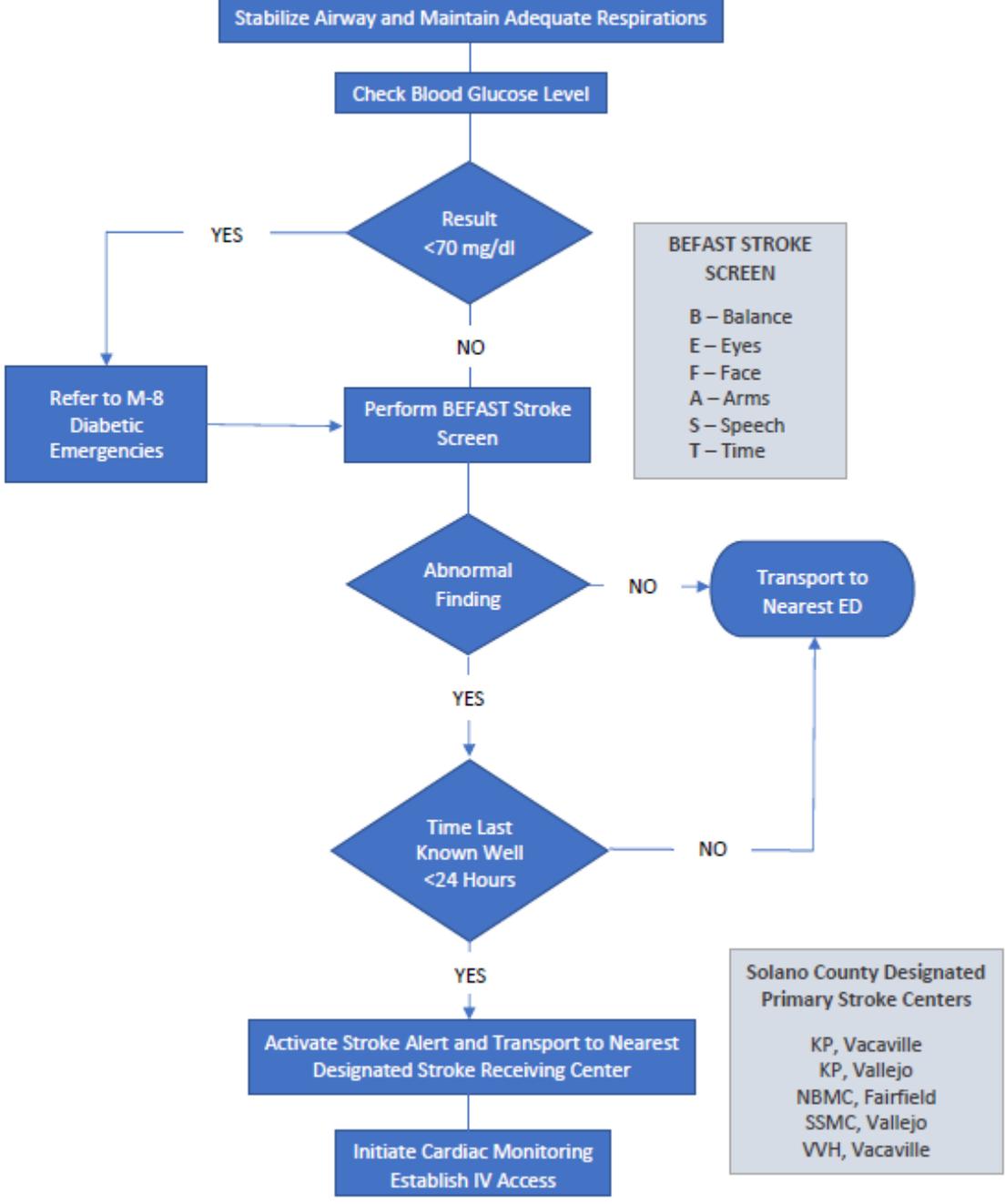
E. Confidentiality

1. All proceedings, documents, and discussions of the Advisory Committee, and its subcommittees are confidential and protected under Sections 1040 and 1157.7 of the Evidence Code of the State of California. The prohibition relating to discovery or testimony provided in Section 1157 shall be applicable to proceedings and records of any committee established by a local governmental agency to monitor, evaluate, and report on the necessity, quality, and level of specialty healthcare services, including but not limited to, stroke care service provided by a hospital and designated by a local health jurisdiction.
 2. All members and guests sign a confidentiality agreement stating that they will not divulge or discuss publicly information obtained through Advisory Committee membership. The Committee Chair is responsible for obtaining a signed confidentiality agreement from the guest prior to participation.
-

**Solano County EMS Agency – Neurological Emergencies
N-4 Stroke Triage Algorithm**

Effective: December 15, 2021

Review: December 15, 2023



DISRUPTED COMMUNICATIONS
In the event of a "disrupted communications" situation, Solano County Paramedics may not utilize all portions of this treatment protocol without Base Hospital Contact as needed to stabilize an immediate patient.

Emery Cowan, LCSW
Director

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Solano County Emergency Medical Services (EMS) Agency Quality Improvement (QI) Plan for 2020 – 2024

Local Organizational Structure Related to QI

Currently, per Solano County 2000 and 8000 series of policies, all in-county providers submit to the EMS Agency a provider QI plan for approval. Once approved, the providers are tasked with monitoring their own system. The 2000 series describes the elements of what the QI program requires, and the 8000 series dictates what patient care report elements should be looked for.

Specialty care centers, such as STEMI, trauma, and stroke centers are to submit their data on a quarterly basis per policy and contracts. This is further described below.

Solano County EMS also has a quarterly Process Improvement Committee meeting. During this meeting, QI issues may be presented and discussed with a larger group to solve patient care problems. From this, possible policy and protocol changes may occur.

Local Data Collection and Reporting Activities

At Solano County Emergency Medical Services (EMS) Agency, we focus our data collection and reporting activities on critical patient populations, including ST Elevation Myocardial Infarction (STEMI), trauma, stroke, emergency department approved for pediatrics (EDAP) patients, and out-of-hospital cardiac arrests.

For prehospital data collection, Solano EMS utilizes ESO to collect and manage NEMSIS 3.5 compliant data from all EMS providers. This data is transmitted from ESO to the California Emergency Medical Services Information System (CEMSIS) and subsequently forwarded to the National EMS Information System (NEMSIS).

STEMI System

Prehospital STEMI data is collected through ESO and via monthly Excel data submissions from our ambulance providers. Hospital STEMI data is collected directly from each designated STEMI center via monthly Excel reports. Each STEMI hospital is responsible for submitting its data directly to CEMSIS for state reporting.

Stroke System

Prehospital stroke data is collected through ESO. Hospital stroke data is submitted to the Get With The Guidelines-Stroke platform, which Solano EMS accesses for performance monitoring. Each designated stroke center is also responsible for submitting NEMSIS 3.3.4-compliant data directly to CEMSIS on a monthly basis.

Trauma System

Prehospital trauma data is collected through ESO. Trauma centers submit their trauma data directly to CEMSIS, ensuring compliance with state trauma reporting requirements.

EDAP System

Prehospital EDAP data is collected through ESO, while hospital EDAP data is reported monthly to Solano EMS by each designated EDAP hospital.

Out-of-Hospital Cardiac Arrest

Cardiac arrest data is collected and managed through the CARES (Cardiac Arrest Registry to Enhance Survival) platform. Solano EMS uses this data to track survival outcomes, monitor bystander CPR rates, and assess the effectiveness of dispatch-assisted CPR programs.

Quarterly Review and Use of Data

Data findings across all specialty care systems are reviewed collaboratively during quarterly trauma, STEMI, stroke, and cardiac arrest system meetings. These meetings bring together EMS providers, hospitals, and other stakeholders to identify trends, address gaps, and drive ongoing quality improvement efforts.

Evaluation of EMS System Performance Measures

Solano EMS continually evaluates the performance of the EMS system through structured data analysis, ongoing monitoring, and collaborative review with system stakeholders.

One major area of focus is EMS response time compliance. On a monthly basis, Solano EMS reviews Medic Ambulance's response data to ensure that patients across Solano County are receiving prompt prehospital care. In jurisdictions with Public Private Partnership (PPP) agreements—Benicia, Dixon, Suisun City, Vallejo, and Fairfield—the ambulance response time standard is 12 minutes. In non-PPP cities, the benchmark is 9 minutes. Fire departments operating within PPP cities are held to a 7-minute response standard.

When response times exceed these benchmarks, providers must submit explanations, and monthly compliance rates are calculated. Providers falling below a 90% compliance rate are subject to financial penalties, reinforcing system accountability and encouraging prompt patient care delivery.

In addition to response times, Solano EMS evaluates key clinical and operational data elements across trauma, STEMI, stroke, cardiac arrest, and EDAP systems. Data reviews are conducted quarterly to monitor performance against national standards, including benchmarks established by the American Heart Association

(AHA), the National Trauma Data Bank (NTDB), CARES, and Get With The Guidelines-Stroke initiatives. This approach ensures ongoing assessment of system effectiveness and quality of care.

Methodology for Driving System Improvement

System improvement at Solano EMS is driven by the application of data insights into actionable strategies for enhancing emergency medical care delivery.

Following the quarterly analysis of trauma, STEMI, stroke, cardiac arrest, and EDAP system data, Solano EMS identifies performance trends, clinical outcomes, and opportunities for system advancement. Findings are evaluated in the context of national standards and best practices, including AHA, NTDB, CARES, and Get With The Guidelines-Stroke metrics.

When performance gaps are identified, Solano EMS engages EMS providers, hospitals, and system partners through a collaborative process to design and implement corrective actions. Strategies may include updates to protocols, clinical training programs, targeted education initiatives, or workflow adjustments designed to improve patient care outcomes.

The agency embraces a Continuous Quality Improvement (CQI) model to ensure that improvements are not only implemented but also sustained over time. Through this structured and dynamic methodology, Solano EMS fosters a culture of accountability, innovation, and excellence in patient care.

Quality Management Training and Education

Quality management training and education is outlined in our QA/QI policies. It then left to the provider to obtain that training for their staff and maintain any certification requirements.