



S-SV Emergency Medical Services Agency

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



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

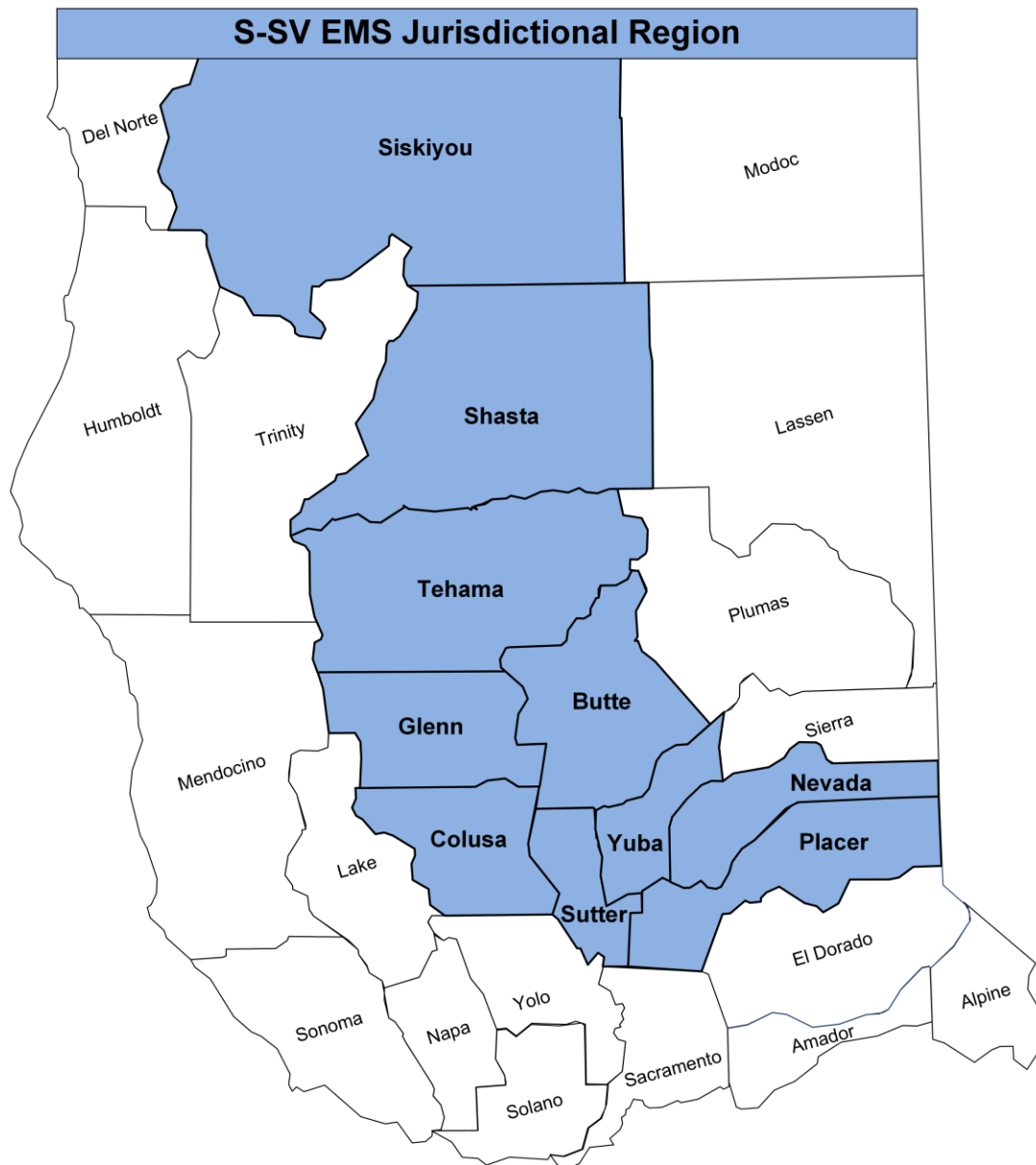
Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta,
Siskiyou, Sutter, Tehama, & Yuba Counties





About S-SV EMS

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





S-SV EMS Governance & Responsibilities

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

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

EMS Training Programs & EMS Personnel

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



S-SV EMS System Participants

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



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



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



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



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



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



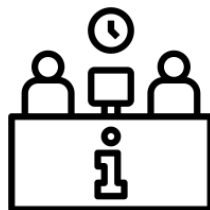
- **17** – Acute care hospitals (including 6 – critical access hospitals, 6 – S-SV EMS designated STEMI receiving centers, 12 – S-SV EMS designated stroke receiving centers, and 8 – S-SV EMS designated trauma centers)



S-SV EMS System Public Information and Education

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

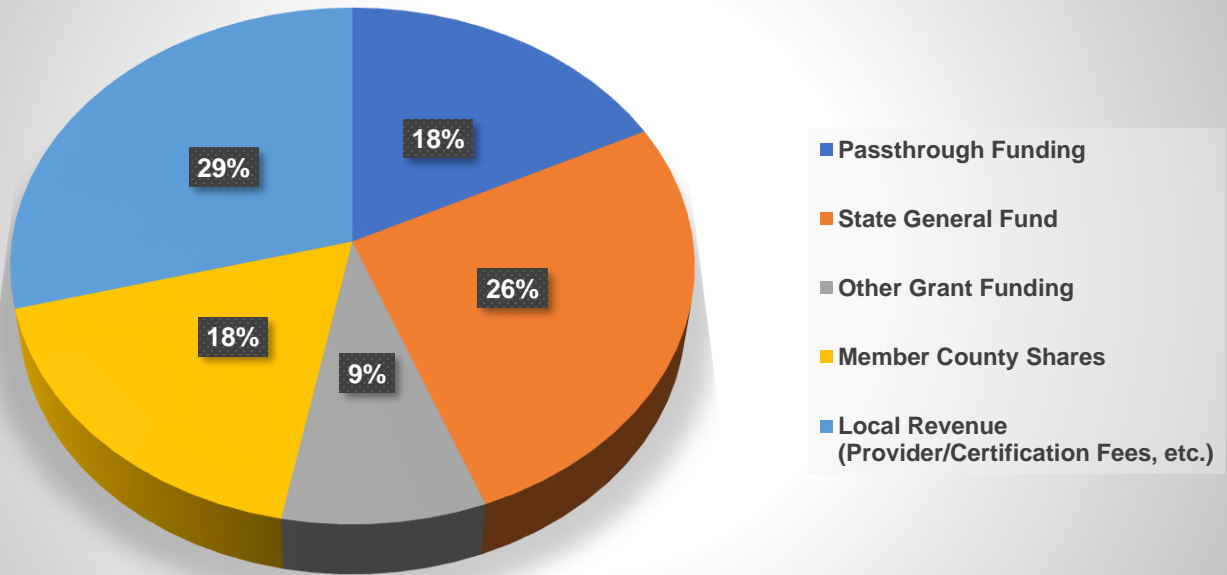
- S-SV EMS hospital provider policies and contracts (base/modified base hospital, STEMI receiving center, stroke receiving center, trauma receiving center, etc.) contain public information/education requirements. Specific details of hospital public information/education activities are reported to and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



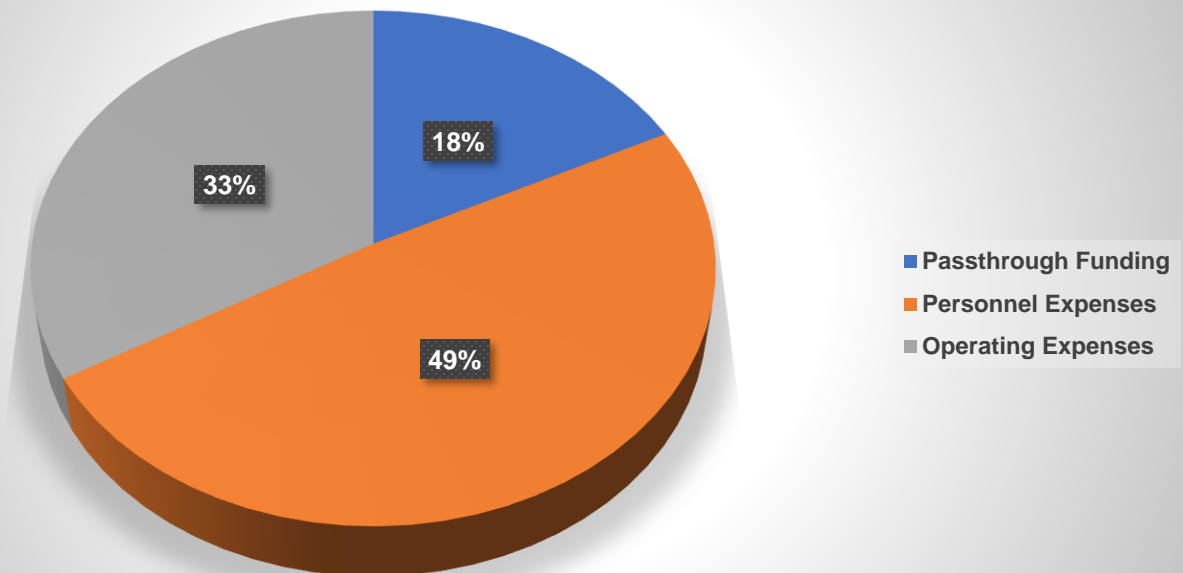


S-SV EMS Budget

S-SV EMS Agency Revenue Sources (FY 2023/2024 budget)

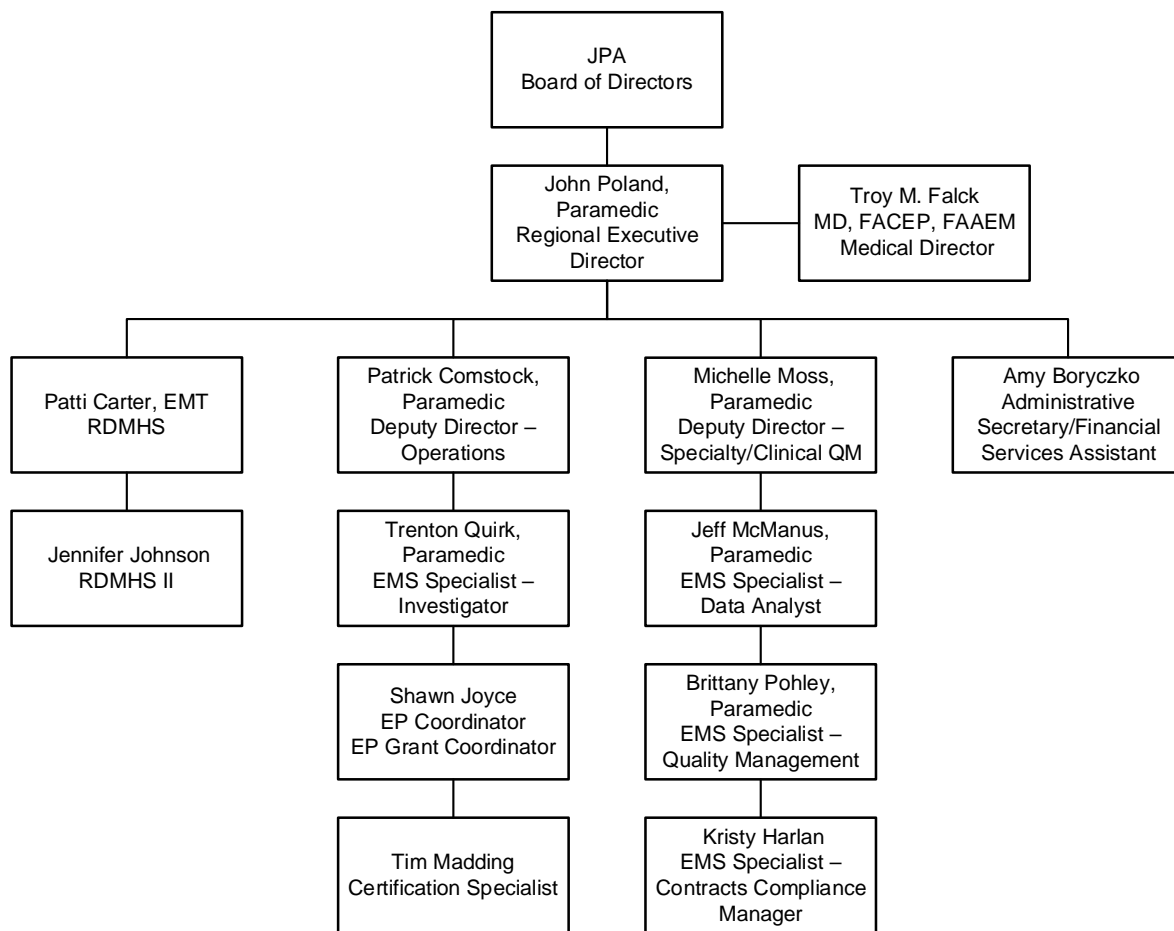


S-SV EMS Agency Expenditures (FY 2023/2024 budget)





S-SV EMS Organizational Chart & Leadership Staff Responsibilities



S-SV EMS Leadership Staff Primary Responsibilities

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



S-SV EMS Leadership Team



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

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



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

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



Patrick Comstock, Paramedic
Deputy Director – Operations

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



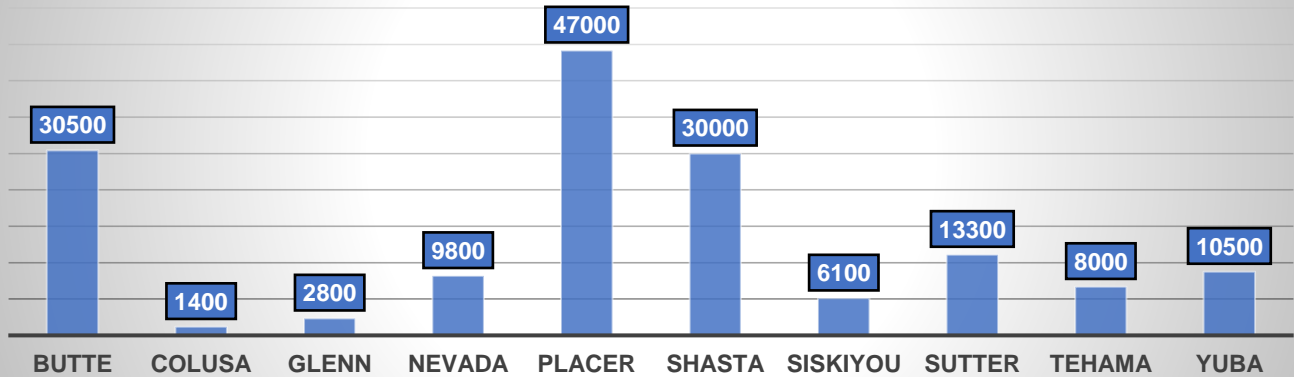
Michelle Moss, Paramedic, FP-C, CSTR
Deputy Director – Specialty Programs/Clinical Quality Management

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

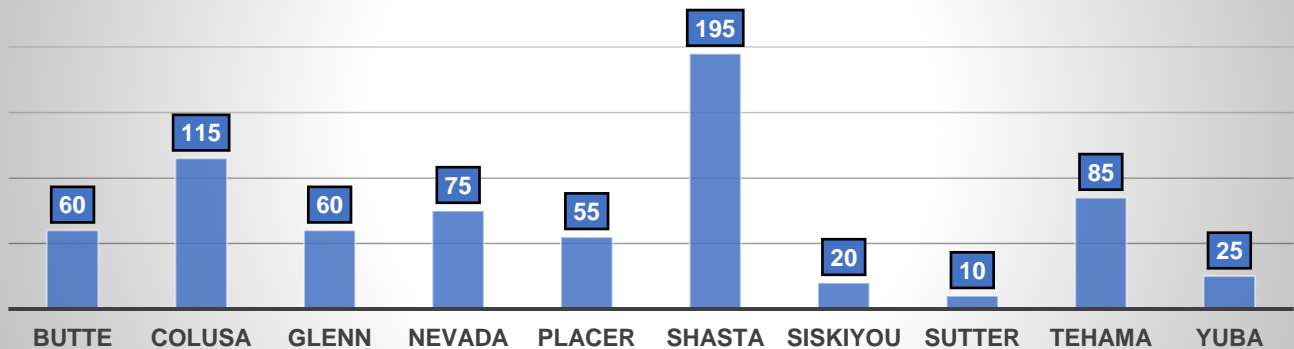


S-SV EMS System Data

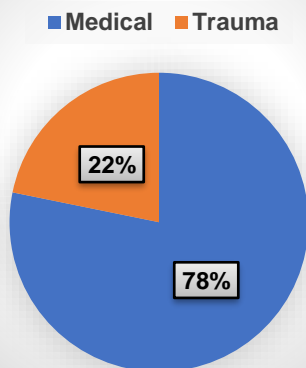
Ground EMS 911 Patients Per Year By County (159,400 Total)



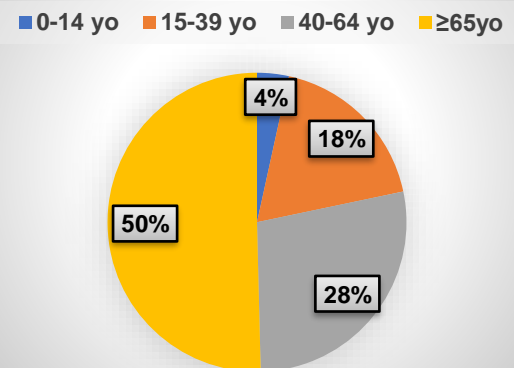
EMS Aircraft 911 Patients Per Year By County (700 Total)



911 Patient Types



911 Patient Ages





S-SV EMS MCI/Disaster Preparedness/Response

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

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



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

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



S-SV EMS Regional Disaster Management

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



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

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

S-SV EMS Contact Information



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



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



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



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



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

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2023 S-SV EMS PLAN

TABLE 1

MINIMUM STANDARDS/ RECOMMENDED GUIDELINES

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Years: 2023

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

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 1

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 1

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 1

STAFFING/TRAINING

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

STAFFING/TRAINING (continued)

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

COMMUNICATIONS

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

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 1

RESPONSE/TRANSPORTATION

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

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 1

RESPONSE/TRANSPORTATION (continued)

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

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 1

FACILITIES/CRITICAL CARE

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

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 1

FACILITIES/CRITICAL CARE (continued)

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

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 1

DATA COLLECTION/SYSTEM EVALUATION

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

PUBLIC INFORMATION AND EDUCATION

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

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 1

DISASTER MEDICAL RESPONSE

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

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 1

DISASTER MEDICAL RESPONSE (continued)

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

2023 S-SV EMS PLAN

TABLE 2

SYSTEM RESOURCES

AND OPERATIONS

SYSTEM

ORGANIZATION &

MANAGEMENT

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2023

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

County: **Butte**

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

County: **Colusa**

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

County: **Glenn**

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

County: **Nevada**

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

County: **Placer**

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

County: **Shasta**

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

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 2

County: **Siskiyou**

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

County: **Sutter**

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

County: **Tehama**

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

County: **Yuba**

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

- 2. Type of agency:** Joint Powers Agency
- 3. Person responsible for EMS Agency daily activities reports to:** Board of Directors
- 4. Indicate the non-required functions which are performed by the agency:**

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

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 2

5. LEMSA Revenues/Expenses

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

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

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 2

6. LEMSA Fee Structure:

SSV EMS AGENCY FEE SCHEDULE - EFFECTIVE JULY 1, 2023

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

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 2


7. LEMSA Salary Schedule

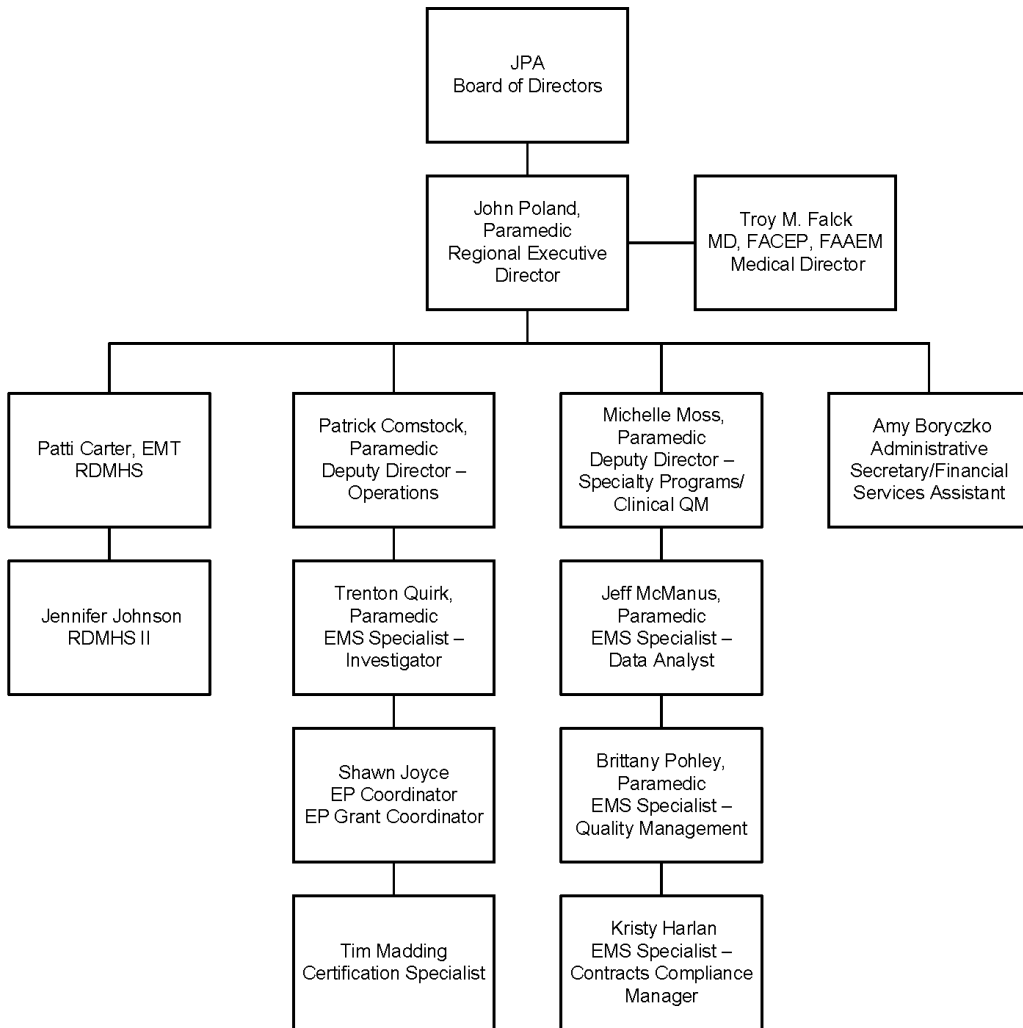
| FY 2023/2024 S-SV EMS Agency Wage Schedule | | | | | | | |
|--|---------------|------------|-----------|-----------|-----------|----------------|-----------|
| Approved by the S-SV EMS JPA Board 05/12/2023 | | | | | | | |
| Effective 07/09/2023 | | | | | | | |
| Position | Pay Frequency | Wage Steps | | | | | |
| | | A | B | C | D | E | F |
| Regional Executive Director | Hourly | \$59.63 | \$62.61 | \$65.74 | \$69.03 | \$72.48 | \$74.66 |
| | Annual | \$124,030 | \$130,232 | \$136,744 | \$143,581 | \$150,760 | \$155,283 |
| Deputy Director - Operations (Paramedic) | Hourly | \$47.28 | \$49.64 | \$52.13 | \$54.73 | \$57.47 | \$59.19 |
| | Annual | \$98,342 | \$103,260 | \$108,422 | \$113,844 | \$119,536 | \$123,122 |
| Deputy Director - Specialty Programs/Clinical Quality Mgmt. (Paramedic) | Hourly | \$47.28 | \$49.64 | \$52.13 | \$54.73 | \$57.47 | \$59.19 |
| | Annual | \$98,342 | \$103,260 | \$108,422 | \$113,844 | \$119,536 | \$123,122 |
| EMS Specialist - Contracts Compliance Manager | Hourly | \$37.81 | \$39.70 | \$41.69 | \$43.77 | \$45.96 | \$47.34 |
| | Annual | \$78,645 | \$82,577 | \$86,706 | \$91,041 | \$95,593 | \$98,461 |
| EMS Specialist - Data Analyst (Paramedic) | Hourly | \$37.81 | \$39.70 | \$41.69 | \$43.77 | \$45.96 | \$47.34 |
| | Annual | \$78,645 | \$82,577 | \$86,706 | \$91,041 | \$95,593 | \$98,461 |
| EMS Specialist - Investigator (Paramedic) | Hourly | \$37.81 | \$39.70 | \$41.69 | \$43.77 | \$45.96 | \$47.34 |
| | Annual | \$78,645 | \$82,577 | \$86,706 | \$91,041 | \$95,593 | \$98,461 |
| EMS Specialist - Quality Management (Paramedic) | Hourly | \$37.81 | \$39.70 | \$41.69 | \$43.77 | \$45.96 | \$47.34 |
| | Annual | \$78,645 | \$82,577 | \$86,706 | \$91,041 | \$95,593 | \$98,461 |
| EP Coordinator/ EP Grant Coordinator | Hourly | \$38.19 | \$40.10 | \$42.10 | \$44.21 | \$46.42 | \$47.81 |
| | Annual | \$79,435 | \$83,407 | \$87,577 | \$91,956 | \$96,554 | \$99,451 |
| Administrative Secretary/ Financial Services Assistant | Hourly | \$28.01 | \$29.41 | \$30.88 | \$32.43 | \$34.05 | \$35.07 |
| | Annual | \$58,261 | \$61,174 | \$64,233 | \$67,444 | \$70,816 | \$72,941 |
| Certification Specialist | Hourly | \$23.23 | \$24.39 | \$25.61 | \$26.89 | \$28.24 | \$29.08 |
| | Annual | \$48,318 | \$50,734 | \$53,271 | \$55,935 | \$58,731 | \$60,493 |
| Regional Disaster Medical Specialist (RDMHS) | Hourly | \$36.84 | \$38.68 | \$40.62 | \$42.65 | \$44.78 | \$46.12 |
| | Annual | \$76,627 | \$80,459 | \$84,481 | \$88,706 | \$93,141 | \$95,935 |
| Regional Disaster Medical Specialist II (RDMHS II) | Hourly | \$36.84 | \$38.68 | \$40.62 | \$42.65 | \$44.78 | \$46.12 |
| | Annual | \$76,627 | \$80,459 | \$84,481 | \$88,706 | \$93,141 | \$95,935 |
| Additional/Special Compensation | | | | | | | |
| Category/Description | | | | | | Frequency | Amount |
| Duty Officer Pay - Additional compensation to employees responsible for receiving and responding to S-SV EMS Agency and/or Region III RDMHS related matters after normal business hours | | | | | | Per Pay Period | \$150 |
| Educational Pay (Paramedic Pay): Additional compensation, to employees who obtain/maintain a California Paramedic License (excluding the Regional Executive Director) - as indicated above | | | | | | Per Pay Period | \$200 |
| Notes | | | | | | | |
| 1. Includes year 3 of 3 of previously approved 3% annual COLA | | | | | | | |
| 2. 'F' Step applicable to employees with 15 years of continuous S-SV EMS employment | | | | | | | |

LEMSA Salary Notes

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

8. LEMSA Organizational Chart & Staff Primary Responsibilities

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



| | | |
|---|---|--------------|
|  | S-SV EMS Agency Staff Primary Responsibilities | 201-A |
|---|---|--------------|

| Name, Title, & Contact Information | Primary Responsibilities |
|--|--|
| John Poland, Paramedic Regional Executive Director John.Poland@ssvems.com (916) 625-1719 | <ul style="list-style-type: none"> • S-SV EMS Agency member county BOS, CAO & PHO contact • S-SV EMS Agency legal counsel contact • Hospital administration contact • S-SV EMS Agency & personnel oversight • S-SV EMS Agency contracts • S-SV EMS Agency fiscal management • S-SV EMS Agency EMS Plan • S-SV EMS Agency EMS system policies/protocols • Region III RDMHC/S program oversight |
| Troy M. Falck, MD Medical Director Troy.Falck@ssvems.com (916) 625-1715 | <ul style="list-style-type: none"> • Medical control, direction & oversight of the S-SV EMS system and all EMS personnel within the S-SV EMS region • Assist in the development/approval of all S-SV EMS policies and treatment protocols |
| Patrick Comstock, Paramedic Deputy Director – Operations Patrick.Comstock@ssvems.com (916) 625-1714 | <ul style="list-style-type: none"> • EMS training programs approval/oversight • S-SV EMS Agency EMS personnel credentialing & investigation/enforcement program oversight/management • S-SV EMS Agency RFPs, provider agreements, & permitting oversight/management • EMCC/EMAG/HPP/HP liaison • S-SV EMS Agency EMS data system oversight • S-SV EMS Agency LEMSA Duty Officer • S-SV EMS Agency personnel oversight |
| Michelle Moss, Paramedic Deputy Director – Specialty Programs/Clinical Quality Management Michelle.Moss@ssvems.com (916) 625-1711 | <ul style="list-style-type: none"> • Regional STEMI/stroke/trauma systems oversight/management • Regional HEMS program oversight/management • Regional specialty systems contracting oversight • Clinical quality management (QA/QI) oversight/management • EMS for Children/pediatric specialty center liaison • S-SV EMS Agency data system/patient registries oversight • S-SV EMS Agency personnel oversight |
| Amy Boryczko Administrative Secretary/ Financial Services Assistant Amy.Boryczko@ssvems.com (916) 625-1712 | <ul style="list-style-type: none"> • Secretary to the S-SV EMS Regional Executive Director • Secretarial support for S-SV EMS staff • Clerk of the Board to the S-SV EMS JPA Governing Board • Technical/clerical support for HPP & other grant activities • Assist with S-SV EMS Agency fiscal management • Placer County Auditor-Controller’s Office liaison |
| Patti Carter, EMT Region III RDMHS Patti.Carter@ssvems.com (530) 722-6613 | <ul style="list-style-type: none"> • Region III RDMHS • EMCC/EMAG/HPP/EP liaison • Region III RDMHS Program Duty Officer • S-SV EMS LEMSA Duty Officer |

| | | |
|---|---|--------------|
|  | S-SV EMS Agency Staff Primary Responsibilities | 201-A |
|---|---|--------------|

| Name, Title, & Contact Information | Primary Responsibilities |
|---|--|
| Jennifer Johnson Region III RDMHS II Jennifer.Johnson@ssvems.com (530) 722-6615 | <ul style="list-style-type: none"> Assists with Region III RDMHS Program duties/responsibilities EMCC/EMAG/HPP/EP liaison Region III RDMHS Program Duty Officer |
| Trenton Quirk, Paramedic EMS Specialist – Investigator Trenton.Quirk@ssvems.com (916) 625-1716 | <ul style="list-style-type: none"> Processing/managing California DOJ and/or FBI CORI background and subsequent arrest/disposition records Overseeing/assisting with S-SV EMS Agency investigation and personnel enforcement related matters Assists with S-SV EMS Agency operational duties |
| Shawn Joyce EP/EP Grant Coordinator Shawn.Joyce@ssvems.com (916) 625-1718 | <ul style="list-style-type: none"> Emergency preparedness (EP) & EP grant coordination |
| Tim Madding Certification Specialist info@ssvems.com (916) 625-1702 | <ul style="list-style-type: none"> EMS personnel certification, accreditation, & authorizations Assists with S-SV EMS Agency operational duties |
| Jeff McManus, Paramedic EMS Specialist – Data Analyst Jeff.McManus@ssvems.com (916) 625-1721 | <ul style="list-style-type: none"> Supports the S-SV EMS Agency & EMS system participants with the EMS data system and patient data registries Analysis/reporting of statistical EMS & specialty program data HIE data oversight Assist with S-SV EMS Agency QA/QI initiatives S-SV EMS Agency LEMSA Duty Officer |
| Brittany Pohley, Paramedic EMS Specialist – QM Brittany.Pohley@ssvems.com (916) 625-1724 | <ul style="list-style-type: none"> EMS system participant QA/QI primary liaison Development, coordination, and oversight of EMS QA/QI activities/initiatives QI indicator reporting to the S-SV EMS Agency and EMS system participants Development, oversight, planning, and coordination of S-SV EMS Agency initiated training/education programs |
| Kristy Harlan EMS Specialist – Contracts Compliance Manager Kristy.Harlan@ssvems.com (916) 625-1722 | <ul style="list-style-type: none"> EMS system participant liaison Prehospital provider organization contract compliance Internal/external compliance reporting Assist with S-SV EMS Agency QA/QI initiatives S-SV EMS Agency LEMSA Duty Officer |

2023 S-SV EMS PLAN

TABLE 3

SYSTEM RESOURCES

AND OPERATIONS

PERSONNEL/TRAINING

TABLE 3: SYSTEM RESOURCES AND OPERATIONS

PERSONNEL/TRAINING

Reporting Year: 2023

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

2023 S-SV EMS PLAN

TABLE 4

SYSTEM RESOURCES

AND OPERATIONS

COMMUNICATIONS

TABLE 4: SYSTEM RESOURCES AND OPERATIONS

COMMUNICATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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


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

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

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

| S-SV EMS Receiving Facility Frequency and Tone Guide | | | | | |
|---|---------------|----------------------------------|---------------------|-----------------------------------|--------------|
| Receiving Facility | County | Primary Med CH | Alternate Med CH(s) | Notes | |
| Orchard Hospital | Butte | MED 8 | N/A | CA PL Tone 13 (141.3) | |
| Enloe Med Center | Butte | MED 4 (ED) | MED 2 (Disp.) | CA PL Tone 13 (141.3) | |
| Oroville Hospital | Butte | MED 8 | N/A | CA PL Tone 13 (141.3) | |
| Colusa Med Center | Colusa | MED 2 | N/A | CA PL Tone 13 (141.3) | |
| Glenn Med Center | Glenn | MED 2 | N/A | CA PL Tone 13 (141.3) | |
| Sierra Nevada Hospital | Nevada | MED 7 | MED 8,6 | S-SV EMS PL Tone 6 (203.5) | |
| Tahoe Forest Hospital | Nevada | MED 6 | MED 3 | CA PL Tone 5 (146.2) | |
| Kaiser Roseville Med Center | Placer | MED 5 | MED 4,2,1 | CA PL Tone 16 (192.8) | |
| Sutter Auburn Faith Hospital | Placer | MED 2 | MED 1,6,7,8 | S-SV EMS PL Tone 2 (173.8) | |
| Sutter Roseville Med Center | Placer | MED 4 | MED 1,2,3,7 | S-SV EMS PL Tone 3 (186.2) | |
| Kaiser South Med Center | Sacramento | Ambulances use MED-9, Tone 186.2 | | Dispatch can patch to 800MHz | |
| Mercy San Juan Med Center | Sacramento | Ambulances use MED-9, Tone 186.2 | | Dispatch can patch to 800MHz | |
| UC Davis Med Center | Sacramento | MED 8 | MED 5 | S-SV EMS PL Tone 3 (186.2) | |
| Mayers Memorial Hospital | Shasta | MED 8 | MED 5 | CA PL Tone 6 (156.7) | |
| Mercy Med Center - Redding | Shasta | MED 4 (Ground) | MED 3 Air/Trinity | CA PL Tone 14 (151.4) | |
| Shasta Regional Med Center | Shasta | MED 2 (Ground) | MED 3 Air/Trinity | CA PL Tone 14 (151.4) | |
| Fairchild Med Center | Siskiyou | MED 3 | N/A | CA PL Tone 3 (131.8) | |
| Mercy Mt. Shasta | Siskiyou | MED 7 | MED 3 & 1 | CA PL Tone 3 (131.8) | |
| St. Elizabeth Hospital | Tehama | MED 5 | N/A | CA PL Tone 14 (151.4) | |
| Adventist Health Rideout | Yuba | MED 6 | MED 7, 1 & 9 | S-SV EMS PL Tone 7 (210.7) | |
| Med Channel PL Tones & Frequencies | | | | | |
| Med Channel PL Tones | | | Med Channel | RX Frequency | TX Frequency |
| California (CA) Standard PL Tones | | S-SV EMS PL Tones | MED 1 | 463.0000 | 468.0000 |
| | | | MED 2 | 463.0250 | 468.0250 |
| 1 - 110.9 Hz | 9 - 100.0 Hz | 1 - 131.8 | MED 3 | 463.0500 | 468.0500 |
| 2 - 123.0 Hz | 10 - 107.2 Hz | 2 - 173.8 | MED 4 | 463.0750 | 468.0750 |
| 3 - 131.8 Hz | 11 - 114.8 Hz | 3 - 186.2 | MED 5 | 463.1000 | 468.1000 |
| 4 - 136.5 Hz | 12 - 127.3 Hz | 4 - 146.2 | MED 6 | 463.1250 | 468.1250 |
| 5 - 146.2 Hz | 13 - 141.3 Hz | 5 - 192.8 | MED 7 | 463.1500 | 468.1500 |
| 6 - 156.7 Hz | 14 - 151.4 Hz | 6 - 203.5 | MED 8 | 463.1750 | 468.1750 |
| 7 - 167.9 Hz | 15 - 162.2 Hz | 7 - 210.7 | MED 9 | 462.9500 | 467.9500 |
| 8 - 103.5 Hz | 16 - 192.8 Hz | 8 - 167.9 | MED 10 | 462.9750 | 467.9750 |

Updated 02-2022

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

PURPOSE:

To establish minimum 911 ground ambulance dispatch requirements.

AUTHORITY:

- A. HSC, Division 2.5, Chapter 4, Article 1, § 1797.223.
- B. CCR, Title 22, Division 9, Chapter 4.
- C. GC, Title 5, Division 2, Part 1, Chapter 1, Article 6, § 53110.

POLICY:

- A. A public agency shall not delegate, assign, or enter into a contract for 911 call processing services for the dispatch of emergency response resources except if the delegation or assignment is to, or the contract or agreement is with, another public agency.
- B. If applicable, a public safety agency that provides 911 call processing services for emergency medical response shall make a connection available from the public safety agency dispatch center to an emergency medical services (EMS) provider’s dispatch center for the timely transmission of emergency response information.
 - 1. For purposes of this policy, “connection” means either a direct computer aided dispatch (CAD) to CAD link, where permissible under law, between the public safety agency and an EMS provider or an indirect connection, including, but not limited to, a ring-down line, intercom, radio, or other electronic means for timely notification of caller data and the location of the emergency response.
 - 2. A public safety agency shall be entitled to recover from an EMS provider the actual costs incurred in establishing and maintaining this connection.
 - 3. An EMS provider that elects not to use this connection shall be dispatched by the appropriate public safety agency and charged a rate negotiated by the parties.

911 Ground Ambulance Provider Dispatch Requirements

414

- C. Any dispatch center (including non-emergency providers) receiving a request for emergency medical assistance from any member of the public, either through the 911 system or a non-emergency number, shall promptly notify the applicable dispatch center for the first responder and/or 911 ambulance provider of the call.
- D. All 911 ambulance providers shall operate their own dispatch center, contract with an existing dispatch center, or join with other providers to operate a dispatch center. If a 911 ambulance provider utilizes dispatch services provided by another organization, it must have a written contract for those services.
- E. All 911 ambulance providers shall maintain dispatch services necessary to receive and respond to requests for emergency ambulance services. The 911 ambulance provider's dispatch center shall:
 - 1. Receive calls for emergency medical assistance from applicable public safety answering points (PSAPs) and non-emergency telephone lines.
 - 2. Identify and dispatch the closest available 911 ambulance to the scene of the emergency in accordance with current EOA and non-EOA agreements/permits.
 - 3. Only dispatch the number of ambulances appropriate for the type of incident or as requested by the Incident Commander (IC).
 - 4. Notify responding personnel and agencies of pertinent incident information.
 - 5. Monitor and track responding resources.
 - 6. Coordinate with law enforcement, first responders and other EMS providers.
 - 7. Provide required dispatch data to S-SV EMS.
- F. To maintain the integrity of EOA's within the S-SV EMS region, the exclusive 911 ambulance provider for the service area where the call is located shall be dispatched to all emergency medical incidents within that service area, unless a closer authorized provider is requested through automatic/mutual aid.
- G. If the dispatch center utilizes an S-SV EMS approved MPDS, the dispatcher shall follow the protocols associated with that system.
- H. Ambulances shall not at any time proceed at a level of response other than as directed by the applicable PSAP or ambulance provider dispatch center.
- I. 911 ambulance providers shall have a written policy and shall make all reasonable efforts to immediately notify the jurisdictional PSAP, if applicable, of the location from where the ambulance is responding from.

| | |
|---|-----|
| 911 Ground Ambulance Provider Dispatch Requirements | 414 |
|---|-----|

- J. The dispatch center shall be staffed with sufficient properly trained personnel to accomplish all applicable dispatch functions.
- K. A computer-aided dispatch (CAD) system shall be utilized to record dispatch information for all 911 ambulance requests. CAD system information shall include a minimum of caller, incident date, incident location, assigned unit ID, reason for cancellation (if applicable), and all appropriate incident times (hours, minutes, and seconds).
- L. The dispatch center shall have capabilities for 24-hour real time recordings of all emergency telephone lines and radio frequencies. All radio and telephone communications shall be recorded on tape or other digital recording medium and maintained for a minimum of 90 days.
- M. 911 ambulance providers shall have a plan to provide ambulance dispatch services during any period of primary dispatch failure. The plan shall ensure that an equivalent dispatch center or dispatch system is able to serve as a backup within five (5) minutes of failure of the primary dispatch center.

Additional Communication System Resources and Operations Information

- S-SV EMS regularly collaborates with EMS system participants and member county representatives to ensure adequate/compliant EMS and medical/health system communications capabilities and processes throughout the 10-county S-SV EMS region.
- S-SV EMS maintains/updates the Juvare EMResource electronic prehospital and hospital provider status and communication online software program for 15 Northern California counties (S-SV EMS & Nor-Cal EMS regions).
- S-SV EMS conducts regular inspections of radio equipment utilized by S-SV EMS system participants (PSAPs, ambulance dispatch centers, ground EMS providers, EMS aircraft providers, and hospitals) to ensure compliance with the EMS statutes/regulations and S-SV EMS policies.

2023 S-SV EMS PLAN

TABLE 5

RESPONSE/TRANSPORTATION

TABLE 5: SYSTEM RESOURCES AND OPERATIONS

RESPONSE/TRANSPORTATION

Reporting Year: 2023

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

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

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

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


System Standard Response Times (90th Percentile)

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

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

Sierra – Sacramento Valley EMS Agency Program Policy

911 Ambulance Response Time Criteria

| | | | |
|---|--|----------------------|-------------------|
|  | Effective: 12/01/2023 | Next Review: 01/2027 | 415 |
| | Approval: Troy M. Falck, MD – Medical Director | | SIGNATURE ON FILE |
| | Approval: John Poland – Executive Director | | SIGNATURE ON FILE |

PURPOSE:

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

AUTHORITY:

- A. HSC, Division 2.5, § 1797 et seq.
- B. CCR, Title 13, Division 2, Chapter 5, § 1100.7 and 1105.
- C. CCR, Title 22, Division 9.
- D. CVC, Division 11, § 21055.

DEFINITIONS:

- A. **Ambulance Response Zone** – A geographic ambulance response zone established by the S-SV EMS Agency.
- B. **Code 2** – A non-life-threatening emergency, requiring an urgent response by the ambulance provider without the use of emergency lights and siren.
- C. **Code 3** – An emergency response where time is critical, requiring an immediate response by the ambulance provider with emergency lights and siren.

POLICY:

- A. 911 ambulance providers shall comply with the response time criteria in this policy.
 - 1. If the ambulance is directly dispatched by a public safety answering point (PSAP), the response time calculation interval shall be from the time of ambulance dispatch to the time of ambulance arrival at scene of the incident/staging location.
 - 2. If the ambulance is not directly dispatched by a PSAP, the response time calculation interval shall be from receipt of PSAP notification and verification of all necessary incident data by the applicable ambulance dispatch center to the time of ambulance arrival at scene of the incident/staging location.

3. Response times shall be computed to the second, with no rounding.
 4. The 90% compliance requirement calculation shall be made monthly.
- B. The following calls shall be excluded from response time compliance calculations:
1. Calls dispatched Code 2 or downgraded from Code 3 to Code 2, unless there is a Code 2 response time requirement for the applicable ambulance response zone(s) listed in this policy.
 2. Calls cancelled prior to arrival of the ambulance at scene.
 3. Calls located outside the applicable provider’s ambulance response zone(s).
- C. Declared disasters or extreme weather conditions may be considered for exemption to response time standards by S-SV EMS upon request.
- D. If response time compliance for single or multiple zones with a call volume of less than 50 calls in a calendar month fall below 90%, one (1) late call from each applicable zone that falls below 90% compliance for that month may be excluded for the purpose of response time calculation.
- E. Ambulance providers are responsible for maintaining official response times in a secure manner, that prevents the changing of any information without such a change being permanently recorded. All records are subject to audit by S-SV EMS.

AMBULANCE RESPONSE TIME CRITERIA

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

911 Ambulance Response Time Criteria**415**

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

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

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

911 Ambulance Response Time Criteria**415**

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

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


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

911 Ambulance Response Time Criteria**415**

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

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

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

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

PURPOSE:

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

AUTHORITY:

- A. HSC, Division 2.5, § 1797.200 – 1797.276, 1798 – 1798.8 & 1798.170.
- B. CCR, Title 22, Chapter 8.
- C. Federal Aviation Regulations, 91.3, 91.11 and 91.12.

DEFINITIONS:

- A. **Helicopter Emergency Medical Services (HEMS) Aircraft** – Rotor wing aircraft utilized for the purpose of prehospital emergency response and patient transport. HEMS aircraft include air ambulances and all ALS/BLS rescue aircraft.
- B. **Air Ambulance** – Any aircraft specially constructed, modified or equipped and used for the primary purpose of responding to emergency incidents and transporting critically ill and/or injured (life or limb) patients, whose medical flight crew has, at a minimum, two (2) attendants certified or licensed in advanced life support.
- C. **Rescue Aircraft** – Aircraft whose usual function is not patient transport but may be used for patient transport when the use of an air or ground ambulance is inappropriate or not readily available. Rescue aircraft are classified as one of the following:
 - 1. **Advanced Life Support (ALS) Rescue Aircraft** – A rescue aircraft whose medical flight crew has, at a minimum, one (1) attendant licensed as a paramedic.
 - 2. **Basic Life Support (BLS) Rescue Aircraft** – A rescue aircraft whose medical flight crew has, at a minimum, one (1) attendant certified as an EMT.
 - 3. **Auxiliary Rescue Aircraft** – A rescue aircraft that does not have a medical flight crew, or whose flight crew does not meet ALS/BLS rescue aircraft requirements.

POLICY:

- A. S-SV EMS is responsible for classifying/authorizing HEMS aircraft based within the S-SV EMS region, except that the California EMS Authority (EMSA) is responsible for classifying aircraft of the California Highway Patrol, CAL FIRE, and California National Guard. S-SV EMS classification/authorization will be provided by written agreements with HEMS aircraft providers.
- B. No person or organization shall provide or hold themselves out as providing HEMS aircraft services unless that organization has aircraft which have been classified/authorized by a local EMS agency (LEMSA) or, in the case of the California Highway Patrol, CAL FIRE, and California National Guard, by EMSA.
- C. Except for mutual aid requests, HEMS aircraft must be classified/authorized by S-SV EMS and possess a current/valid S-SV EMS air ambulance service provider permit to operate within the S-SV EMS region. A request from a designated dispatch center shall be deemed as authorization of aircraft operated by the California Highway Patrol, CAL FIRE, California National Guard, or the Federal Government.
- D. HEMS aircraft providers, owners, operators, or any hospital where a HEMS aircraft is based, housed, or stationed permanently or temporarily shall adhere to all federal, state, and local statutes, ordinances, policies, and procedures related to HEMS aircraft operations, including qualifications of flight crews and aircraft maintenance.
- E. All ALS HEMS aircraft shall employ a provider medical director who is a physician licensed in the State of California who by training and experience, is qualified in emergency medicine. The medical director shall be responsible for the supervision of the quality assurance/improvement program of air medical transport patient care.
- F. Medical Control:
 - 1. The medical direction/management of the EMS system shall be under the medical control of the S-SV EMS medical director.
 - 2. Flight paramedics shall operate under S-SV EMS policies/protocols. Paramedics employed by S-SV EMS authorized air ambulance providers who have been approved for Unified Paramedic Optional Scope of Practice may perform skills and administer medications in accordance with applicable S-SV EMS and/or HEMS aircraft provider approved policies/protocols.
 - 3. Flight RNs may perform skills and administer medications beyond the S-SV EMS paramedic scope of practice, in accordance with RN specific policies/protocols developed/approved by the provider's medical director and agreed to by the S-SV EMS medical director. HEMS aircraft provider patient care policies/protocols shall be submitted to S-SV EMS initially and upon subsequent revision.

G. Personnel:

1. Air ambulances shall be staffed with a minimum of two (2) ALS medical flight crew members. Staffing can be achieved with any combination of:
 - S-SV EMS accredited paramedic.
 - Registered nurse (RN) who has successfully completed an S-SV EMS paramedic accreditation course or similar S-SV EMS approved training.
2. Rescue aircraft shall be staffed with a minimum of one (1) S-SV EMS accredited paramedic or EMT medical flight crew member, based on their classification level.
3. The medical flight crew of HEMS aircraft shall have training in aeromedical transportation equivalent to DOT Air Medical Crew National Standard Curriculum.
4. Medical flight crews shall participate in such continuing education requirements as required by their license/certification.
5. In situations where the flight crew is less medically qualified than the ground personnel from whom they receive patients, they may only assume patient care responsibility in accordance with applicable S-SV EMS policies/protocols.


H. Communications:

1. HEMS aircraft providers shall be honest, open, ethical, and responsible for accurately informing the air ambulance coordination center and/or requesting PSAP of any changes in availability or response status. This shall include any circumstance and/or activity that will delay their ability to respond (maintenance, training flights, interfacility transports, need for refueling, etc.).
2. HEMS aircraft shall provide an updated ETA to the air ambulance coordination center, requesting PSAP and/or designated LZ contact when enroute.
3. All communications between HEMS aircraft and the designated LZ contact should be done using CALCORD operational frequency of 156.075.
4. HEMS aircraft shall have the capability of communicating directly, while in flight, with the following entities:
 - Required FAA facilities.
 - Air ambulance coordination center and/or requesting PSAP.
 - Ground units.
 - Base, modified base and receiving hospitals.
 - S-SV EMS air to air EMS aircraft on frequency 123.025.

5. Air ambulance providers shall notify the applicable air ambulance coordination center when entering/flying through their geographical area. The air ambulance coordination center will inform air ambulance personnel of any other known aircraft activities in the area (fire suppression, other responding aircraft, etc.).
 6. Air ambulance coordination centers will not routinely perform flight-following operations with HEMS aircraft. This will remain the responsibility of the requesting PSAP and/or the HEMS aircraft provider's dispatch center.
 7. Air ambulance providers shall maintain and update their availability on EMResource a minimum of once per pilot shift. EMResource will not be used as a primary method of determining HEMS aircraft availability by the air ambulance coordination centers.
- I. Air Ambulance Coordination Center Data Recording and Reporting:
1. Air ambulance coordination centers shall adequately record all air ambulance resource request activities.
 2. Air ambulance coordination centers shall provide air ambulance coordination data to S-SV EMS upon request.
- J. Space & Equipment:
1. HEMS aircraft shall be configured so that:
 - There is sufficient space to accommodate one (1) patient on a stretcher and one (1) patient attendant. Air ambulances shall have space to accommodate one (1) patient and two (2) patient attendants, at a minimum.
 - There is sufficient space for medical personnel to have adequate patient access to carry out necessary procedures on the ground and in the air.
 - There is sufficient space for medical equipment and supplies required by applicable regulations and S-SV EMS policies.
 2. HEMS aircraft shall have adequate safety belts and tie-downs for all personnel, patients, stretchers, and equipment to prevent inadvertent movement.
 3. HEMS aircraft shall have onboard equipment and supplies commensurate with the scope of practice of the medical flight crew, as approved by S-SV EMS.
 4. HEMS aircraft shall be equipped with a radio headset for each crew member, ride along and patient. Each crew member headset should allow for communications with ground stations, base/modified base and receiving hospitals.

Sierra – Sacramento Valley EMS Agency Program Policy

HEMS Aircraft Requesting & Utilization

| | | | |
|---|--|----------------------|-------------------|
|  | Effective: 06/01/2022 | Next Review: 09/2025 | 862 |
| | Approval: Troy M. Falck, MD – Medical Director | | SIGNATURE ON FILE |
| | Approval: John Poland – Executive Director | | SIGNATURE ON FILE |

PURPOSE:

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

AUTHORITY:

- A. HSC, Division 2.5, § 1797.200 – 1797.276, 1798 – 1798.8 & 1798.170.
- B. CCR, Title 22, Division 9, Chapters 4 & 8.

DEFINITIONS:

- A. **Air Ambulance Coordination Center** – An emergency dispatch center designated by S-SV EMS for the purpose of coordinating air ambulance requests within the S-SV EMS region. The following EMS Aircraft Coordination Centers have been designated by S-SV EMS:
 - 1. CAL FIRE Grass Valley Emergency Command Center: Colusa, Nevada, Placer, Sutter, and Yuba counties.
 - 2. CAL FIRE Oroville Emergency Command Center: Butte, Glenn, Shasta, and Tehama counties.
 - 3. CAL FIRE Yreka Interagency Command Center: Siskiyou County
- B. **Public Safety Answering Point (PSAP)** – A public safety dispatch center where a 911 call is first received (primary PSAP) or where a 911 call is transferred/relayed for the purpose of dispatching resources (secondary PSAP).
- C. **Helicopter Emergency Medical Services Aircraft (HEMS Aircraft)** – Rotor wing aircraft utilized for the purpose of prehospital emergency response and patient transport. HEMS aircraft include air ambulances and all ALS/BLS rescue aircraft.
- D. **Air Ambulance** – Any aircraft specially constructed, modified or equipped and used for the primary purpose of responding to emergency incidents and transporting critically ill and/or injured (life or limb) patients, whose medical flight crew has, at a minimum, two (2) attendants certified or licensed in advanced life support.

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

1. **Advanced Life Support (ALS) Rescue Aircraft** – A rescue aircraft whose medical flight crew has, at a minimum, one (1) attendant licensed as a paramedic.
2. **Basic Life Support (BLS) Rescue Aircraft** – A rescue aircraft whose medical flight crew has, at a minimum, one (1) attendant certified as an EMT.
3. **Auxiliary Rescue Aircraft** – A rescue aircraft that does not have a medical flight crew, or whose flight crew does not meet ALS/BLS rescue aircraft requirements.

POLICY:

A. HEMS aircraft utilization criteria:

1. Trauma patients who meet RED Field Trauma Triage Criteria, and transport time to an appropriate level trauma center is ≥ 30 minutes by ground.
2. Prolonged extrication of an entrapped patient.
3. Multi-casualty incidents with a need for additional resources or distribution of patients to facilities ≥ 30 minutes by ground from the incident location.
4. Time-sensitive conditions where a decrease in transport time may reduce the risk of long-term disability or death.
5. Significantly reduced transport time for patients with specialty resource needs (significant burns, pediatric trauma, etc.).
6. Patients who are likely to require advanced procedures/medications beyond the scope of practice of ground providers.
7. Delayed accessibility to the scene by ground personnel and/or transport resources.
8. Initial dispatch for significant trauma mechanism or time-sensitive medical condition with ground transport provider time to scene ≥ 20 minutes.

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

1. Patients with CPR in progress.
2. Patients contaminated by hazardous materials who cannot be completely decontaminated prior to transport.

-
3. Patients who are combative, uncooperative, or have behavioral emergencies. However, a patient may be transported at the discretion of the flight crew.
- C. The use of HEMS aircraft should provide a significant reduction (≥ 20 minutes) in arrival time to a receiving facility capable of providing definitive care, including designated specialty care centers.
 - D. After assessing the incident location, conditions and patient needs, the most medically qualified provider on scene shall be responsible for determining if the patient/event meets HEMS aircraft utilization criteria and shall advise the Incident Commander (IC)/designee regarding the need for HEMS aircraft. The final authority to request or cancel HEMS aircraft is at the discretion of the IC/designee.
 - E. The pilot in command shall have the final authority in decisions to continue or abort the response. The pilot may also dictate the need to identify an alternate LZ/rendezvous location or deviate from S-SV EMS patient destination policies.
 - F. The most medically qualified provider on scene has the authority/obligation to ensure that the patient meets HEMS aircraft utilization criteria. If the patient does not meet HEMS aircraft utilization criteria, the flight crew may transfer care to the ground ambulance for transport to the most appropriate facility.
 - G. HEMS Aircraft Requesting and Coordination:
 1. For incidents likely meeting HEMS utilization criteria, appropriate HEMS resources should be requested early by applicable dispatch or ground EMS personnel, and may be cancelled prior to lift off, overhead or at scene when appropriate.
 2. An air ambulance should be utilized for any incident that does not require the need for air rescue operations. Rescue aircraft may be utilized when, in the opinion of the most medically qualified provider at scene, the patient's condition warrants immediate transport and/or air ambulance resources are not readily available. Consideration should be given to airway stabilization and/or the need for higher level medical procedures.
 3. No air ambulance shall respond to an EMS incident in the S-SV EMS region without the request of a designated air ambulance coordination center.
 4. HEMS aircraft shall be requested by the IC/designee on scene, through the PSAP of the agency having jurisdiction over the incident. A responding ground EMS provider may request appropriate HEMS resources while enroute to an incident ('rolling request'), if they believe the patient/event meets HEMS utilization criteria.
 - If communication with the IC is not possible or practical, HEMS aircraft shall be requested through the applicable PSAP.
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- If a private ambulance arrives on scene before the arrival of public safety personnel, HEMS aircraft shall be requested through the applicable PSAP. If unable to contact the PSAP directly from the field, the private ambulance dispatch center may be used to relay the request to the PSAP.
5. HEMS aircraft requests received from providers still enroute may be overridden by the IC/designee on scene. Excluding safety reasons, the IC/designee shall consult with the most medically qualified provider on scene to determine the necessity for HEMS aircraft.
 6. The PSAP shall utilize the following procedures, based on the type and availability of HEMS aircraft resource requested:
 - Air ambulance resource request:
 - Contact the designated air ambulance coordination center for air ambulance resource requesting.
 - Rescue aircraft resource request:
 - The PSAP is responsible for contacting the applicable air rescue provider directly for resource requesting.
 7. PSAPs are required to provide the following information to the air ambulance coordination center or air rescue provider for all HEMS aircraft resource requests:
 - Incident or LZ location: the general geographic location will suffice.
 - Nature of call: type of incident and severity of injuries, if known.
 - The designated LZ contact – as follows:
 - Identified by incident name (i.e., 'Jones Road LZ'), if HEMS aircraft is being requested to respond directly to the incident scene; or
 - Identified by LZ name (i.e., 'Rood Center LZ'), if HEMS aircraft is being requested to respond to a pre-established local/regional LZ location.
 - Any known aircraft hazards in the area, including hazardous materials, other aircraft, or inclement weather conditions at the scene.
 8. The air ambulance coordination center will complete the following for all air ambulance resource requests:
 - Verify the incident/LZ location and identify the closest air ambulance.
 - Contact the closest air ambulance provider to obtain their availability to respond to the incident.
 - If the air ambulance resource is available and accepts the request, they will be assigned to the incident by the air ambulance coordination center.
 - If the air ambulance resource is unavailable/declines the request, the air ambulance coordination center will contact the next closest air ambulance provider to obtain their availability to respond to the incident. This process
-

- will continue until an air ambulance is assigned, or it is determined that no timely air ambulance resources are available to respond to the incident.
- Air ambulance coordination centers shall consider the location of an available airborne air ambulance in determining the closest resource to the incident when this information is known to the coordination center.
 - Air ambulance providers who have multiple aircraft shall accept/decline the request based on the availability of the specific aircraft resource requested.
 - The air ambulance provider will be allowed up to five (5) minutes to check weather. If the air ambulance provider does not accept/decline the assignment within five (5) minutes, the air ambulance coordination center will re-contact the air ambulance provider to confirm their status prior to contacting the next closest air ambulance provider.
 - If an air ambulance provider declines due to inclement weather at the incident/LZ location, it is unlikely that an alternate air ambulance provider will subsequently accept the request. The IC/designee shall be notified of this information as soon as possible. Personnel on scene may consider appropriate alternatives (utilizing an alternate LZ/rendezvous location; requesting the availability of rescue aircraft which are allowed to operate under different weather minimums; initiating ground ambulance transport; etc.).
 - Relay the assigned air ambulance resource identifier and initial ETA to the requesting PSAP.
9. The requesting PSAP shall notify all responding agencies when a HEMS aircraft has been requested/assigned and shall keep responding agencies updated as to the HEMS aircraft status (delays, aborts, etc.).
10. HEMS aircraft personnel are responsible for communicating to the requesting PSAP any response delays or aborts in a timely manner.
11. Once assigned to an incident, HEMS aircraft shall not commit/respond to another assignment unless cancelled by the initial incident requestor.
12. If multiple aircraft are responding to or in the area of the incident, the air ambulance coordination center and/or the requesting PSAP shall notify all agencies of multiple aircraft responders.
13. All parties are responsible for informing HEMS aircraft providers of inclement weather related to the response, including previous HEMS aircraft providers who declined the flight due to weather conditions (at base, enroute, or at scene).
14. CALCORD operational frequency (156.075) should be utilized for air-to-ground communication. The IC/designee will communicate to all responding agencies if an alternate frequency will be utilized for the event.

H. Ground Provider Responsibilities:

1. If the event is a declared MCI, the IC/designee is responsible for notifying all responding HEMS aircraft of such.
2. If required by S-SV EMS policies/protocols, the most medically qualified provider on scene shall contact the appropriate facility for patient destination consultation prior to EMS aircraft arrival (when possible).
3. If ground personnel are at scene, the IC/designee shall assign appropriate personnel to establish/prepare a landing zone (LZ) and assure scene safety during landing. The LZ should meet the following criteria:
 - 100' x 100' open area, clear of hazards, obstacles, sloped terrain, loose surface materials, animals, overhead wires, foreign object debris (FOD).
 - If the LZ is on a dirt surface, assure that the area is watered down to reduce the risk of brown out upon aircraft landing.
 - Locate the LZ upwind from any incident with known hazardous materials.

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

4. Ground personnel shall not approach the aircraft under a running/hot rotor unless accompanied by HEMS personnel.
5. If requested, ground EMS personnel may accompany a patient in a rescue aircraft if the appropriate medical equipment is available and they have received an adequate safety briefing prior to transport.
6. S-SV EMS Transfer of Patient Care policy shall be followed, and a verbal patient care report shall be provided to HEMS aircraft personnel.

I. HEMS Aircraft Provider Responsibilities:

1. HEMS aircraft providers are expected to be enroute within 15 minutes of incident acceptance. Response delays shall be documented in the PCR.
2. HEMS aircraft providers are expected to transport within 15 minutes from the time patient contact is made. Scene delays shall be documented in the PCR.
3. S-SV EMS Patient Destination policies/protocols shall be followed for all patients requiring HEMS aircraft transport. Patients shall be transported to the closest/most appropriate hospital with an approved helipad or HEMS aircraft landing site.

2023 S-SV EMS PLAN

TABLE 6

FACILITIES/CRITICAL CARE

TABLE 6: SYSTEM RESOURCES AND OPERATIONS

FACILITIES/CRITICAL CARE


Reporting Year: 2023

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

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

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

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

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

PURPOSE:

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

AUTHORITY:

- A. HSC, Division 2.5, § 1797.16, 1797.107, 1797.171, 1797.204, 1797.206, 1797.214, 1797.218, 1797.220, 1798.102, and 1798.104.
- B. CCR, Title 22, Division 9, Chapters 3 & 4.

DEFINITIONS:

- A. **Base Hospital** – A hospital that meets the requirements contained in this policy, and utilizes S-SV EMS authorized Mobile Intensive Care Nurses (MICNs) and/or emergency department physicians to provide medical direction/supervision to prehospital EMS personnel in the S-SV EMS region. Base hospitals shall have a current base hospital agreement in place with S-SV EMS in order to operate as such.
- B. **Modified Base Hospital** – A hospital that meets the requirements contained in this policy, and utilizes only emergency department physicians to provide medical direction/supervision to prehospital EMS personnel in the S-SV EMS region. Modified base hospitals shall have a current modified base hospital agreement in place with S-SV EMS in order to operate as such.
- C. **Emergency Medical Services Quality Improvement Program (EMSQIP)** – Methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct process, and recognize excellence in performance and delivery of care, pursuant to the provisions of California Code of Regulations, Title 22, Chapter 12 and S-SV EMS policies.

POLICY:

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

PROCEDURE:

- A. An S-SV EMS designated base or modified base hospital shall:
1. Be licensed by the California Department of Public Health as a general acute care hospital.
 2. Be accredited by a Centers for Medicare and Medicaid Services approved deeming authority.
 3. Have a special permit for basic or comprehensive emergency medical service pursuant to the provisions of California Code of Regulations, Title 22, Division 5, or have been granted approval by the California EMS Authority for utilization as a base hospital pursuant to the provisions of Section 1798.101 of the California Health and Safety Code.
 4. Have and agree to utilize/maintain two-way telecommunications capable of direct two-way voice communication with prehospital EMS personnel.
 5. Maintain a record of all online medical direction between prehospital EMS and base/modified base hospital personnel as specified in S-SV EMS policies.
 6. Have a written agreement with S-SV EMS, which is reviewed every three (3) years, indicating the concurrence of hospital administration, medical staff and emergency department staff to meet the requirements for program participation as specified in this policy.
 7. Designate a base/modified base hospital medical director who shall be a physician on the hospital staff, licensed in the State of California who is certified or prepared for certification by the American Board of Emergency Medicine. The requirement of board certification or prepared for certification may be waived by the S-SV EMS Medical Director. The base/modified base hospital medical director shall be regularly assigned to the emergency department, have experience in and knowledge of base/modified base hospital radio operations and S-SV EMS policies, procedures and protocols, and shall be responsible for functions of the base/modified base hospital including the EMSQIP.
 8. Identify a base/modified base hospital coordinator who is a California licensed Registered Nurse with experience in and knowledge of base/modified base hospital operations and S-SV EMS policies, procedures and protocols to act as a prehospital liaison to the local EMS system.
 9. Assure that nurses giving medical direction to prehospital personnel are trained and authorized as MICNs by S-SV EMS.

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

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

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

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

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

GENERAL PROVISIONS:

A. Education:

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

1. Act as an education resource for prehospital EMS provider agencies.
2. Maintain approval as an EMS continuing education provider.
3. Provide formal education programs for prehospital EMS personnel.
4. Assist in providing special and mandatory training programs deemed necessary by S-SV EMS.
5. Provide supervised clinical experience for prehospital EMS students/trainees in accordance with CCR, Title 22 and S-SV EMS policies and procedures.
6. Provide clinical skills remediation training for prehospital EMS personnel as needed.

B. EMS System Involvement:


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

C. Patient Care Records:

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

D. Multi Casualty Incidents/Disaster Planning and Response:

1. An S-SV EMS designated base/modified base hospitals shall reasonably participate in local and regional disaster drills; including utilization of EMResource.
2. An S-SV EMS designated base/modified base hospital shall actively participate in local and regional disaster related planning efforts.
3. During a Multi Casualty Incident (MCI) or disaster, the procedures indicated in applicable MCI plans and S-SV EMS policies shall be followed.

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

PURPOSE:

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

AUTHORITY:


- A. HSC, Division 2.5, § 1797,220, 1798.104, 1798.2.
- B. CCR, Title 22, Division 9.
- C. GC, Section 34090.6.

POLICY:

- A. Base/modified base hospitals shall record all telephone and radio EMS patient care communications with prehospital personnel. Audio files shall be maintained for a minimum of 100 days, or longer if required for evidence or pending litigation.
- B. Base/modified base hospital personnel shall document all telephone and radio EMS patient care related communications with prehospital personnel on an appropriate hospital developed report/log. EMS patient care records and hospital communication reports/logs shall be maintained for a minimum of seven (7) years, or, if for a minor, one (1) year past the age of majority, whichever is greater.
- C. All communication records shall be maintained in such a manner to allow for medical control and continuing education of prehospital personnel. Quality Improvement records shall be maintained for a minimum of (2) two years.
- D. In the event of pending litigation or evidence requests, all audio files and written records shall be maintained until completion/resolution of all issues arising therefrom.

Sierra – Sacramento Valley EMS Agency Program Policy

Ambulance Patient Offload Time (APOT)

| | | | |
|---|---|----------------------|-------------------|
|  | Effective: 12/01/2020 | Next Review: 11/2023 | 307 |
| | Approval: Troy M. Falck, MD – Medical Director | | SIGNATURE ON FILE |
| | Approval: Victoria Pinette – Executive Director | | SIGNATURE ON FILE |

PURPOSE:

- A. To establish standards for the timely transfer of patient care responsibilities from EMS prehospital personnel to hospital emergency department (ED) medical personnel.
- B. To establish standardized methodologies for collecting, calculating and reporting Ambulance Patient Offload Time (APOT).

AUTHORITY:

- A. HSC, Division 2.5, Chapter 4, Article 1, § 1787.225, § 1797.227 & § 1797.228.
- B. CCR, Title 22, Division 9, Chapter 3, § 100127 & Chapter 4, § 100169.
- C. S-SV EMS Base/Modified Base Hospital Agreements.

DEFINITIONS:

- A. **Ambulance Patient Offload Time (APOT)** – The time interval between the arrival of a 911 ambulance patient at a hospital ED and the time the patient is transferred from the ambulance cot to the ED gurney, bed, chair or other acceptable location, and ED medical personnel assume complete responsibility for care of the patient.
- B. **APOT 1.1** – An APOT time interval measure. This metric is a continuous variable measured in minutes, aggregated and reported as a median.
- C. **APOT 1.2** – An APOT interval measure. This metric is a continuous variable measured in minutes, aggregated and reported as a 90th percentile.
- D. **APOT 2** – An APOT time interval process measure. This metric demonstrates the incidence of ambulance patient offload times expressed as a percentage of total EMS patient transports within a twenty (20) minute target, and exceeding that time in reference to 60-, 120- and 180-minute intervals.

POLICY:**A. APOT Documentation and Standards:**

1. EMS prehospital personnel shall adequately document APOT on all incidents.
 - All incident times, including 'Patient Arrived at Destination Date/Time' and 'Destination Patient Transfer of Care Date/Time' shall be accurately documented in the electronic patient care report.
 - Any APOT greater than 60 minutes shall be additionally noted/documentated in the electronic patient care report narrative (i.e. "delayed patient offload time of greater than 60 minutes" or similar wording).
 - Any misrepresentation of APOT documentation in the electronic patient care report incident times or narrative sections is a serious infraction, which may result in disciplinary action.
2. The expectation is that all ambulance patients are transferred from the ambulance cot/equipment to the ED gurney, bed, chair or other acceptable location, and ED medical personnel assume complete responsibility for care of the patient as soon as possible after ED arrival. The standard APOT for the S-SV EMS region is 20 minutes, and 911 ambulance patients shall have an APOT time of 20 minutes or less, 90% of the time. The following time measurements exceed/significantly exceed S-SV EMS APOT standards:
 - Exceeds APOT Standard:
 - APOT 1.1: 21 – 30 minutes
 - APOT 1.2: 21 – 30 minutes
 - APOT 2: 21 – 60 minutes
 - Significantly Exceeds APOT Standard:
 - APOT 1.1: Greater than 30 minutes
 - APOT 1.2: Greater than 30 minutes
 - APOT 2: Greater than 60 minutes

B. APOT Calculations/Reporting:


1. APOT calculations will be completed by S-SV EMS staff on a monthly basis, utilizing electronic patient care report data from the S-SV EMS data system.
 - Incidents with obvious data errors, that cannot be subsequently resolved/verified, will be excluded from APOT calculations and reporting.
2. S-SV EMS will produce/publish a system-wide APOT report on a monthly basis. This APOT report will be available to all EMS system participants as well as the general public.

3. S-SV EMS will provide APOT data to the California EMS Authority, as required by current statutes and regulations.
4. S-SV EMS will utilize the following National Emergency Medical Services Information System (NEMESIS) Version 3.4 data codes, descriptions and criteria to calculate, evaluate and report APOT measures:

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

Sierra – Sacramento Valley EMS Agency Program Policy

Patient Destination

| | | | |
|---|---|----------------------|-------------------|
|  | Effective: 06/01/2021 | Next Review: 03/2024 | 505 |
| | Approval: Troy M. Falck, MD – Medical Director | | SIGNATURE ON FILE |
| | Approval: Victoria Pinette – Executive Director | | SIGNATURE ON FILE |

PURPOSE:

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

AUTHORITY:

- A. HSC, Division 2.5, § 1797.67, 1797.88, 1798.165 & 1798.170.
- B. CCR, Title 13, § 1105(c).
- C. CCR, Title 22, Division 9, Chapters 2, 3, 4 & 7.

POLICY:

- A. In the absence of decisive factors to the contrary, EMS personnel shall transport emergency patients to the most accessible medical facility equipped, staffed, and prepared to receive emergency cases and administer emergency care appropriate to the needs of the patients. In determining the most accessible facility, EMS personnel shall take into consideration traffic obstructions, weather conditions, or similar factors which clearly affect transport time.
- B. Hospitals unable to accept patients due to incapacitating internal disaster shall be considered not prepared to receive emergency cases.
- C. All hospitals shall maintain their current facility status on EMResource, and shall update their facility status no less than once every 24 hours. All hospitals shall respond to EMResource hospital polls initiated by S-SV EMS or the applicable Medical Health Operational Area Coordinator within 30 minutes of notification.

PROCEDURE:

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

1. The base/modified base hospital may direct a patient be transported to a further acute care hospital equipped, staffed, and prepared to receive emergency cases, which in the judgment of the base/modified base hospital physician or MICN, is more appropriate to the medical needs of the patient. Such direction shall take into consideration the prehospital provider's time and/or travel limitations.
 2. S-SV EMS policies/protocols governing transport of special category patients to designated special care facilities shall be followed.
 3. The Control Facility (CF) is responsible for the dispersal of all patients during multiple casualty incidents (MCIs).
 4. In the event of an unprecedented demand for medical/health services beyond the capacity of current providers and resources available through local, regional, state, and/or federal mutual aid, Crisis Standard of Care Procedures may be implemented to include alternate patient transportation/destination orders.
- B. A member of a health care service plan should be transported to a hospital that contracts with the plan when prehospital EMS personnel and/or the base/modified base hospital determines that the condition of the member permits such transport. However, when prehospital personnel determine that such transport would unreasonably remove the transport unit from the area, the member may be transported to the nearest hospital capable of providing appropriate treatment.
- C. When a patient, or their legally authorized representative, requests transportation to a hospital other than the most accessible, the request should be honored when prehospital EMS personnel and/or the base/modified base hospital determines that the condition of the patient permits such transport; except when prehospital EMS personnel determine that such transport would unreasonably remove the transport unit from the area. In such cases:
1. Arrangements should be made for alternative transport if possible.
 2. If such transport cannot be obtained without unacceptable delay, the patient may be transported to the nearest hospital capable of providing appropriate treatment.
- D. When a private physician requests emergency transportation to a hospital other than the most accessible, the request should be honored unless:
1. The base/modified base hospital determines that the condition of the patient does not permit such transport. In such cases, base/modified base hospital directions shall be followed. If communication with the requesting physician is feasible, the base/modified base hospital should contact the physician and explain the situation.

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

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



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



Hospital Type Abbreviations/Definitions

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

Stroke Center Abbreviations

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

Hospitals Located Within The S-SV EMS Region

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

S-SV EMS Designated MCI Control Facilities (CFs)

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



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



Sacramento County Hospitals

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

Nevada Hospitals


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

Oregon Hospitals

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

Sierra – Sacramento Valley EMS Agency Program Policy

Ambulance Patient Diversion

| | | | |
|---|---|----------------------|-------------------|
|  | Effective: 08/16/2021 | Next Review: 08/2024 | 508 |
| | Approval: Troy M. Falck, MD – Medical Director | | SIGNATURE ON FILE |
| | Approval: Victoria Pinette – Executive Director | | SIGNATURE ON FILE |

PURPOSE:

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

AUTHORITY:

- A. HSC, Division 2.5, § 1797.67, 1797.88, 1797.220 & 1798.
- B. CCR, Title 22, Chapter 4, § 100169 and 100170.
- C. CCR, Title 13, § 1105(c).

DEFINITIONS:

- A. **Diversion** – The closure of a hospital’s emergency department (ED) from receiving ambulance patients, including any specialty services.
- B. **Internal Disaster** – An unforeseeable physical or logistical situation/circumstance (fire, flood, facility damage, loss of critical utilities, hazmat, highly infectious patient, active shooter, bomb threat, patient surge resulting from an unprecedented incident, etc.) that curtails routine patient care and renders continued ambulance patient delivery unsafe.

POLICY:

- A. Ambulance patient diversion often causes significant impacts on the EMS system as well as patients/family members, and has a high potential to negatively impact patient care. Diversion must only be considered when conditions exist that negatively and profoundly impact the hospital's ability to provide safe/timely patient care, and after all appropriate diversion avoidance measures have been taken.
- B. Causes for ambulance patient diversion include any of the following:
 - 1. Inoperable Computed Tomography (CT) Scanner Diversion: If the CT scanner is inoperative, patients with neurological signs/symptoms of a possible acute stroke or head injury may be diverted to the next closest hospital providing similar services.

2. Trauma Diversion: Trauma receiving centers may divert patients meeting trauma triage under one of the following circumstances:
 - Critical diagnostic/treatment equipment failure.
 - The trauma services medical director/designee determines their hospital is unable to care for additional trauma patients.
3. STEMI Diversion: STEMI receiving centers may divert suspected STEMI patients under one of the following circumstances:
 - Critical diagnostic/treatment equipment failure or scheduled maintenance.
 - The STEMI services medical director/designee determines their hospital is unable to care for additional STEMI patients.
4. Patient Surge Limited Diversion: An S-SV EMS hospital may divert patients originating from outside the S-SV EMS region, when the hospital determines that continuing to accept these patients will negatively impact their ability to care for S-SV EMS patients (including when the diversion criteria from the LEMSA where the transport originated is met).
 - The following types of patients shall not be diverted by an S-SV EMS hospital on limited diversion, when they are the time closest hospital to the incident location:
 - Cardiac arrest
 - Unmanageable airway
 - Shock, not responsive to field treatment.
 - Third trimester OB patients with imminent delivery.
 - Trauma patients meeting trauma triage criteria (if the hospital is a designated trauma receiving center and is not on trauma diversion).
 - Suspected STEMI patients (if the hospital is a designated STEMI receiving center and is not on STEMI diversion).
 - Suspected acute stroke patients (if the hospital is a designated stroke receiving center and has an operable CT scanner).
 - Prior to initiating a limited diversion, the hospital shall obtain S-SV EMS Duty Officer (DO) approval, and notify any applicable EMS dispatch center(s).
5. Patient Surge Complete Diversion: If a hospital is unable to safely care for additional patients due to a surge event, they may request/initiate complete diversion as follows:
 - Hospital staff/administration must exercise measures to resolve the conditions resulting in the need to initiate diversion, including but not limited to:
 - Increase in ED and/or other hospital staff.
 - Activation of backup patient care/diagnostic areas.
 - Cancellation of elective surgical procedures, expedited patient discharges and patient transfers to other facilities (when appropriate).
 - Diversion authorization must be obtained from all of the following entities:
 - ED supervisor/designee or house supervisor/designee.
 - ED physician director/designee.
 - Trauma and/or STEMI physician director/designee (if applicable).

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

6. Internal Disaster:

- Any hospital may initiate diversion during an internal disaster incident.

C. EMResource Utilization:

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

1. Inoperable CT Scanner:

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

2. Trauma Diversion:

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

3. STEMI Diversion:

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

4. Patient Surge Limited or Complete Diversion:

- Update EMResource status to 'Diversion', and add appropriate comments.
- Update EMResource status to 'Open' when the issue has been resolved.

5. Internal Disaster:

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

D. Documentation

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

1. Inoperable CT Scanner: Complete/submit the form by the end of the next business day (only if CT scanner is inoperable ≥ 24 hours, otherwise no reporting is required).
2. Trauma Diversion: Complete/submit the form by the end of the next business day.
3. STEMI Diversion: Complete/submit the form by the end of the next business day.
4. Patient Surge Limited Diversion: Complete/submit form by the end of the next business day.
5. Patient Surge Complete Diversion: Completed/submit the form prior to initiating patient diversion. An updated form shall be submitted every three (3) hours until the incident is resolved.
6. Internal Disaster: Complete/submit the form as soon as possible.

E. Additional Diversion Procedures:

1. If a hospital is on patient surge complete diversion, and an adjacent hospital requests to initiate a similar type of diversion, both hospitals will be required to submit an updated 'Ambulance Patient Diversion Form' describing their current status/census. If the S-SV EMS DO determines that both hospitals have taken appropriate diversion avoidance measures, and that diversion by both hospitals would unreasonably impact the EMS system, both hospitals will be required to re-open/remain open to all ambulance traffic.
2. Any hospital on patient surge diversion is required to re-open in the event of a confirmed MCI or declared disaster requiring patient distribution to their facility.
3. A hospital will only be allowed to remain on patient surge limited diversion for a maximum of three (3) hours in a 24-hour period.
4. A hospital will only be allowed to remain on patient surge diversion for a maximum of six (6) hours total (re-evaluated by the S-SV EMS DO every 3 hours), at which point they will be required to re-open for a minimum of a subsequent six (6) hours.
5. Hospitals shall come off diversion immediately upon resolution of the issue.
6. The S-SV EMS DO shall retain authority to update the EMResource status of any hospital as needed to reflect their appropriate approved status.

2023 S-SV EMS PLAN

TABLE 7

DISASTER MEDICAL

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Butte**

Reporting Year: **2023**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

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

2. CISD

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

3. Medical Response Team

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

4. Hazardous Materials

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

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes **X** No
 - b. Exercise? Yes **X** No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 7

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

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

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

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

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

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Colusa**

Reporting Year: **2023**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

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

2. CISD

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

3. Medical Response Team

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

4. Hazardous Materials

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

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes **X** No
 - b. Exercise? Yes **X** No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 7

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

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

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

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

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

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Glenn**

Reporting Year: **2023**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

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

2. CISD

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

3. Medical Response Team

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

4. Hazardous Materials

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

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes **X** No
 - b. Exercise? Yes **X** No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 7

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

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

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

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

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

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Nevada**

Reporting Year: **2023**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

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

2. CISD

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

3. Medical Response Team

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

4. Hazardous Materials

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

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes **X** No
 - b. Exercise? Yes **X** No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 7

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

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

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

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

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

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Placer**

Reporting Year: **2023**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

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

2. CISD

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

3. Medical Response Team

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

4. Hazardous Materials

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

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes **X** No
 - b. Exercise? Yes **X** No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 7

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

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

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

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

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

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Shasta**

Reporting Year: **2023**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

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

2. CISD

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

3. Medical Response Team

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

4. Hazardous Materials

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

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes **X** No
 - b. Exercise? Yes **X** No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 7

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

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

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

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

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

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Siskiyou**

Reporting Year: **2023**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

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

2. CISD

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

3. Medical Response Team

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

4. Hazardous Materials

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

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes **X** No
 - b. Exercise? Yes **X** No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 7

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

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

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

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

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

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Sutter**

Reporting Year: **2023**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

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

2. CISD

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

3. Medical Response Team

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

4. Hazardous Materials

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

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes **X** No
 - b. Exercise? Yes **X** No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 7

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

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

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

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

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

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Tehama**

Reporting Year: **2023**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

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

2. CISD

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

3. Medical Response Team

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

4. Hazardous Materials

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

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes **X** No
 - b. Exercise? Yes **X** No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 7

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

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

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

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

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

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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Yuba**

Reporting Year: **2023**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

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

2. CISD

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

3. Medical Response Team

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

4. Hazardous Materials

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

OPERATIONS

- 1. Are you using SEMS) that incorporates a form of ICS structure? Yes **X** No
- 2. What is the maximum number of local EOCs you will need to interact with in a disaster? **10**
- 3. Have you tested your MCI Plan this year in a:
 - a. Real event? Yes **X** No
 - b. Exercise? Yes **X** No
- 4. List all counties with which you have a written medical mutual aid agreement: **All counties in California through recently executed mutual aid MOUs.**

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 7

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

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

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

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

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

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

JIM HOLMES
JPA BOARD CHAIRPERSON



SIERRA – SACRAMENTO VALLEY
EMERGENCY MEDICAL SERVICES AGENCY

JOHN POLAND, PARAMEDIC
REGIONAL EXECUTIVE DIRECTOR

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

MHOAC, S-SV EMS AGENCY & RDMHS CONTACT GUIDELINES

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

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

How to contact the MHOAC?

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

When to contact the S-SV EMS Agency?

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

How to contact the S-SV EMS Agency?

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

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

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

How to contact the RDMHS Program?

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

Additional Contact Notes:

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

Sierra – Sacramento Valley EMS Agency Program Policy

**Automatic Aid/Mutual Aid/Disaster Assistance
(Including EMPF, AST & MTF Resource Requests)**



Effective: 06/01/2022

Next Review: 05/2025

461

Approval: Troy M. Falck, MD – Medical Director

SIGNATURE ON FILE

Approval: Victoria Pinette – Executive Director

SIGNATURE ON FILE

PURPOSE:

- A. To define the conditions/circumstances under which prehospital personnel may utilize the scope of practice for which they are trained and certified/licensed/accredited for during automatic aid/mutual aid/disaster assistance responses.
- B. To describe the purpose, requesting process and utilization of Paramedic Fireline (EMPF), Ambulance Strike Team (AST) and Medical Task Force (MTF) resources.

AUTHORITY:

- A. HSC, § 1797.170(b), 1797.204 & 1797.220.
- B. CCR, Title 22, Division 9.
- C. California Disaster and Civil Defense Master Mutual Aid Agreement (11/1950).
- D. EMSA ‘Ambulance Strike Team/Medical Task Force Guidelines’ (07/2003).
- E. EMSA ‘Compendium of Statutes and Regulations Related to EMT and Paramedic Scope of Practice During Mutual Aid in California’ (12/2011).
- F. California Fire and Rescue Emergency Mutual Aid System, Mutual Aid Plan (02/2012).
- G. Emergency Management Assistance Compact (EMAC).
- H. Supplemental Interstate Compact For Emergency Mutual Assistance, July 2007.
- I. FIRESCOPE California Incident Command System Position Manual Fireline Emergency Medical Technician/Fireline Paramedic (EMTF/EMPF) ICS 702 (12/2016)

DEFINITIONS:

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

- B. **Automatic Aid** – Agreements between two or more jurisdictions where the nearest available resource is dispatched to an emergency irrespective of jurisdictional boundaries, or where two or more agencies are automatically dispatched simultaneously to predetermined types of emergencies. This type of agreement is typically utilized on a routine basis.
- C. **Disaster Assistance** – Requests for assistance in the event that a disaster overwhelms local resources. These requests may be under existing mutual aid agreements or the result of unforeseen needs arising from a large-scale disaster.
- D. **Medical Task Force (MTF)** – Any combination of resources assembled to support a specific medical mission or operational need. All resource elements within a Task Force must have common communications and a designated leader.
- E. **Mutual Aid** – Agreements between two or more jurisdictions to provide assistance across jurisdictional boundaries, when requested, as a result of the circumstances of an emergency exceeding local resources.
- F. **Paramedic Fireline (EMPF)** – A paramedic who meets FIRESCOPE requirements, and is authorized by their department to provide ALS care on the fireline.

PRINCIPLES:

- A. When requested by an authorized automatic aid/mutual aid/disaster assistance response requester, EMS personnel may utilize the scope of practice for which they are trained and certified/licensed/accredited according to CCR, Title 22 and their Local EMS Agency (LEMSA) policies and procedures.
- B. EMPF personnel provide emergency medical care on an active fireline, division or other physically challenging assignment. These resources may also provide care in the medical unit and/or at other locations as directed by the Incident Commander or designee.
- C. AST/MTF resources provide an EMS operational response to disaster situations with a focus on transportation. These resources may also work in concert with California Medical Assistance Team (CAL-MAT) or other disaster medical personnel, and be used for medical and health system support in various settings including first aid sites, shelters, command posts, and Mobile Field Hospitals.

POLICY:**A. Automatic Aid/Mutual Aid/Disaster Assistance Responses Within California****1. BLS (EMR/EMT) Personnel:**

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

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

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

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

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

PROCEDURE:**A. General Automatic Aid/Mutual Aid/Disaster Assistance Response Requirements**

1. Prehospital personnel shall follow all S-SV EMS policies/protocols during an automatic aid/mutual aid/disaster assistance response, and shall not administer any medication or perform any procedures listed as 'Base/Modified Base Hospital Physician Order Only' without appropriate medical control approval.
2. Controlled substances shall be obtained, secured and inventoried as indicated in S-SV EMS Management of Controlled Substances Policy (710).

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

B. EMPF Programs

1. EMPF programs shall be approved by S-SV EMS.
2. Designation of an individual as an EMPF by an S-SV EMS approved provider verifies that the paramedic has completed standard FIREScope education.
3. The EMPF position is like any other single resource position requested for incident management, and is ordered at the discretion of an Incident Commander through normal ordering channels.
4. EMPF personnel shall carry the items listed in S-SV EMS ALS Specialty Program Provider Inventory Requirements Policy (702) when responding to wildland fires to provide ALS care in this capacity.
5. The EMPF shall present their credentials to the Medical Unit Leader upon arrival at the incident. The Medical Unit Leader is responsible for verifying credentials of all EMPF personnel assigned to the incident, and shall notify S-SV EMS of any EMPF personnel not affiliated with an S-SV EMS approved prehospital provider assigned to an incident in the S-SV EMS region.


C. AST/MTF Resources:

1. AST/MTF resources shall be requested/approved by one of the following entities:
 - Medical Health Operational Area Coordinator (MHOAC).
 - Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S).
 - California State EMS Authority (EMSA).
2. Upon receipt of an official verbal or written AST/MTF resource request, S-SV EMS representatives will identify/coordinate the assignment/deployment of resources. AST/MTF resource assignments will be done in a fair and consistent manner, based on system/incident needs and provider resource availability. ASTs/MTFs may be comprised of resources from multiple different provider agencies at the discretion of S-SV EMS. Any verbal AST/MTF request shall be followed up with an official written resource request from the AST/MTF requesting/approving entity as soon as incident conditions allow.
3. Any S-SV EMS approved ground ambulance transport provider agency may participate in an AST/MTF deployment. By participating in an AST/MTF deployment, provider agencies/personnel agree to the following:

- Resources/personnel should be able to deploy within 1 – 2 hours of a request, and are expected to be self-sufficient for up to 72 hours.
 - Personnel will likely be working in austere environments and performing tasks outside their normal day-to-day duties.
 - Provider agencies shall not commit resources/personnel that will negatively impact their normal EMS coverage responsibilities.
 - Provider agencies agree to accept the current hourly Ambulance Strike Team Reimbursement rates adopted by the California State Association of Counties (CSAC) as recommended by the Emergency Medical Services Administrators Association of California (EMSAAC). Reimbursement shall be “portal to portal” (time of dispatch to return to home base), and no billing for transport or other costs are allowed.
4. Every AST/MTF shall have a leader selected/approved by S-SV EMS. Preference will be given to those individuals who have completed the Ambulance Strike Team Leader training. Provider agencies may choose to assign additional personnel to accompany the leader for training purposes, but the cost of these additional personnel will not be reimbursed by the requesting entity, unless previously agreed to.
5. The following shall apply to AST/MTF deployments within the S-SV EMS region:
- S-SV EMS will assign appropriate representatives (within the affected area whenever possible) to support/oversee the affected EMS system(s) and all deployed AST/MTF resources as long as necessary/appropriate.
 - S-SV EMS representatives will assess, identify and order (in coordination with the AST/MTF requesting/approving entity) additional AST/MTF support resources/personnel (EMS overhead, fleet maintenance, CISM, etc.).
 - As soon as incident conditions allow, the AST/MTF requesting/approving entity shall be responsible for providing ongoing support to the AST/MTF resources (food, lodging, medical supplies, fuel, etc.).
6. For deployments outside the S-SV EMS region, AST/MTF resources will respond to the requested reporting location and follow the direction of requesting entity or other appropriate incident management personnel.

Sierra – Sacramento Valley EMS Agency Program Policy

Multiple Casualty Incidents (MCI)

| | | | |
|---|---|----------------------|-------------------|
|  | Effective: 12/01/2020 | Next Review: 09/2023 | 837 |
| | Approval: Troy M. Falck, MD – Medical Director | | SIGNATURE ON FILE |
| | Approval: Victoria Pinette – Executive Director | | SIGNATURE ON FILE |

PURPOSE:

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

AUTHORITY:

- A. HSC, Division 2.5, § 1797.218, 1797.220.
- B. CCR, Title 22, Division 9.
- C. CCR, Title 19, Division 2, Articles 1-8, § 2400 et seq.
- D. California Public Health and Medical Emergency Operations Manual (July, 2011).
- E. California Medical and Health Operational Area Coordinator Manual (January, 2017).

DEFINITIONS:

- A. **Multiple Casualty Incident (MCI)** – An incident which requires more emergency medical resources to adequately deal with victims, than those available during routine responses. This includes an incident that meets any of the following criteria:
 - 1. Five (5) or more IMMEDIATE and/or DELAYED patients, or
 - 2. Ten (10) or more MINOR patients, irrespective of the number of IMMEDIATE and/or DELAYED patients, or
 - 3. At the discretion of prehospital or hospital providers.
- B. **Control Facility (CF)** – An acute care hospital or EMS dispatch center responsible for patient dispersal during an MCI (Refer to S-SV EMS Hospital Capabilities Policy No. 505-A for a list of S-SV EMS designated CFs).

POLICY:

- A. The Nor-Cal EMS/S-SV EMS Regional MCI Plan, in coordination with S-SV EMS policies, shall be used as a standard for training personnel and managing MCIs within the S-SV EMS region. Provider agencies are responsible for ensuring that their personnel have appropriate knowledge/training to adequately manage MCI's.
- B. S-SV EMS treatment and destination policies/protocols shall apply during an MCI. The CF shall consider trauma triage criteria before directing the transport of trauma patients. IMMEDIATE trauma patients shall be transported to designated trauma centers until the trauma centers are unable to accept further trauma patients.

PROCEDURE:

A. MCI Response/Management:

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

1. CF Notification:

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

2. Establish/Utilize ICS:

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

3. Triage:

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

4. Treatment:

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

5. Patient Tracking:

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

6. Transportation/CF Communication:

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

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

7. S-SV EMS Notification:

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

8. Incident Documentation:

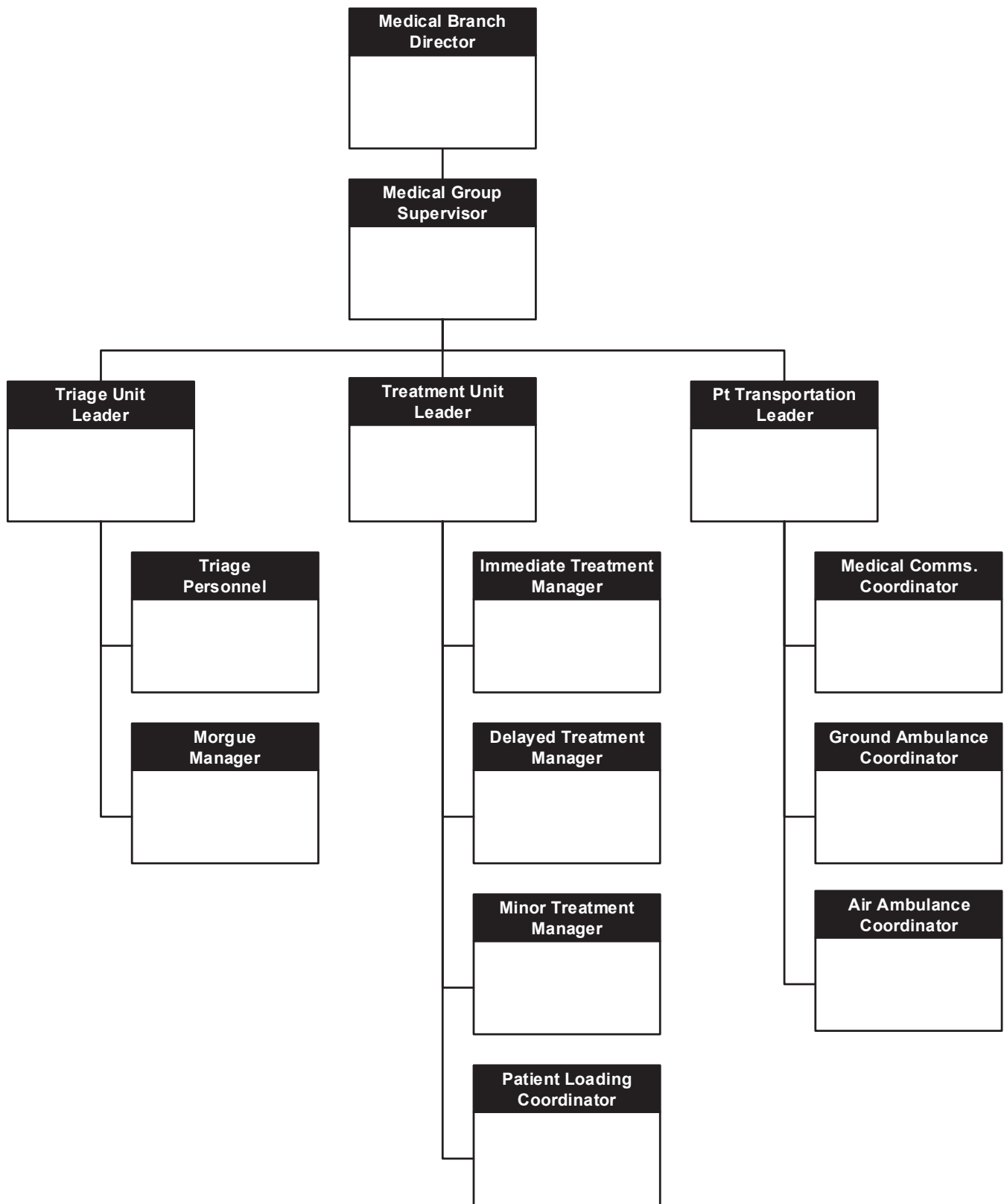
- An electronic patient care report shall be completed for all patients, unless this requirement is waived by S-SV EMS on an incident specific basis.
- EMS personnel shall complete additional ICS paperwork if requested by the IC based on the nature/size of the incident (Medical Branch Worksheet, Ambulance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

B. MCI Review:

1. EMS provider agencies should conduct a hotwash as soon as possible after the conclusion of the incident.
2. An MCI Details/Feedback Form shall be submitted to S-SV EMS within seven (7) calendar days by the following providers:
 - Prehospital ground and air transport providers.
 - Control Facility (CF) and receiving facilities.
 - Prehospital non-transport/first responder providers (recommended/optional).
3. S-SV EMS will evaluate the incident details/documentation and determine if additional formal after-action review/follow-up is necessary.



MCI MEDICAL BRANCH ORGANIZATIONAL CHART





MCI MEDICAL BRANCH ORGANIZATIONAL CHART NOTES

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

MCI MEDICAL BRANCH PRIMARY TASK CHECKLIST

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

Notes

Blank area for notes.

Patient Tracking Worksheet (837-B)

| Incident Name/Location | | Incident Date | Form Completed By | | Contact Telephone # | | | | |
|------------------------|--|----------------|---------------------|-----------------------|-----------------------|----------------|-------------|-----|------------|
| Triage Status | Triage Tag # (Last 4) Patient Name (First & Last) | Age Sex | Primary Injury Type | County of Origin Code | Transport Destination | Trans. Unit ID | Trans. Time | ETA | CF Advised |
| I D M | ----- M F U | ----- M F U | | | | | | | |
| I D M | ----- M F U | ----- M F U | | | | | | | |
| I D M | ----- M F U | ----- M F U | | | | | | | |
| I D M | ----- M F U | ----- M F U | | | | | | | |
| I D M | ----- M F U | ----- M F U | | | | | | | |

County of Origin Codes

Butte (XBU) Colusa (XCO) Glenn (XGL) Lassen (XLS) Modoc (XMO) Nevada (XNE) Placer (XPL) Plumas (XPU)
 Shasta (XSH) Sierra (XSI) Siskiyou (XSK) Sutter (XSU) Tehama (XTE) Trinity (XTR) Yuba (XYU)

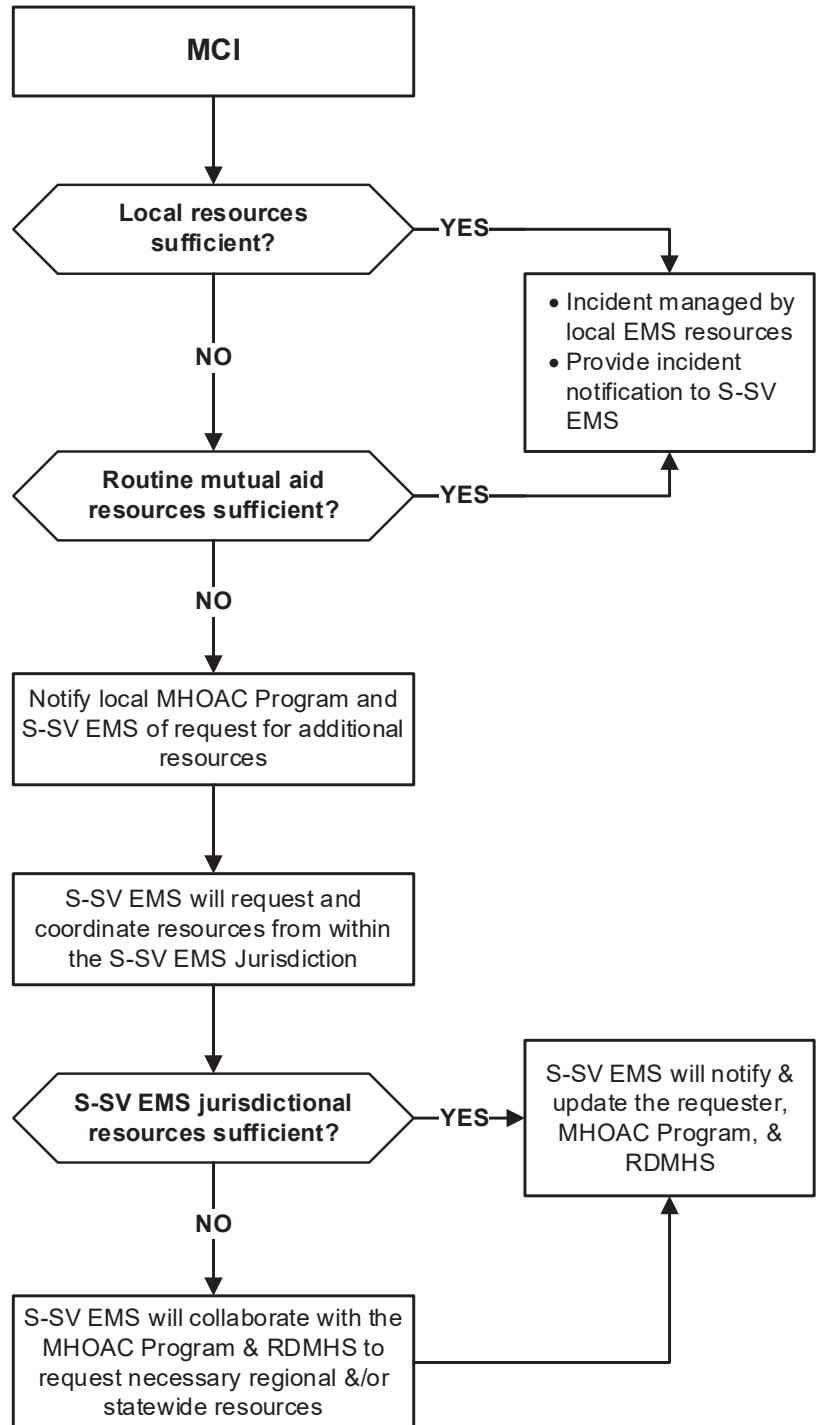
Submit completed worksheets via email (RDMHS.Region3@ssvems.com), or fax (916-625-1720)

(837-B) Updated 09-2020



MCI SUPPORT RESOURCES

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





MCI Details/Feedback Form

837-D

REPORTING ENTITY

| | |
|-------------------|-------------------|
| Reporting Agency: | Reporting Person: |
| Telephone: | Email Address: |

INCIDENT INFORMATION (COMPLETE AS APPLICABLE TO YOUR AGENCY'S ROLE)

| | | |
|---|--------------------------------|--|
| Incident Date: | Incident Name: | |
| Incident Location: | | |
| Dispatch Time: | On Scene Time: | Incident End Time: |
| First Responder Agencies Utilized: | | |
| Ground Transport Agencies Utilized: | | |
| Air Transport Agencies Utilized: | | |
| Other Type Of Transport Resources Utilized: | | |
| Incident Commander: | Medical Group Supervisor: | |
| Triage Unit Leader: | Treatment Unit Leader: | |
| Pt. Trans. Unit Leader: | Were MCI ID Vests Used? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were Triage Tags Used? <input type="checkbox"/> Yes <input type="checkbox"/> No | Were Pt. Tracking Sheets Used? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Number & Type Of Patients

| | | | |
|----------------------------|----------|-----------------------------------|-----------|
| IMMEDIATE: | DELAYED: | MINOR: | DECEASED: |
| Total # Of Adult Patients: | | Total # Of Pediatric Patients: | |
| # Of Patients Transported: | | # Of Patients Refusing Transport: | |

Hospital Information (Note: CF = Control Facility)

| | |
|--|---------------------------|
| CF Name: | Initial CF Contact Time: |
| Initial CF Notification Received From (Dispatch, Field, etc.): | |
| Number Of CF Staff Assigned: | CF Pt. Dispersal Officer: |
| Receiving Facilities Utilized: | |




MCI COMMENTS/ISSUES/SUGGESTIONS/OBSERVATIONS

Empty text area for MCI comments, issues, suggestions, or observations.

Sierra – Sacramento Valley EMS Agency Program Policy

Crisis Standard Of Care Procedures

| | | | |
|---|--|----------------------|-------------------|
|  | Effective: 06/01/2023 | Next Review: 01/2026 | 838 |
| | Approval: Troy M. Falck, MD – Medical Director | | SIGNATURE ON FILE |
| | Approval: John Poland – Executive Director | | SIGNATURE ON FILE |

PURPOSE:

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

AUTHORITY:

- A. HSC, Article 1, § 101040.
- B. HSC, Division 2.5, § 1797.172.
- C. CCR, Title 13, Division 2, Ch. 5, Art. 1, § 1100.3.
- D. CCR, Title 22, Division 9.

DEFINITIONS:

- A. **Operational Area (OA)** – An intermediate level of the State of California emergency organization, consisting of a county and all political subdivisions within the geographical boundaries of the county.
- B. **Medical/Health Operational Area Coordinator (MHOAC)** – The public health officer/designee who is responsible for obtaining and coordinating services and allocation of resources within the OA in the event of a disaster or major incident where mutual aid is requested. The MHOAC role is shared between the public health officer/designee and S-SV EMS administrator/designee in some counties, and assumed by the public health officer/designee alone in other counties (838-D).
- C. **OA EOC** – The OA (county) Emergency Operations Center.
- D. **Crisis Standard of Care** – A level of medical care delivered to individuals under conditions of duress (disaster, pandemic, etc.), or when medical/health resources are insufficient for demand.
- E. **Quick Response Vehicle (QRV)** – A non-transport vehicle staffed with at least one AEMT or Paramedic and equipped with appropriate medical equipment/supplies.

- F. **Field Treatment Site (FTS)** – A site activated to manage casualties/medical evacuees when the local area capacity to rapidly treat/place these individuals at an established medical facility is overwhelmed. A FTS is used for the assembly, triage, medical stabilization and subsequent evacuation of casualties to an established medical facility if and when necessary/available. A FTS provides medical care for a period of up to 72 hours, or until patients are no longer arriving at the site. FTS activation, coordination, and support is managed from the Medical/Health Branch of the OA EOC, and supported by the public health department and S-SV EMS.
- G. **Alternate Care Site (ACS)** – A location that is not currently providing healthcare services and will be converted to enable the provision of healthcare services to support inpatient and/or outpatient care required after a declared catastrophic emergency. These specific sites are not part of the expansion of an existing healthcare facility, but rather are designated under the authority of the local government. ACSs are established by the public health department with support from the OA EOC and S-SV EMS. Activation of an ACS usually requires a minimum of 72 hours. ACSs may also be activated to provide on-going treatment to injured patients when a FTS is demobilized and hospital capacity is still overwhelmed.

ASSUMPTIONS:

- A. The Medical/Health Branch of the OA EOC or MHOAC has established collaboration with the S-SV EMS medical director and other affected agencies to coordinate EMS system response changes.
- B. Mutual-aid resources are scarce or unavailable.
- C. Appropriate waivers, proclamations, and/or declarations required to implement specific medical/health system changes have been identified and secured.

PROCEDURE:

- A. MHOAC and S-SV EMS Collaboration:
1. During a significant incident, prior to a locally declared emergency, the S-SV EMS medical director should collaborate with the affected county public health officer, Office of Emergency Services (OES), and other appropriate agencies to modify the EMS delivery system in order to meet increased demand.
 2. During a locally declared emergency, the MHOAC or Medical/Health Branch Director of the OA EOC should collaborate with the S-SV EMS medical director, and other appropriate agencies, to modify the EMS delivery system in order to meet increased demand.

B. System Access:

1. The MHOAC and S-SV EMS should collaborate with the OA EOC to establish priorities for 911 medical-aid response based upon available system resources.
2. The MHOAC and S-SV EMS should collaborate to complete the Crisis Standard Of Care EMS System Orders (838-B) and inform all public safety answering points (PSAPs), ambulance dispatch centers, control facilities (CFs), hospitals, and EMS providers of these orders to maintain the stability of the EMS system.
3. The MHOAC and S-SV EMS should collaborate to ensure notification of all medical/health system providers that a public access telephone number (e.g. 211) and/or website for individuals seeking minor medical care, social services and/or other non-emergent needs has been established.
4. The OA EOC, in cooperation with the MHOAC and S-SV EMS, should consider establishing FTSs for rapid triage, treatment and referral.
5. The MHOAC and S-SV EMS should collaborate to authorize altered triage and response protocols for the 911 system, including consideration of the following:
 - Suspension of emergency medical dispatch (EMD) pre-arrival instructions.
 - Implementation of symptom-specific triage (i.e., specialized EMD specific to a pandemic outbreak).
 - Implementation of the Altered 911/EMD Triage Algorithm (838-A).
6. The OA EOC, in cooperation with the MHOAC and S-SV EMS, should consider establishing a transport center for medical transport requests from all system access points (public access numbers, PSAPs, EMS providers, FTSs, ACSs, hospitals, other healthcare facilities), including consideration of the following:
 - Augmenting medical transportation with alternative vehicles (buses, taxis, etc.).
 - Developing and implementing a medical transportation scheduling process.
 - Working with designated CFs to direct destinations of transport resources (including ACSs, clinics, etc.).

C. EMS Response:

1. The OA EOC, in cooperation with the MHOAC and S-SV EMS, should consider:
 - Establishing EMS muster stations to consolidate personnel, equipment, supplies, and emergency response/transport vehicles.
 - Expanding available EMS resources by converting all ambulances to BLS transport units (EMR/EMT staffing) and implementing QRVs with available AEMT or Paramedic personnel.

- QRVs may consist of supervisor vehicles, other company vehicles, shared resources from other emergency response agencies, rental vehicles, private vehicles, etc.
 - QRVs will be equipped with appropriate communications equipment, LALS/ALS equipment and supplies, etc.
 - Implementation of Crisis Standard Of Care Prehospital Treatment Orders (838-C) to establish alternative treatment and transport of patients in the prehospital setting.
 - Developing additional disaster caches to augment EMS supplies (i.e., flu cache of electrolyte replacement fluids, ibuprofen, Pepcid, etc.).
 - Developing, equipping and deploying a specialty response team to respond to specific types of patients.
2. The OA EOC should work collaboratively with the MHOAC and S-SV EMS to develop a family/patient brochure for distribution by EMS personnel to the public, which may include the following:
- Explanation of the current healthcare situation and the crisis standard of care directions currently being implemented.
 - Preventive measures to avoid exposure to the applicable health threat(s).
 - Available community resources (public access telephone number, website, etc.).

D. Just-In-Time Training:

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

1. Altered 911/EMD Triage Algorithm (838-A).
2. Crisis Standard Of Care EMS System Orders (838-B).
3. Crisis Standard Of Care Prehospital Treatment Orders (838-C).
4. Family/patient brochure.
5. Consideration of other appropriate just-in-time training (grief support, etc.).

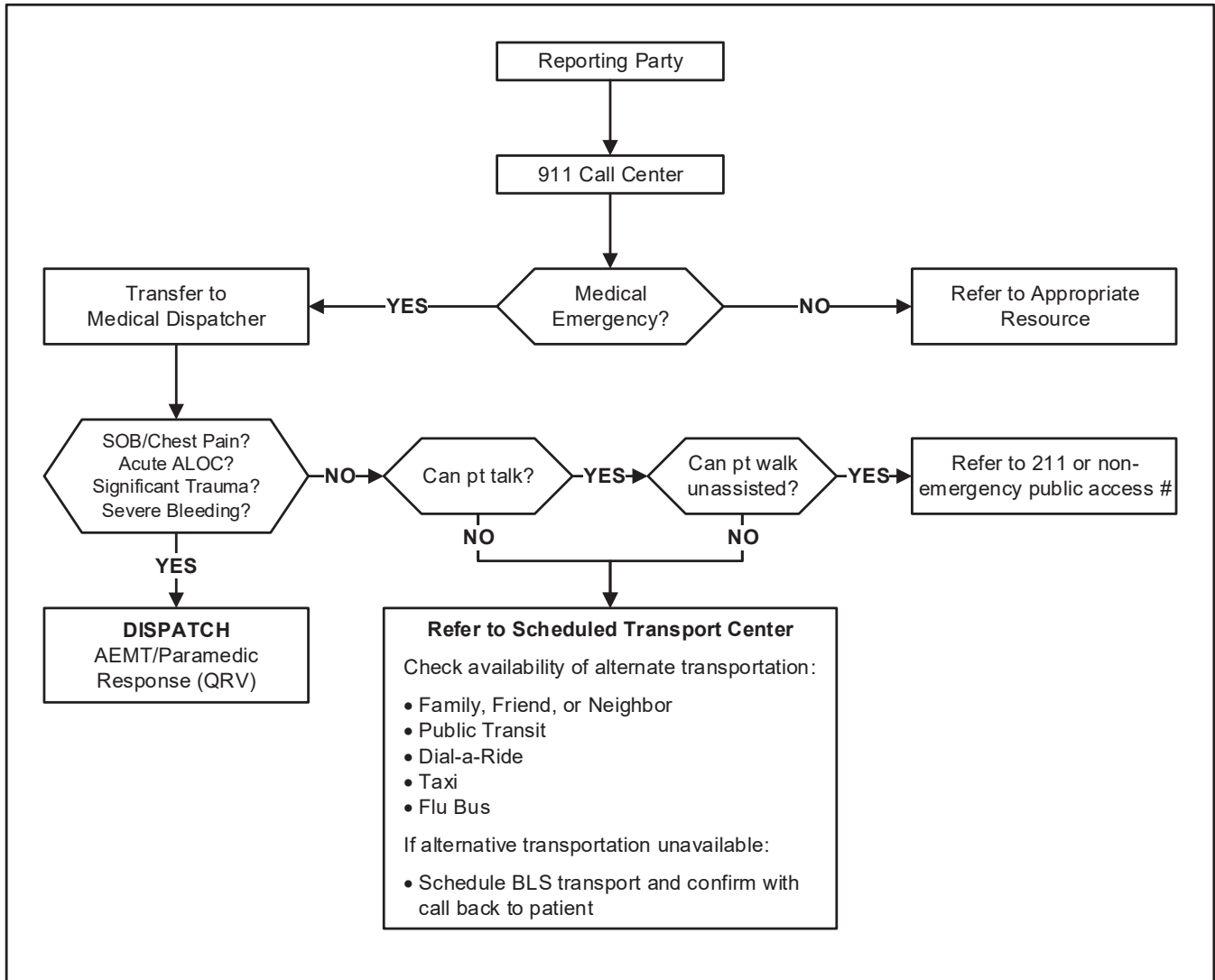
EXAMPLES:

Example of Altered 911/EMD Triage

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

Example of Altered EMS System Response

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





Crisis Standard Of Care EMS System Orders

838-B

NOTICE

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

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

Effective Date/Time:

End Date/Time:

Affected OA(s):

- Butte Colusa Glenn Nevada Placer
 Shasta Siskiyou Sutter Tehama Yuba

CRISIS STANDARD OF CARE EMS SYSTEM ORDERS

Name:

Title:

Signature:

Date/Time:

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

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



Crisis Standard Of Care EMS System Orders

838-B

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



NOTICE

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

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

Effective Date/Time:

End Date/Time:

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

CRISIS STANDARD OF CARE PREHOSPITAL TREATMENT ORDERS

Name:

Title:

Signature:

Date/Time:

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

Initial to Execute

General Prehospital EMS Directions

Implement changes to accommodate BLS transport

Adult Treatment Protocols

Initial to Execute

Treatment Protocol

Altered Treatment

Altered Disposition

C-1 Pulseless Arrest

No treatment

Refer to Public Access #

C-2 Return of Spontaneous Circulation

No change

Schedule BLS transport

C-3 Bradycardia With Pulses

No change

Schedule BLS transport

C-4 Tachycardia With Pulses

No change

Schedule BLS transport

C-5 Ventricular Assist Device

No change

Schedule BLS transport

C-6 Chest Discomfort/Suspected ACS

No change

Schedule BLS transport

R-1 Airway Obstruction

No change

Schedule BLS transport

R-2 Respiratory Arrest

Attempt to open & establish airway if appropriate

Refer to public access # for deceased - schedule BLS transport for all others

R-3 Acute Respiratory Distress

No change

Schedule BLS transport

M-1 Allergic Reaction/Anaphylaxis

No change

Schedule BLS transport



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



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



Pediatric Treatment Protocols (continued)

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

Additions/Notes:



Medical & Health Disaster Responsibilities By Primary Entity

838-D

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

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



Medical & Health Disaster Responsibilities By Primary Entity

838-D

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

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



Medical & Health Disaster Responsibilities By Primary Entity

838-D

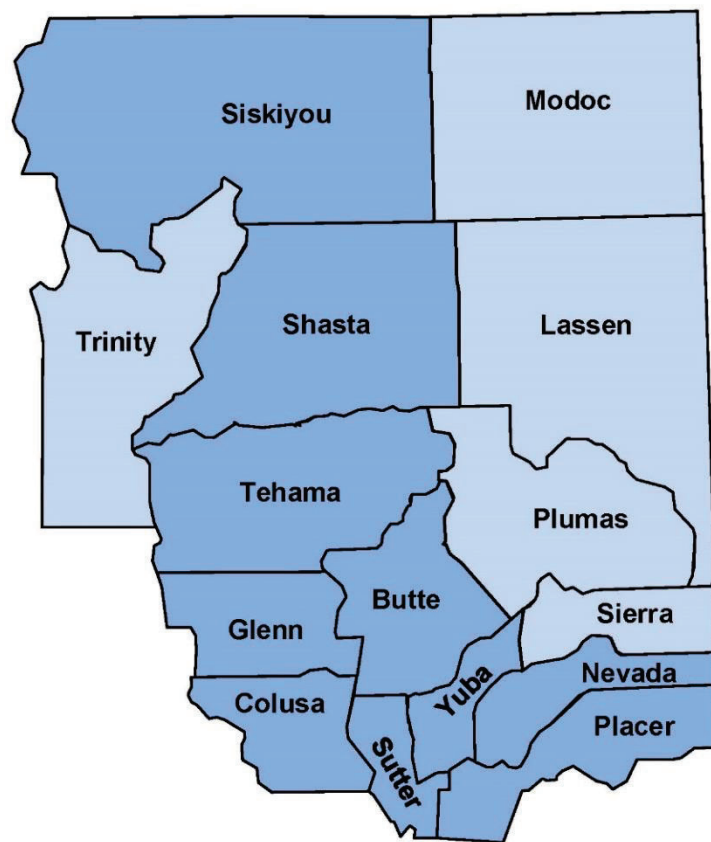
| RESPONSE (cont.) | Butte | Colusa | Glenn | Nevada | Placer | Shasta | Siskiyou | Sutter | Tehama | Yuba | COMMENT |
|---|-------|--------|-------|--------|--------|--------|----------|--------|--------|------|---|
| <ul style="list-style-type: none"> Authorize non-standard patient transport (buses, private vehicles etc.) | *SSV | *SSV | *SSV | *SSV | *SSV | *SSV | *SSV | *SSV | *SSV | *SSV | *In coordination with PHD & local providers |
| 8. Coordinate establishment of field treatment sites | *PHD | *PHD | *PHD | *PHD | *PHD | *PHD | *PHD | *PHD | *PHD | *PHD | *SSV coordinates prehospital EMS |
| 9. Coordinate establishment of alternate care sites | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | |
| 10. Health surveillance and epidemiological analysis of community health status | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | |
| 11. Assurance of food safety | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | |
| 12. Management of exposure to hazardous agents | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | |
| 13. Provision or coordination of mental health services | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | |
| 14. Provision of medical/health public information protective action recommendations | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | |
| 15. Provision or coordination of vector control services | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | |
| 16. Assurance of drinking water safety | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | |
| 17. Assurance of the safe management of liquid, solid, and hazardous wastes | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | |
| 18. Investigation and control of communicable diseases | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | PHD | |

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

NOR-CAL EMS/S-SV EMS

Regional MCI Plan – Manual 1

Field Operations



REVISED 11-2020



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SECTION 1: Introduction

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

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

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

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

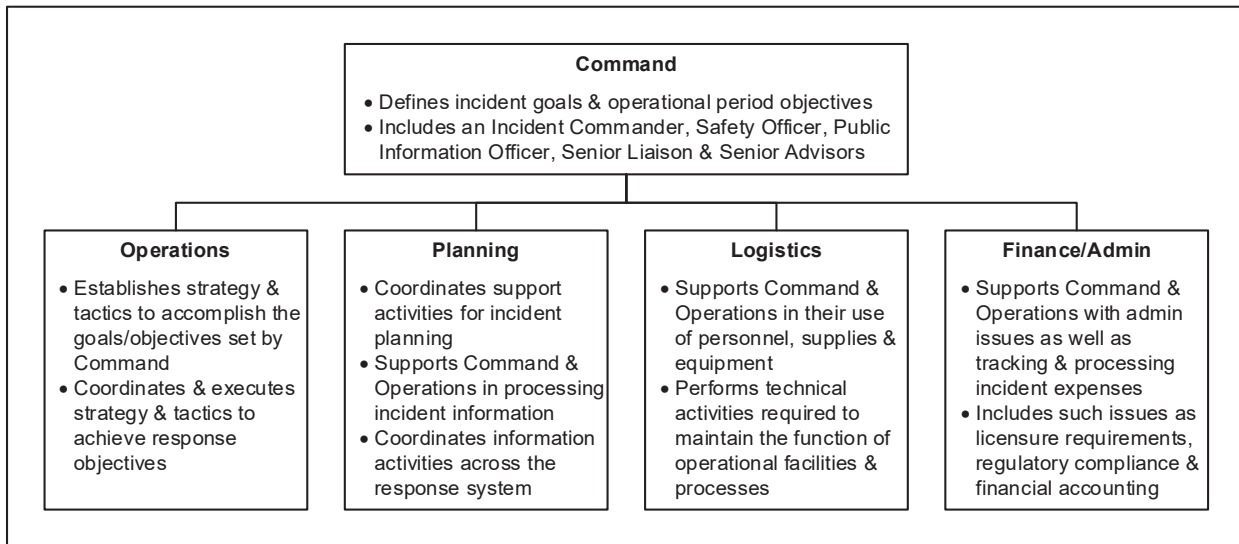
This manual focuses on the field operations level, and positions within the Standardized Emergency Management System (SEMS). In addition, this manual complies with the National Incident Management System (NIMS).



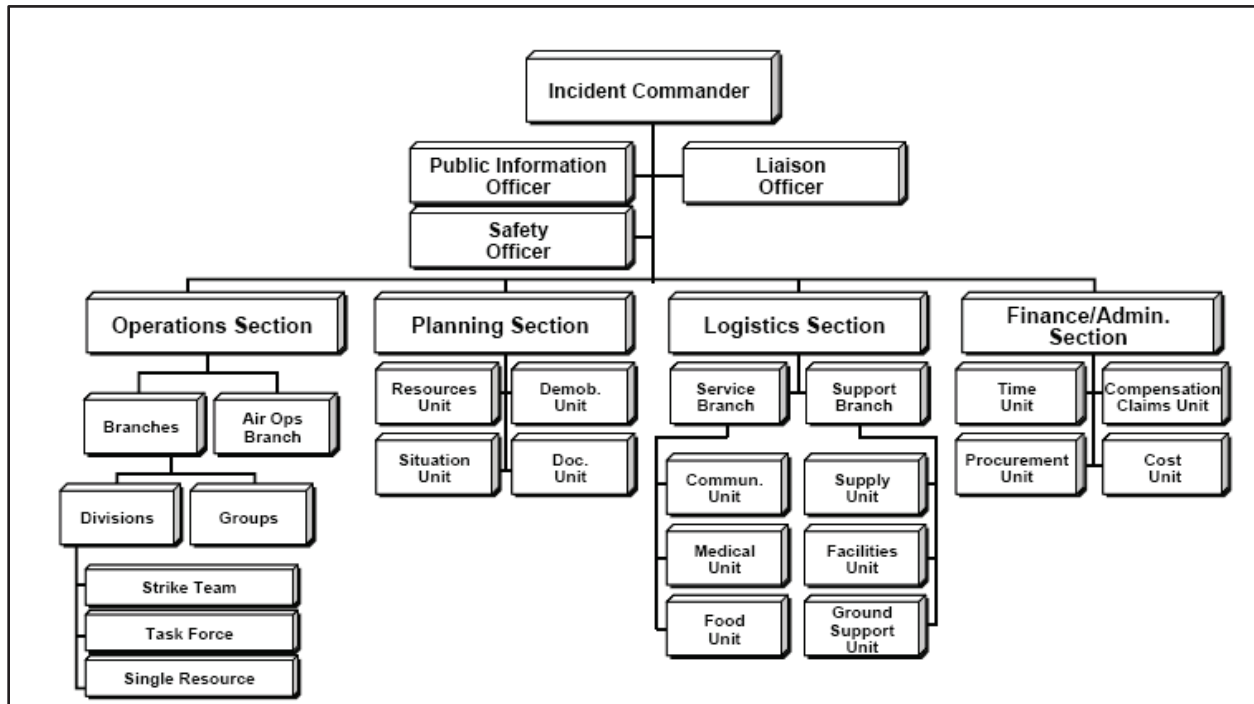
SECTION 2: Incident Command

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

ICS Functions



Basic ICS Organizational Chart





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

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

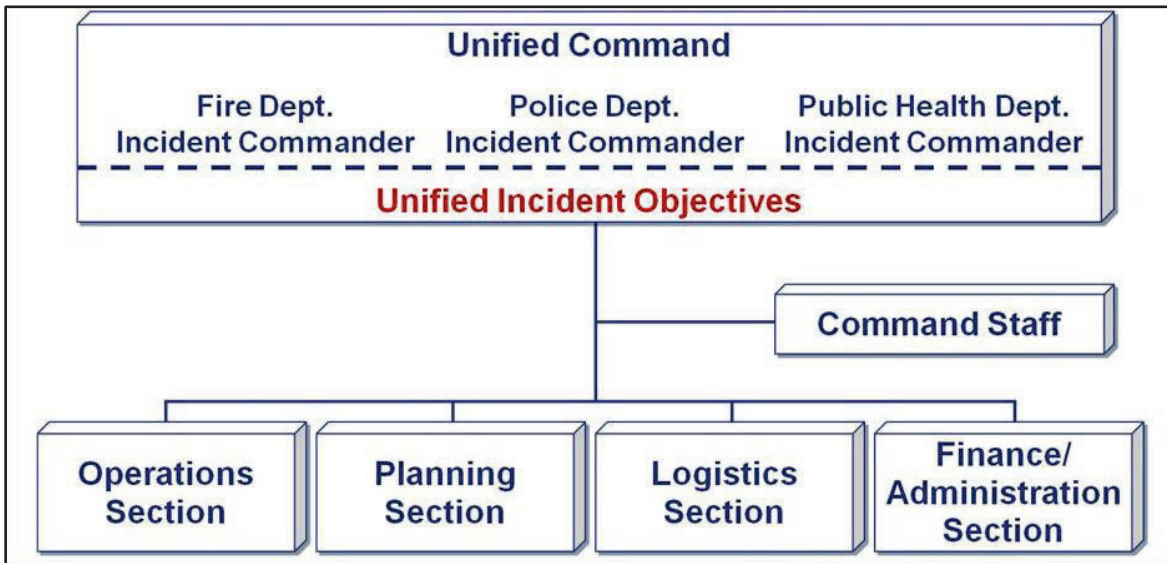
The IC has responsibility for coordination of all public and private agencies engaged at the incident site, and controls all responding agencies. The IC is responsible for establishing the Command Post (CP), notifying applicable dispatch centers, requesting resources, and providing the initial field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

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

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



Sample Unified Command Organizational Chart



The IC is responsible for the following general functions:

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

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



SECTION 3: Communications

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

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

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



SECTION 4: Equipment & Supplies

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

SECTION 5: Activation/Notification

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

Resource Mobilization

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

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

Control Facility (CF) Notification

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



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



SECTION 6: Incident Operations

Scene Initiation of ICS

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

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

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

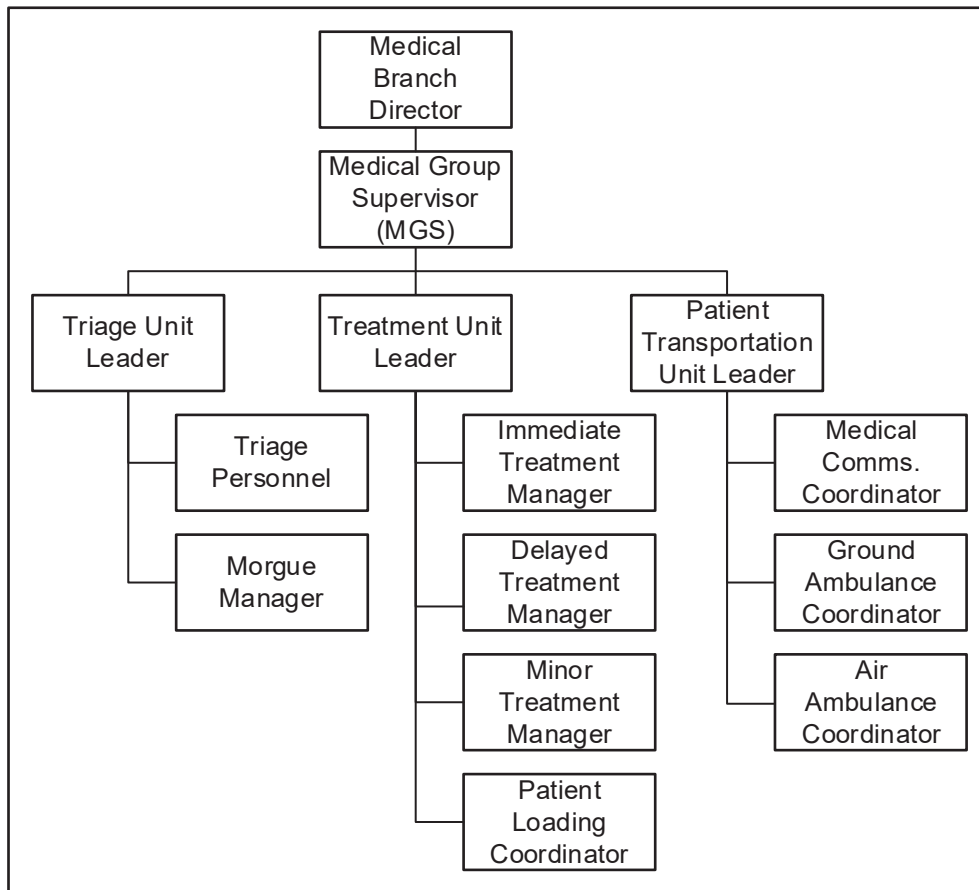
MCI Medical Branch

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

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



MCI Medical Branch Organizational Chart



MCI Medical Branch Supervisor/Leader Positions

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



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



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

Designated Areas

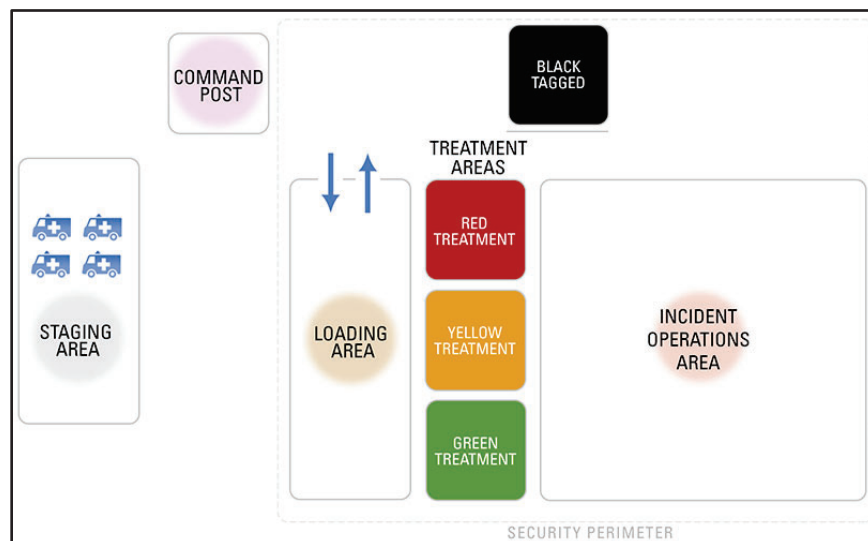
Locations of designated areas, as detailed below, shall be approved by the IC (or designee). Once the location has been identified, the MGS (or designee) will oversee the organizing of specific areas within the agreed upon location.

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



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

Sample MCI Scene Designated Areas



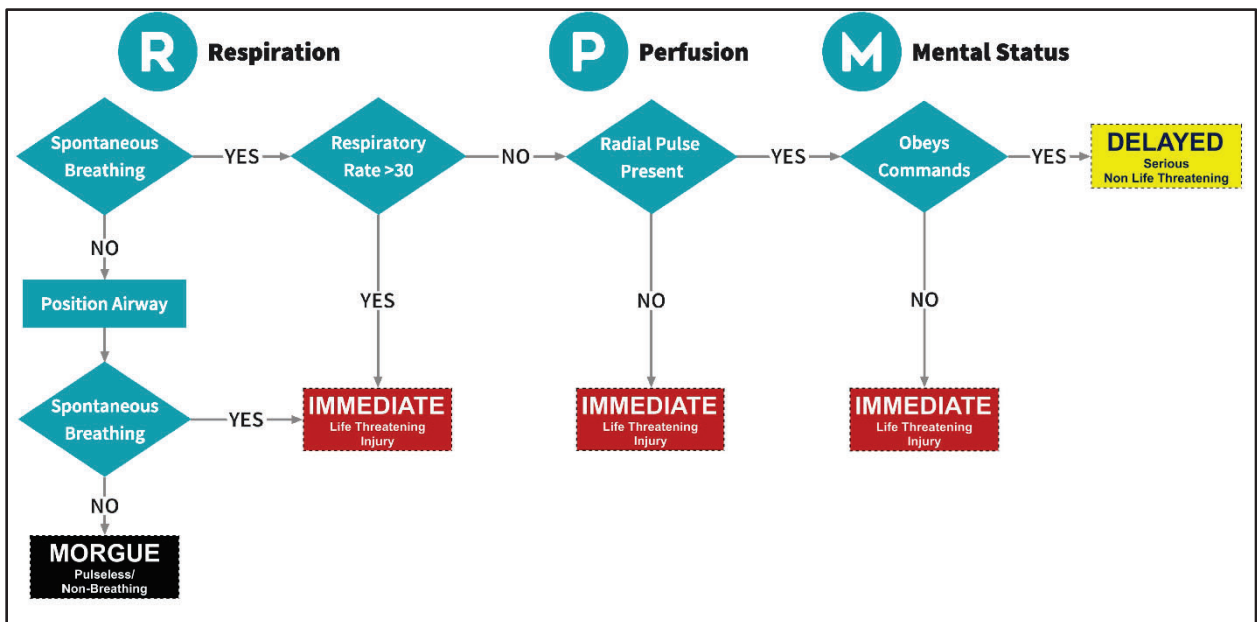


Triage

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

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

START ‘RPM’ Method for Triage of Non-Walking Wounded Patients





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





Treatment

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

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



EMS Resource Management

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

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

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

Patient Transportation/Dispersal

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

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



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

Hospital Communications

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

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

Hazardous Materials Incidents

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

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



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

Active Shooter/Mass Violence Incidents

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

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

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



SECTION 7: Documentation

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



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

SECTION 8: MCI Incident Review/Quality Improvement

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

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

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

SECTION 9: Training

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

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

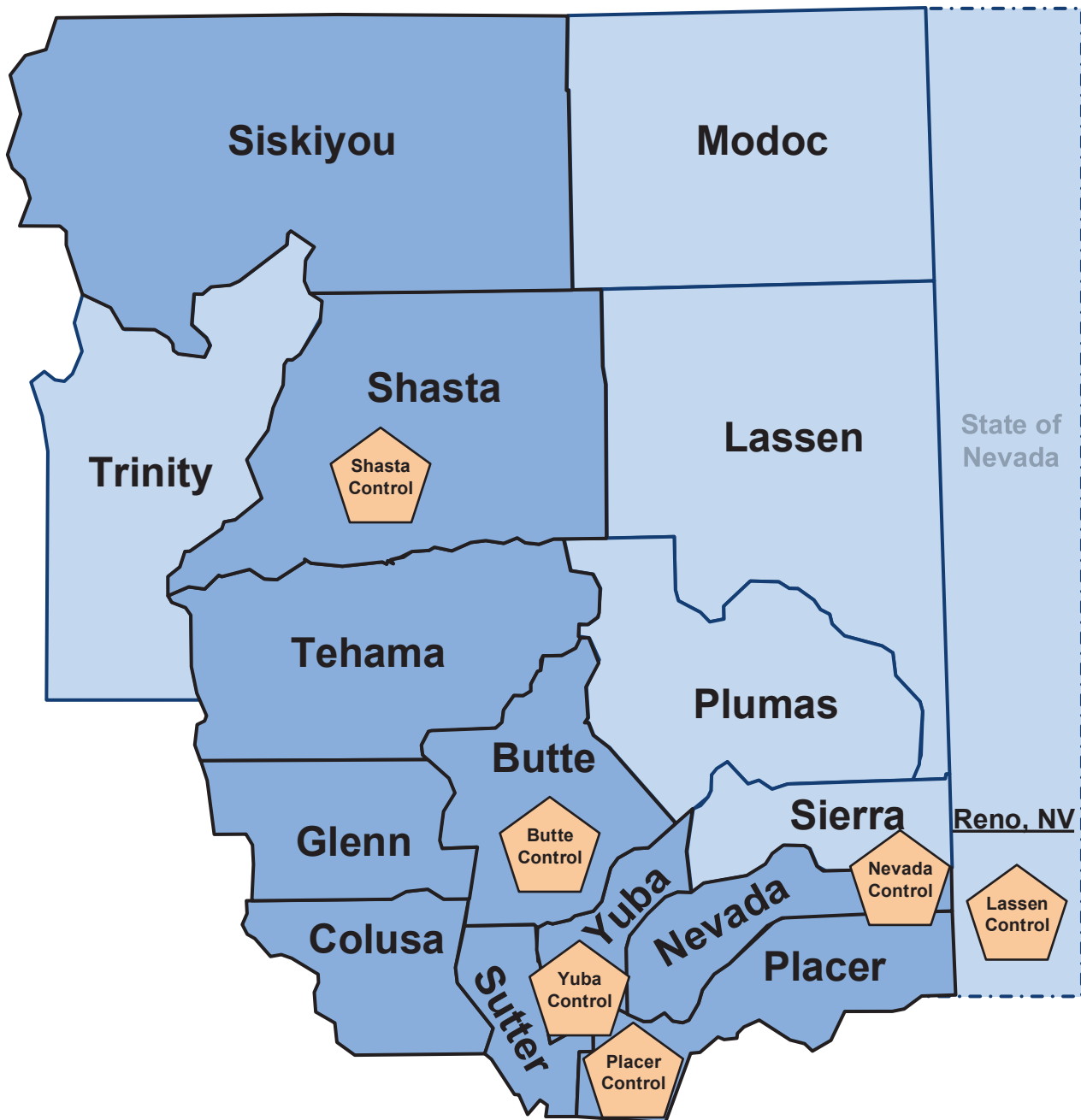


APPENDICES A – H (MCI References & Standardized Forms)

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

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

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



Local EMS Agencies (LEMAs)

Nor-Cal EMS Counties (Lassen, Modoc, Plumas, Sierra, Trinity)

S-SV EMS Counties (Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, Yuba)

Control Facilities (CFs)

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



Appendix B MCI Kit Recommended Inventory



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

| MCI Equipment/Supplies | Quantity |
|--|----------|
| Folio or gear bag for MCI Kit contents | 1 each |
| MCI position vests for Triage Unit Leader & Medical Group Supervisor | 1 each |
| MCI Medical Branch Position responsibilities (Appendix C) references for the following: <ul style="list-style-type: none"> • Medical Branch Director • Medical Group Supervisor • Triage Unit Leader • Treatment Unit Leader • Treatment Area Manager • Patient Loading Coordinator • Patient Transportation Unit Leader • Medical Communications Coordinator • Ground Ambulance Coordinator • Air Ambulance Coordinator | 1 each |
| DMS All Risk START Triage Tags | 10 each |
| Grease pencils & ball point pens | 2 each |
| Trauma shears | 1 each |
| Clipboard (consider small dry erase clipboard with markers) | 1 each |
| Barrier tape | 1 roll |
| Glow sticks | 2 each |
| CF Communications Plan/Reference/Map | 1 each |
| Forms: <ul style="list-style-type: none"> • MCI Medical Branch Worksheet (Appendix D) • Patient Tracking Worksheet (Appendix E) • Ground Ambulance Resource Staging Log (Appendix F) • ICS 214 Activity Log (Appendix G) | 2 each |



**Appendix C
MCI Medical Branch
Position Responsibilities**



| MEDICAL BRANCH DIRECTOR | MEDICAL GROUP SUPERVISOR |
|---|--|
| <ul style="list-style-type: none"> • Review Group Assignments for effectiveness of current operations and modify as needed • Provide input to Operations Section Chief for the Incident Action Plan • Supervise Branch activities and confer with Safety Officer to assure safety of all personnel using effective risk analysis and management techniques • Report to Operations Section Chief on Branch activities • Maintain ICS 214 Activity Log | <ul style="list-style-type: none"> • R-A-C-I-N-G: <ul style="list-style-type: none"> ○ Resources (assess resource needs) <ul style="list-style-type: none"> ▪ Equipment and supplies ▪ Manpower: ALS, BLS, litter bearers ▪ Transportation: ambulances, buses, vans ○ Assignments: <ul style="list-style-type: none"> ▪ Establish the Medical Group and assign personnel ▪ Direct/supervise Medical Group personnel ○ Communications <ul style="list-style-type: none"> ▪ Ensure early notification of the applicable Control Facility (CF) ▪ Participate in Medical Branch/Operations Section planning activities ○ Ingress/Egress <ul style="list-style-type: none"> ▪ Report staging location and transport routes to dispatch ○ Name <ul style="list-style-type: none"> ▪ Confer with IC/Operations Section Chief to determine incident name, relay to dispatch & Control Facility (CF) ○ Geography <ul style="list-style-type: none"> ▪ Designate treatment area locations ▪ Isolate MORGUE and MINOR treatment areas from IMMEDIATE/DELAYED treatment areas ▪ Request adequate security, traffic control and access for the Medical Group work areas • Maintain ICS 214 Activity Log |



**Appendix C
MCI Medical Branch
Position Responsibilities**



| TRIAGE UNIT LEADER | TREATMENT UNIT LEADER |
|--|---|
| <ul style="list-style-type: none"> • Develop organization sufficient to handle assignment • Inform Medical Group Supervisor of resource needs • Implement triage process <ul style="list-style-type: none"> ○ May utilize a colored ribbon system for initial on-scene triage process ○ Ensure approved triage tags are properly applied to each victim prior to transport • Coordinate movement of patients from the Triage Area to appropriate Treatment Area • Ensure adequate patient decontamination and proper notifications are made (if applicable) • Give periodic status reports to the Medical Group Supervisor, including total victim counts by triage category • Maintain security and control of the Triage Area • Establish a temporary Morgue Area in coordination with Law Enforcement/Corner (if necessary) • Maintain ICS 214 Activity Log | <ul style="list-style-type: none"> • Develop organization sufficient to handle assignment • Direct/supervise IMMEDIATE, DELAYED and MINOR treatment areas and Patient Loading Coordinator • Ensure adequate patient decontamination and proper notifications are made (if applicable) • Ensure continued assessment of patients and re-assess/re-locate as necessary throughout Treatment Areas • Coordinate movement of patients from Triage Area to Treatment Areas with Triage Unit Leader • Assign incident personnel to be treatment personnel/litter bearers • Request sufficient medical equipment/supplies (including DMSU or medical cache support trailers) • Establish communications/coordination with the Patient Transportation Unit Leader • Direct movement of patients to ambulance loading areas • Give periodic status reports to the Medical Group Supervisor • Request specialized medical resources as needed • Maintain ICS 214 Activity Log |



**Appendix C
MCI Medical Branch
Position Responsibilities**



| TREATMENT AREA MANAGER | PATIENT LOADING COORDINATOR |
|---|---|
| <ul style="list-style-type: none"> • Assign treatment personnel to patients received in the treatment area • Provide assessment of patients and re-asses/ re-locate as necessary • Ensure appropriate level of treatment is provided to patients • Ensure that patients are prioritized for transportation • Coordinate transportation of patients with Patient Loading Coordinator • Notify Patient Loading Coordinator of patient readiness and priority for transportation • Ensure that appropriate patient information is recorded • Maintain ICS 214 Activity Log | <ul style="list-style-type: none"> • Establish/maintain communications with the IMMEDIATE, DELAYED and MINOR Treatment Managers • Establish/maintain communications with the Patient Transportation Unit Leader • Verify that patients are prioritized for transportation • Advise Medical Communications Coordinator of patient readiness and priority for transport • Coordinate transportation of patients with Medical Communications Coordinator • Ensure that appropriate patient tracking information is recorded • Coordinate ambulance loading with the Treatment Managers and ambulance personnel • Maintain ICS 214 Activity Log |



**Appendix C
MCI Medical Branch
Position Responsibilities**



| PATIENT TRANSPORTATION UNIT LEADER | MEDICAL COMMS. COORDINATOR |
|---|--|
| <ul style="list-style-type: none"> • Establish/maintain communications with the Control Facility (CF) • Designate Ambulance Staging Area(s) • Direct patient destinations as determined by the Medical Communications Coordinator, in coordination with the Control Facility (CF) • Ensure that patient information and destinations are adequately recorded • Establish/maintain communications with the Ground Ambulance Coordinator, the Air Ambulance Coordinator (if established), and the Helispot Manager • Request additional medical transportation resources (air/ground) as required • Notify the Ground Ambulance Coordinator and the Air Ambulance Coordinator of ambulance requests • Coordinate the establishment of the Helispot(s) with the Medical Group Supervisor, the Air Ambulance Coordinator, and the Helispot Manager • Maintain ICS 214 Activity Log | <ul style="list-style-type: none"> • Establish/maintain communications with the Control Facility (CF), in coordination with the Patient Transportation Unit Leader – provide pertinent information and periodic updates • Determine/maintain current status of receiving facility availability and capacity • Receive basic patient information and condition from Treatment Area Managers and/or Patient Loading Coordinator • Coordinate patient destination with the Control Facility (CF) • Communicate patient ground transportation needs to the Ground Ambulance Coordinator based on requests from the Treatment Area Managers and/or Patient Loading Coordinator • Communicate patient air transportation needs to the Air Ambulance Coordinator based on requests from the Treatment Area Managers and/or Patient Loading Coordinator • Maintain ICS 214 Activity Log |

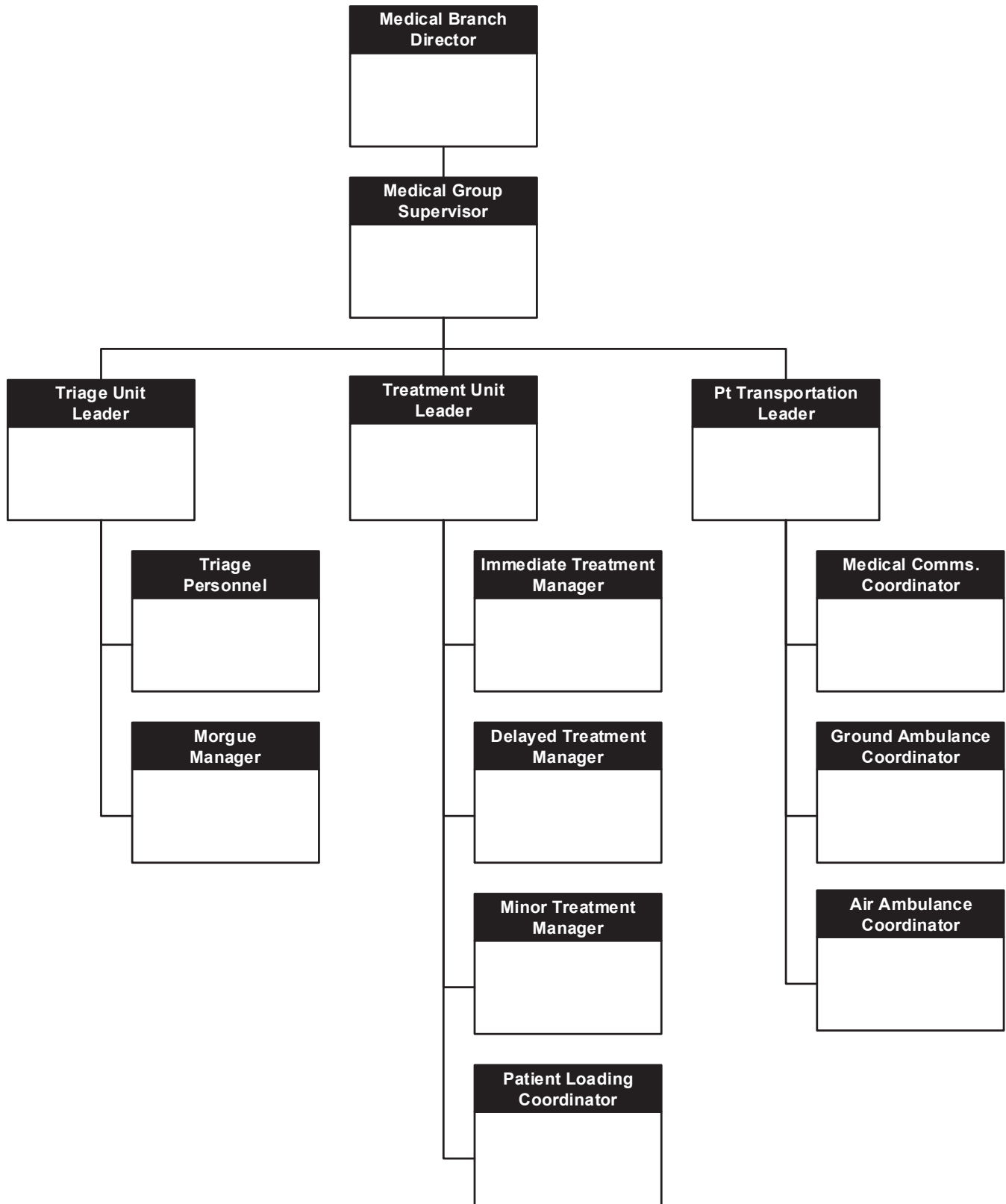


**Appendix C
MCI Medical Branch
Position Responsibilities**



| GROUND AMBULANCE COORDINATOR | AIR AMBULANCE COORDINATOR |
|--|---|
| <ul style="list-style-type: none"> • Establish an appropriate staging area for ambulances • Establish routes of travel for ambulances for incident operations • Establish/maintain communications with Air Ambulance Coordinator and the Helispot Manager regarding air transportation assignments • Establish/maintain communications the Medical Communications Coordinator and Patient Loading Coordinator • Provide ambulances upon request from the Medical Communications Coordinator • Ensure that necessary equipment is available in the ambulance for patient needs during transportation • Establish/maintain contact with ambulance providers on scene • Request additional ground transportation resources as appropriate • Consider the use of alternate transportation resources (buses, vans, etc.) • Provide an inventory of medical supplies available at Ambulance Staging Area for use at the scene • Maintain ICS 214 Activity Log | <ul style="list-style-type: none"> • Coordinate air ambulance staging and patient loading procedures at the Helispot with the Helispot Manager • Establish/maintain communications with the Medical Communications Coordinator and Patient Transportation Unit Leader to determine receiving hospital destinations • Confirm the type of air resources and patient capacities with the Helispot Manager, and provide information to the Medical Communication Coordinator and Patient Transportation Unit Leader • Confirm the patient destination with the air ambulance crew, and relay any diversions to the Medical Communication Coordinator and Patient Transportation Unit Leader • Monitor patient care and status at the Helispot when patients are waiting for air transportation • Maintain ICS 214 Activity Log |

MCI MEDICAL BRANCH ORGANIZATIONAL CHART





Appendix D
Medical Branch Worksheet



MCI MEDICAL BRANCH ORGANIZATIONAL CHART NOTES

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

MCI MEDICAL BRANCH PRIMARY TASK CHECKLIST

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

Notes

Appendix E: Patient Tracking Worksheet

| Incident Name/Location | Incident Date | Form Completed By | Contact Telephone # | | | | | | |
|------------------------|--|-------------------|---------------------|-----------------------|-----------------------|----------------|-------------|-----|------------|
| Triage Status | Triage Tag # (Last 4) Patient Name (First & Last) | Age Sex | Primary Injury Type | County of Origin Code | Transport Destination | Trans. Unit ID | Trans. Time | ETA | CF Advised |
| IDM | ----- | M F U | | | | | | | |
| IDM | ----- | M F U | | | | | | | |
| IDM | ----- | M F U | | | | | | | |
| IDM | ----- | M F U | | | | | | | |

County of Origin Codes

- Butte (XBU) Colusa (XCO) Glenn (XGL) Lassen (XLS) Modoc (XMO) Nevada (XNE) Placer (XPL) Plumas (XPU)
 Shasta (XSH) Sierra (XSI) Siskiyou (XSK) Sutter (XSU) Tehama (XTE) Trinity (XTR) Yuba (XYU)

Submit completed worksheets to applicable LEMSA

ICS 214 Activity Log

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

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

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

Notes:

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

| Block Number | Block Title | Instructions |
|--------------|---|--|
| 1 | Incident Name | Enter the name assigned to the incident. |
| 2 | Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies. |
| 3 | Name | Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, Safety Officer, Strike Team). |
| 4 | ICS Position | Enter the name and ICS position of the individual in charge of the Unit. |
| 5 | Home Agency (and Unit) | Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline. |
| 6 | Resources Assigned | Enter the following information for resources assigned: |
| | <ul style="list-style-type: none"> • Name | Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option. |
| | <ul style="list-style-type: none"> • ICS Position | Use this section to enter the resource's ICS position (e.g., Finance Section Chief). |
| | <ul style="list-style-type: none"> • Home Agency (and Unit) | Use this section to enter the resource's home agency and/or unit (e.g., Des Moines Public Works Department, Water Management Unit). |
| 7 | Activity Log <ul style="list-style-type: none"> • Date/Time • Notable Activities | <ul style="list-style-type: none"> • Enter the time (24-hour clock) and briefly describe individual notable activities. Note the date as well if the operational period covers more than one day. • Activities described may include notable occurrences or events such as task assignments, task completions, injuries, difficulties encountered, etc. • This block can also be used to track personal work habits by adding columns such as "Action Required," "Delegated To," "Status," etc. |
| 8 | Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time | Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). |



Appendix H
MCI Details/Feedback Form



REPORTING ENTITY

| | |
|-------------------|-------------------|
| Reporting Agency: | Reporting Person: |
| Telephone: | Email Address: |

INCIDENT INFORMATION (COMPLETE AS APPLICABLE TO YOUR AGENCY'S ROLE)

| | | |
|---|--------------------------------|--|
| Incident Date: | Incident Name: | |
| Incident Location: | | |
| Dispatch Time: | On Scene Time: | Incident End Time: |
| First Responder Agencies Utilized: | | |
| Ground Transport Agencies Utilized: | | |
| Air Transport Agencies Utilized: | | |
| Other Type Of Transport Resources Utilized: | | |
| Incident Commander: | Medical Group Supervisor: | |
| Triage Unit Leader: | Treatment Unit Leader: | |
| Pt. Trans. Unit Leader: | Were MCI ID Vests Used? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were Triage Tags Used? <input type="checkbox"/> Yes <input type="checkbox"/> No | Were Pt. Tracking Sheets Used? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Number & Type Of Patients

| | | | |
|----------------------------|----------|-----------------------------------|-----------|
| IMMEDIATE: | DELAYED: | MINOR: | DECEASED: |
| Total # Of Adult Patients: | | Total # Of Pediatric Patients: | |
| # Of Patients Transported: | | # Of Patients Refusing Transport: | |

Control Facility (CF) Information

| | |
|---------------------|--------------------------|
| CF Name: | Initial CF Contact Time: |
| CF Issues/Comments: | |



Appendix H
MCI Details/Feedback Form

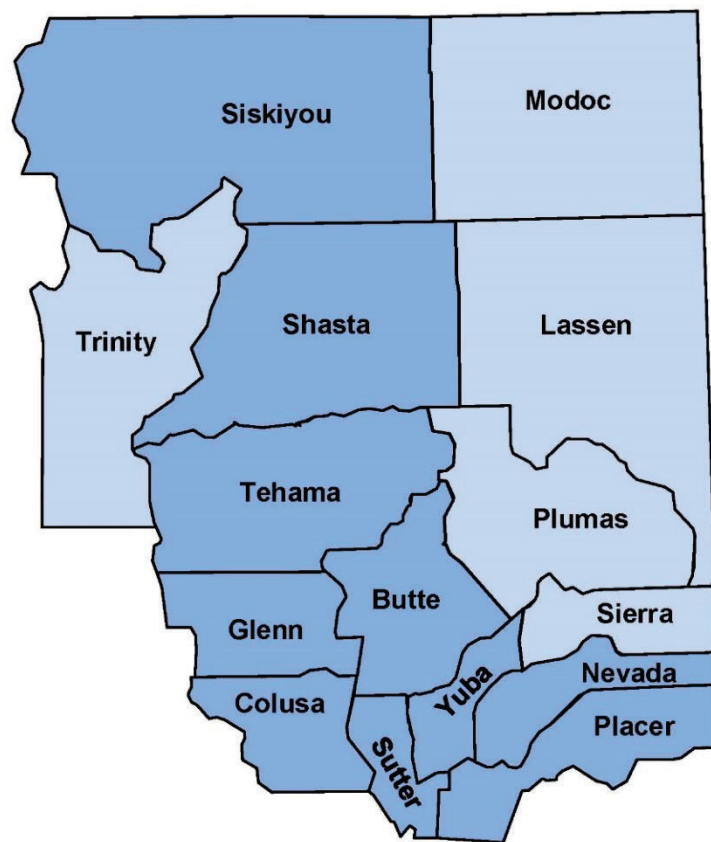


MCI COMMENTS/ISSUES/SUGGESTIONS/OBSERVATIONS

NOR-CAL EMS/S-SV EMS

Regional MCI Plan – Manual 2

Patient Distribution



REVISED 02-2020



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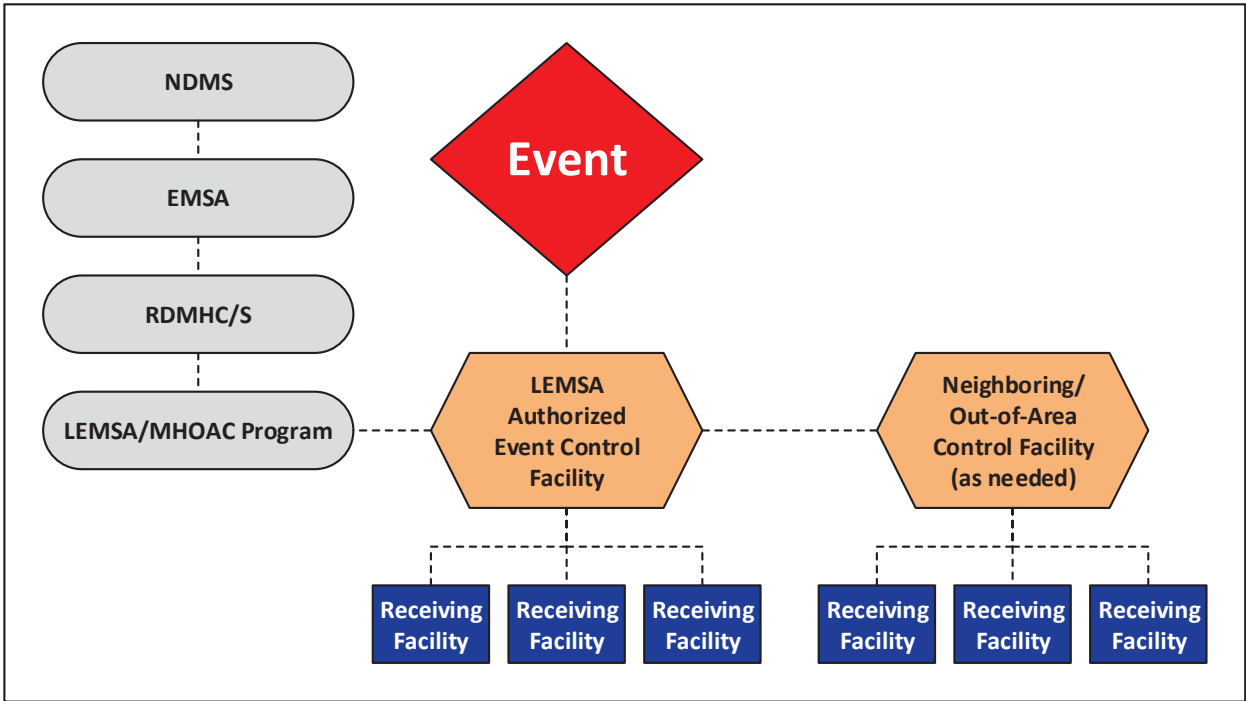
Introduction

Purpose

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

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

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





Authority

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

Background

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



SECTION 1: Control Facility (CF)

Pre-Event Responsibilities

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

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



MCI Response

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

Sample Field to CF Communications – Initial Incident Notification

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

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



• **Receiving Facility Capability Reporting**

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

| Drill: Behavioral Health Bed Poll | | South bonneyview TC with Fire | | | | | | | |
|--|--------------------|-------------------------------|---------|-------|----------------|----------------------|---------------------------------|--------------|------------------------------|
| Created By: Mercy Medical Center - Redding @ 03/18/15 16:28 EMS responding to 2-3 vehicle involved in TC with fire reported | | | | | | | | | |
| Shasta County | R3 Facility Status | Immediate | Delayed | Minor | Decon Facility | Surgeon Availability | Comment | Last Update | By User |
| Mercy Medical Ctr Redding, L-II Trauma | Open | 2 | 1 | 10 | Yes | Yes | Schepps, Brusett | 18 Mar 16:29 | Mercy Medical Center - Re... |
| Shasta Regional Medical Center, L-III | Open | 1 | 0 | 10 | Yes | Yes | ER HOLDING ADMITTED PTS. Beck | 18 Mar 16:31 | LyRae Sullivan |
| Summary | N/A | 3 | 1 | 20 | N/A | N/A | | | |

• **MCI Communications**

- The Patient Transportation Unit Leader/Medical Communications Coordinator shall be referred to by Incident Name + Medical. (e.g. *“East Avenue Medical”*), NOT by ambulance unit, ambulance company, or personal name.
- CFs shall be referred to by County Name + Control (e.g. *“Shasta Control”*).
- All EMS patient destination traffic shall be routed through the CF, even for non-MCI patients, as local ambulance traffic will potentially affect receiving facility capacities.
- Patient reports shall not be given directly to the receiving facilities by transporting units, unless this can be accomplished using an alternate communications system that will not interfere with MCI communications.

• **Updating the EMResource MCI Event**

- The CF shall update the EMResource MCI Event information any time new information is received from the field, including: total patient count by triage category, patient destinations, etc.
- The CF shall confirm the total number of transport resources available, and utilize the Control Facility MCI Patient Destination Worksheet (see Appendix B).
- When transport or on-scene times are extended, the CF should consider re-assessing receiving facility capacities.

• **Patient Destinations**

- When notified by the Patient Transportation Unit Leader/Medical Communications Coordinator that triage is complete, the CF shall document patient information on the Control Facility MCI Patient Destination Worksheet (see Appendix B).



Sample Field to CF Communications – Triage Completed

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

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

Sample Field to CF Communications – Patient Destinations

- **Field:** *“Butte Control, this is East Avenue Medical. The Immediate Head and Immediate Chest are ready for transport.”*
- **CF:** *“Copy East Avenue Medical. Please transport your Immediate Head by air to Trauma Center A, and your Immediate Chest by air to Trauma Center B.”*
- **Field:** *“Butte Control, East Avenue Medical copy. The Immediate Head Tag #1234 is departing now in Air1 with a 5 minute ETA, and the Immediate Chest Tag #2345 will be departing in about 5 minutes in Air2 with a 10 minute ETA to Trauma Center B.”*
- **CF:** *“We copy, the Immediate Head is departing now with a 5 minute ETA to Trauma Center A by Air1. Please re-contact us when the Immediate Chest departs for Trauma Center B with their departure time.”*
- **Field:** *“Butte Control, East Avenue Medical we will contact you when the Immediate Chest departs scene. We are ready for destinations for our 3 Delayed and 6 Minors.”*
- **CF:** *“East Avenue Medical, please transport 2 Delayed to Hospital C, 1 Delayed and 1 Minor to Hospital D, and the other 4 Minors to Hospital E.”*
- **Field:** *“I copy, Butte Control. I’ll contact you when they depart scene with their departure times, Tag #'s and ETAs. East Avenue Medical, clear.”*



- **Patient Destination Guidelines**

- Immediate Patients

- Send to Immediate Teams at facilities within 30 minutes (30 miles) transport time from the incident whenever possible.
- Send specialty patients (trauma, burn, pediatric, etc.) to the nearest specialty patient receiving centers when possible (as indicated by LEMSA policies).
- When more patients exist than available teams to accept those patients, consider one or more of the following:
 - Requesting receiving facilities to increase patient capacity.
 - Sending more patients to local teams than standard guidelines.
 - Sending patients beyond the standard transport radius.

- Delayed Patients

- Send to Delayed or Immediate Teams within 60 minutes (60 miles) transport time from the incident whenever possible.
- When more patients exist than available teams to accept those patients, consider one or more of the following:
 - Requesting receiving facilities to increase patient capacity.
 - Sending more patients to local teams than standard guidelines.
 - Sending patients beyond the standard transport radius.

- Minor Patients

- Send to local hospital EDs. These patients can typically be assessed by hospital triage personnel and await definitive care.
- When more patients exist than available teams to accept those patients, consider one or more of the following:
 - Requesting receiving facilities to increase patient capacity.
 - Sending more patients to local teams than standard guidelines.
 - Sending patients beyond the standard transport radius.

- EMS Aircraft Transport

- When sending patients by EMS aircraft to receiving facilities, assess whether the field Patient Transportation Unit Leader/Medical Communications Coordinator has obtained destination information from the flight crew (i.e. flight crews may have pre-determined their best destination based on environmental conditions, fuel, etc.).



- Consider sending patients by EMS aircraft to farthest appropriate facilities (those with helipads within the transport time radius), allowing ground units to transport to nearer appropriate facilities.
- **Ending an EMResource MCI Event**
 - Once all patients have been distributed, the CF shall update the EMResource MCI Event (see EMResource User Guide), providing a final summary of the event to participating receiving facilities; including patient destinations.
 - Approximately 5 minutes after providing the final event summary, the CF shall end the EMResource MCI Event (see EMResource User Guide).
 - Once the event has been completed, the CF shall complete/submit an MCI Details/Feedback Form (see Appendix F) and file all MCI paperwork.
 - The Patient Transportation Unit Leader/Medical Communications Coordinator should contact the CF (in person or by telephone) to review and reconcile the patient tracking form to ensure all transportation/disposition information is correct.
 - The LEMSA will coordinate an After Action Review when determined necessary, or upon request of any agency involved in responding to the event.

EMResource Hospital Bed Availability Polling

An EMResource hospital bed availability poll is utilized to collect current hospital bed and resource availability information for use by decision makers, planners, and emergency personnel at the local, OA, State, regional, and/or federal levels. Upon request of the LEMSA or MHOAC Program, the CF shall initiate the requested hospital bed availability polling event in EMResource, and do the following:

- Monitor facility responses and contact any facility that has not responded within 30 minutes of the request to ensure response or obtain necessary information.
- Create a “Snapshot” report, showing polling results (see EMResource User Guide).
- Provide the results of the poll to the requesting entity.

EMResource Regional Announcement

An EMResource Regional Announcement allows for the notification of any number of facilities. Announcements may be initiated by the LEMSA, MHOAC Program, a local Public Health Department, or a CF. Creating a Regional Announcement Event is similar to creating an MCI Event (see EMResource User Guide). Examples of Regional Announcements might include:

- Unusual event/circumstance.
- Information regarding a hazardous materials spill.
- Information from local, OA, regional, statewide, or federal public health warnings.



SECTION 2: Receiving Facilities

Pre-Event Responsibilities

Receiving facilities shall be authorized within each OA by the LEMSA for the purpose of receiving ambulance transported patients.

- **Staff & Resources**
 - Receiving facilities shall maintain adequate personnel and equipment to perform the duties outlined in this plan.
- **Communications**
 - Receiving facilities shall maintain the following minimum communications equipment:
 - EMResource located in the facility where audio alerts may be heard and responded to 24 hours per day, 365 days per year.
 - Dedicated land-line telephone system.
 - Emergency two-way radio systems (UHF Med Net, VHF, 800 MHz, etc.).
 - Amateur Radio.
 - Other communications devices or systems as required by LEMSA policies.
- **Liaison/Coordination**
 - Each receiving facility shall appoint a liaison to the LEMSA and local CF. The receiving facility shall notify the LEMSA and local CF Supervisor when this position changes, providing an updated name and contact information.
- **Training**
 - The receiving facility liaison shall ensure that appropriate receiving facility personnel have received adequate training on this patient distribution MCI Plan document, EMResource operations, back-up communication systems (radio, telephone, etc.), and patient tracking systems.
 - In cooperation with the LEMSA and CF, each receiving facility shall participate in patient distribution exercises/drills.

Facility Status Updates

- Each receiving facility shall update their facility status in EMResource whenever their facility status changes, or at a minimum of once every 24-hours.
- EMResource will automatically prompt each receiving facility to update their status each day at 8 am (see EMResource User Guide).



MCI Response

Once a MCI Alert has been received, receiving facility personnel shall:

- Determine facility capacity utilizing the Receiving Facility Patient Capacity Worksheet (see Appendix A), according to the following guidelines:
 - Immediate Team (able to receive 1 patient).
 - At least 1 ED physician (and 1 trauma surgeon for trauma MCIs) and 2 nurses.
 - Delayed Team (able to receive 2 patients).
 - At least 1 ED physician and 1 nurse.
 - Minor Team (able to receive 10 patients).
 - At least 1 nurse.

Note: If staff/resources are available to receive 2 Immediate patients, the receiving facility shall report “2 Immediates”, even if there are only Delayed patients on scene.

- Report patient receiving capabilities by category (Immediate, Delayed and Minor) in the appropriate EMResource data fields within 5 minutes of the CF request.
- Notify the Charge Nurse of the Event, providing pertinent incident and department staffing/resource updates as necessary.
- Monitor EMResource incident information/updates.
- Notify/update appropriate hospital personnel (treatment teams, trauma services, etc.) of incoming patient counts, triage categories, conditions and estimated arrival times.
- Hospital admitting personnel shall use the triage tag number in the admitting process in such a means that patient information and medical records may be retrieved rapidly by the use of the triage tag number.
- Once the event has been completed, all participating receiving facilities shall complete/submit an MCI Feedback/Details Form (see Appendix F) and file all MCI paperwork.

EMResource Hospital Bed Availability Polling

An EMResource hospital bed availability poll is utilized to collect current hospital bed and resource availability information for use by decision makers, planners, and emergency personnel at the local, OA, State, regional, and/or federal levels.

- A hospital bed availability poll may be initiated by the CF, LEMSA, or MHOAC Program to assess local resources, or may be generated by the RDMHC/S to assess resources throughout the region.
- Each polled hospital shall report, using EMResource, their current facility status and capacities for each of the polling categories within 30 minutes of request.



SECTION 3: LEMSA/MHOAC Program

- The LEMSA/MHOAC Program shall be notified by the CF for any of the following:
 - Events requiring patient distribution to receiving facilities beyond those which the Event CF can routinely poll in EMResource.
 - Events involving a hospital evacuation.
 - Events requiring implementation of Crisis Standard of Care Procedures.
 - Inability of the CF to conduct patient distribution activities
 - Other criteria established by the LEMSA/MHOAC Program.
- A LEMSA/MHOAC Program shall contact the RDMHC/S for events requiring patient distribution to receiving facilities beyond those which the Event CF can routinely poll in EMResource. In these instances, the RDMHC/S will assist in facilitating the interregional and/or Intraregional distribution of patients as necessary.
- A LEMSA/MHOAC Program may be contacted by the RDMHC/S for receiving patients from an event outside their jurisdictional area. In these instances, the LEMSA/MHOAC Program will work with the CF to rapidly assess local receiving facility capacities and coordinate patient distribution. If necessary, the LEMSA/MHOAC Program may establish a Field Treatment Site (FTS) and/or Patient Reception Area (PRA). Upon establishment of a FTS/PRA, the LEMSA/MHOAC Program shall:
 - Notify the applicable OA Office of Emergency Services (OES) Coordinator to activate and support the FTS/PRA, including the establishment of an ICS structure, Medical Branch Director, and accurate patient tracking.
 - Notify local EMS providers to support the FTS/PRA, including any transportation needs.
 - Monitor EMResource to ensure receiving facility capacities are accurately reported/updated.
 - Maintain communications with the RDMHC/S to facilitate and track patient distribution and movement.



SECTION 4: RDMHC/S, EMSA, NDMS

The Regional Disaster Medical Health Coordinator (RDMHC) is responsible for the coordination of medical and health mutual aid among the OAs within their mutual aid region. The Regional Disaster Medical Health Specialist (RDMHS) is staff to the RDMHC, and works under the general guidelines and objectives issued by the California EMS Authority (EMSA).

- The RDMHC/S shall be activated by the LEMSA/MHOAC Program for assistance with inter-region/inter-state patient distribution when an event exceeds the capacity of local receiving facilities.
- For events that exceed the capacity of facilities within the CFs area of EMResource polling capabilities, the RDMHC/S shall contact the bordering RDMHC/S and EMSA to facilitate inter-region and/or inter-state patient distribution.
- When contacted by a bordering RDMHC/S or the EMSA to receive patients from an event outside the region, the RDMHC/S shall:
 - Create an EMResource Regional Announcement (see EMResource User Guide) to notify local facilities and MHOAC Programs of the event, and need for patient distribution/tracking.
 - Work with the CFs to rapidly assess receiving facility capacities and coordinate patient distribution.
 - Monitor EMResource to ensure receiving facility capacities are accurately reflected
 - Coordinate with the LEMSA/MHOAC Programs to establish temporary Field Treatment Sites (FTS)/Patient Reception Areas (PRA) as necessary.
 - Maintain communications with the EMSA and LEMSA/MHOAC Programs to facilitate patient movement and patient distribution.
 - Ensure final patient tracking information is provided to the requesting entity.
- For events requiring out-of-state patient distribution, the EMSA will coordinate with the National Disaster Medical Service (NDMS) to rapidly assess other states' receiving facility capacities and coordinate patient distribution to other states.



SECTION 5: Glossary

- **California EMS Authority (EMSA):** The state department with responsibility to coordinate, through LEMSAs, medical and hospital disaster preparedness with other local, OA, state, and federal agencies/departments having a responsibility relating to disaster response.
- **Crisis Standard of Care:** A level of medical care delivered to individuals under conditions of duress (disaster, pandemic, etc.), or when medical/health resources are insufficient for demand.
- **Control Facility (CF):** A facility/entity identified and authorized by the LEMSA to assume primary responsibility for determining patient destinations during a MCI or facility evacuation requiring the coordination of patient destinations.
- **Delayed Patient:** Patients whose medical care can be held one to two hours without detriment. Patients without life-threatening injuries who cannot be sent to the waiting room will be triaged as delayed patients.
- **EMResource:** An internet-based system that lists the resources within a geographic region & constantly monitors the status of each to address patient management needs.
- **Event:** A triggering circumstance requiring communication and coordination among various system participants. EMResource Events include: MCI Events, hospital bed availability polls and Regional Announcements.
- **Field Treatment Site (FTS):** A site activated to manage casualties/medical evacuees when the local area capacity to rapidly treat/place these individuals at an established medical facility is overwhelmed. A FTS is used for the assembly, triage, medical stabilization and subsequent evacuation of casualties to an established medical facility if and when necessary/available. A FTS provides medical care for a period of up to 72 hours, or until patients are no longer arriving at the site. FTS activation, coordination, and support is managed from the Medical/Health Branch of the OA EOC, and supported by the public health department and S-SV EMS.
- **Immediate Patient:** Patients with life threatening injuries that will most likely need medical intervention within the hour.
- **Medical Health Operational Area Coordinator (MHOAC):** A role shared by the Public Health Officer and EMS Agency Administrator or an individual designated by a County Health Officer and EMS Agency Administrator who is responsible, in the event of a disaster or major incident where mutual aid is requested, for obtaining and coordinating services and allocation of medical and health resources within the Operational Area (county).
- **Minor Patient:** Ambulatory patient whose medical care can be held two hours or more without detriment.



- **Multi-Casualty Incidents (MCI):** An incident which requires more emergency medical resources to adequately deal with victims than those available during routine responses, including an incident that meets any of the following criteria:
 - Five (5) or more Immediate and/or Delayed patients; or
 - Ten (10) or more Minor patients, irrespective of the number of Immediate and/or Delayed patients; or
 - At the discretion of prehospital or hospital providers.
- **National Disaster Medical System (NDMS):** The federal organization responsible to augment the Nation's emergency response capability.
- **Patient Reception Area (PRA):** A geographic locale containing one or more airfields; adequate patient staging facilities; and adequate local patient transport assets that support patient reception and transport to a group of voluntary, pre-identified, non-Federal, acute care hospitals capable of providing definitive care for victims in a domestic disaster, emergency, or military contingency.
- **Patient Transportation Unit Leader/Medical Communications Coordinator:** Field incident command system (ICS) positions (individuals) responsible for communicating directly with the CF to provide pertinent event information/updates and assist the CF in patient distribution. A Medical Communications Coordinator may be assigned on larger events, otherwise the Patient Transportation Unit Leader maintains this responsibility.
- **Regional Disaster Medical/Health Coordinator (RDMHC):** The EMS Authority and CDPH jointly appoint the RDMHC in each mutual-aid region. The RDMHC coordinates disaster information and medical/health mutual-aid and assistance between the MHOACs within that mutual-aid region and response to other mutual-aid regions in the state. The RDMHS provides the day-to-day planning and coordination of medical and health disaster response within the mutual-aid region. During disaster response, the combined RDMHC/S Program is the point-of-contact for MHOAC Programs within the mutual-aid region, as well as for the CDPH and EMSA.
- **Regional Disaster Medical/Health Specialist (RDMHS):** The RDMHS is staff to the RDMHC. The RDMHS is also a staff person in a LEMSA where that agency has agreed to manage the regional medical and health mutual aid and emergency response system for the California Governor's Office of Emergency Services (Cal OES) Mutual Aid Region. Responsibilities are to manage and improve the region medical and health mutual aid and mutual cooperation systems; coordinate medical and health resources; support development of the Operational Area Medical and Health Disaster Response System; and, support the State medical and health response system through the development of information and emergency management systems.



APPENDIX A: Receiving Facility Patient Capacity Worksheet

FORM COMPLETION INSTRUCTIONS

1. **Complete the ‘Immediate Patients’ section first – working left to right.**
 - Place a check mark for each available staff/bed necessary to complete a patient team.
 - Enter the number of complete Immediate teams in the ‘Total Teams’ column. Multiply the number of total teams by 1, and enter that number in the ‘Total Patients’ column.
2. **Complete ‘Delayed Patients’ section second – working left to right.**
 - Transfer check marks from incomplete Immediate teams to this section, and/or place additional check marks for each additional available staff/bed necessary to complete a patient team.
 - Enter the number of complete Delayed teams in the ‘Total Teams’ column. Multiply the number of total teams by 2, and enter that number in the ‘Total Patients’ column.
3. **Complete ‘Minor Patients’ section last – working left to right.**
 - Transfer check marks from incomplete Delayed teams to this section, and/or place additional check marks for each additional available staff necessary to complete a patient team.
 - Enter the number of complete Minor teams in the ‘Total Teams’ column. Multiply the number of total teams by 10, and enter that number in the ‘Total Patients’ column.
4. **Transfer the numbers in the ‘Total Patients’ columns to the corresponding EMResource data fields, and click the EMResource ‘Save’ button to report your patient receiving capacity to the CF.**
 - **IMPORTANT:** When reporting capacity to receive Immediate Trauma patients, the name of an available trauma surgeon must also be entered in the corresponding EMResource data field.

PATIENT RECEIVING CAPACITIES BY TRIAGE CATEGORY

| Immediate Patients: 1 Patient Per Team | | | Total Teams | Total Patients |
|---|---|---|-------------|----------------|
| <input type="checkbox"/> ED Physician <input type="checkbox"/> Surgeon (Trauma MCI) <input type="checkbox"/> 2 – RNs <input type="checkbox"/> 1 – ED Bed | <input type="checkbox"/> ED Physician <input type="checkbox"/> Surgeon (If Trauma MCI)* <input type="checkbox"/> 2 – RNs <input type="checkbox"/> 1 – ED Bed | <input type="checkbox"/> ED Physician <input type="checkbox"/> Surgeon (If Trauma MCI)* <input type="checkbox"/> 2 – RNs <input type="checkbox"/> 1 – ED Bed | | |
| Delayed Patients: 2 Patients Per Team | | | Total Teams | Total Patients |
| <input type="checkbox"/> ED Physician <input type="checkbox"/> RN <input type="checkbox"/> 2 – ED Beds | <input type="checkbox"/> ED Physician <input type="checkbox"/> RN <input type="checkbox"/> 2 – ED Beds | <input type="checkbox"/> ED Physician <input type="checkbox"/> RN <input type="checkbox"/> 2 – ED Beds | | |
| Minor Patients: 10 Patients Per Team | | | Total Teams | Total Patients |
| <input type="checkbox"/> RN | <input type="checkbox"/> RN | <input type="checkbox"/> RN | | |



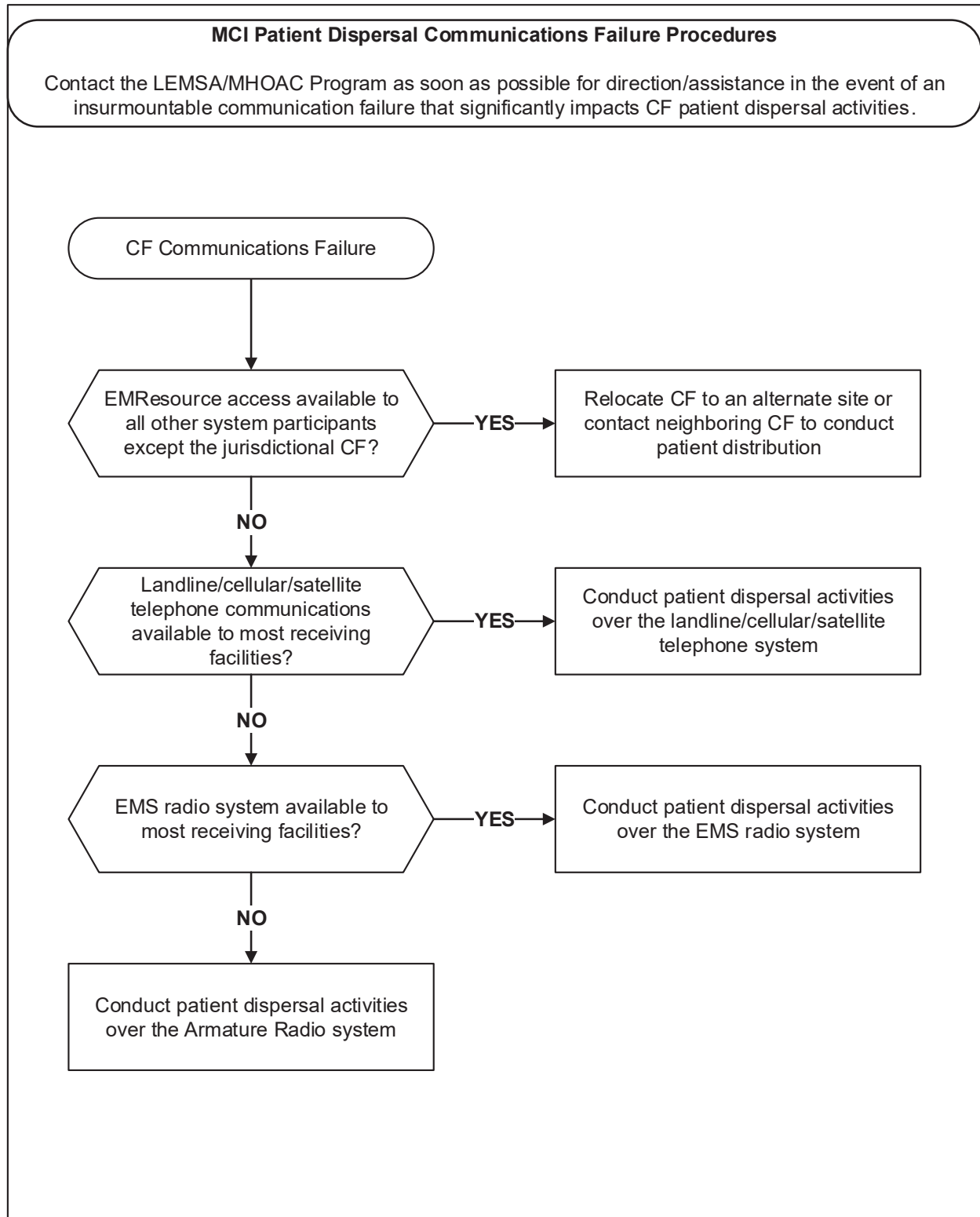
APPENDIX B: Control Facility MCI Patient Destination Worksheet

| MCI Date: | | MCI Name: | | MCI Type: <input type="checkbox"/> Trauma <input type="checkbox"/> Medical <input type="checkbox"/> Haz-Mat | | | | |
|---|--------------|-----------|---|---|--------------------------------|-------------------|---------------------------|----------------------------|
| Total EMS Transport Units Available: Air: _____ Ground: _____ | | | Total Patients: EMS Transported: _____ Deceased: _____ AMA: _____ | | | | | |
| I | D | M | | | | | | |
| Triage Status | Triage Tag # | Age | Gender | Primary Injury | Receiving Facility Destination | Transport Unit ID | ETA To Receiving Facility | Receiving Facility Advised |
| I D M | | | M F | | | | | |
| I D M | | | M F | | | | | |
| I D M | | | M F | | | | | |
| I D M | | | M F | | | | | |
| I D M | | | M F | | | | | |
| I D M | | | M F | | | | | |
| I D M | | | M F | | | | | |
| I D M | | | M F | | | | | |

I = Immediate (Red) Patient D = Delayed (Yellow) Patient M = Minor (Green) Patient



Appendix C: Communications Failure Procedures





APPENDIX D: Facilities List

| County | Hospital | ED Telephone | CF | Jurisdictional CF |
|----------|------------------------------------|----------------------|----|-------------------|
| Butte | Enloe Medical Center | 530-332-7417 | ✓ | EMC |
| Butte | Orchard Hospital | 530-846-9068 | | EMC |
| Butte | Oroville Hospital | 530-523-8342 | | EMC |
| Colusa | Colusa Medical Center | 530-619-0841 | | EMC |
| Glenn | Glenn Medical Center | 530-934-1840 | | EMC |
| Lassen | Banner Lassen Medical Center | 530-252-2096 | | MMCR or REMSA |
| Nevada | Sierra Nevada Memorial Hospital | 530-272-3682 | | SRMC |
| Nevada | Tahoe Forest Hospital | 530-582-6011 | ✓ | TFH or REMSA |
| Modoc | Modoc Medical Center | 530-233-1911 | | MMCR |
| Modoc | Surprise Valley Hospital | 530-279-6111 (x-228) | | MMCR |
| Placer | Kaiser Roseville Medical Center | 916-784-8407 | | SRMC |
| Placer | Sutter Auburn Faith Hospital | 530-888-4562 | | SRMC |
| Placer | Sutter Roseville Medical Center | 916-786-3033 | ✓ | SRMC |
| Plumas | Eastern Plumas District Hospital | 530-832-6538 | | REMSA |
| Plumas | Plumas District Hospital | 530-283-1322 | | REMSA |
| Plumas | Seneca District Hospital | 530-258-2253 | | EMC |
| Sierra | N/A - No Hospital in Sierra County | N/A | | AHR or REMSA |
| Shasta | Mayers Memorial Hospital | 530-336-6440 | | MMCR |
| Shasta | Mercy Medical Center Redding | 530-225-7214 | ✓ | MMCR |
| Shasta | Shasta Regional Medical Center | 530-243-4042 | | MMCR |
| Siskiyou | Fairchild Medical Center | 530-841-6259 | | MMCR |
| Siskiyou | Mercy Medical Center Mt. Shasta | 530-926-1108 | | MMCR |
| Sutter | N/A - No Hospital in Sutter County | N/A | | AHR |
| Tehama | St. Elizabeth Community Hospital | 530-527-0321 | | MMCR |
| Trinity | Trinity Hospital | 530-623-5541 | | MMCR |
| Yuba | Adventist Health +Rideout | 530-749-4524 | ✓ | AHR |

Notes

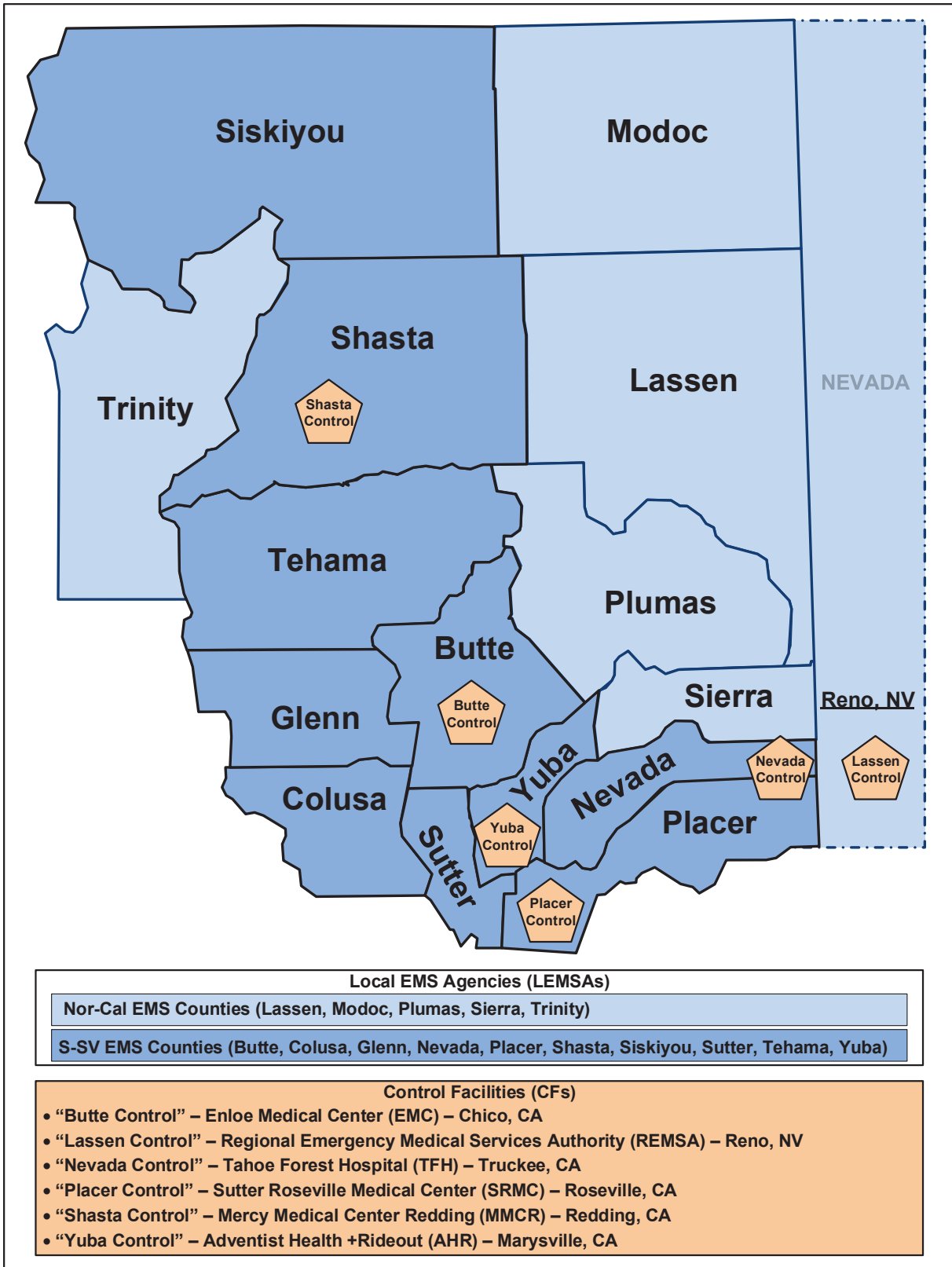
- AHR shall be utilized as the CF for events in Sierra County (West).
- EMC shall be utilized as the CF for Plumas County (Lake Almanor Basin).
- MMCR shall be utilized as the CF for events in Lassen County (North).
- REMSA may be utilized as an alternate CF for events in the Truckee/Tahoe area, upon direction of TFH.
- REMSA shall be utilized as the CF for events in Lassen County (South), Plumas County (excluding the Lake Almanor Basin), and Sierra County (East).



| Control Facility Details | | | |
|---------------------------------|--|-----------------------|-------------------------|
| Abbreviation | Facility Name | Location | Radio Name/ID |
| AHR | Adventist Health +Rideout | Marysville, CA | “Yuba Control” |
| EMC | Enloe Medical Center | Chico, CA | “Butte Control” |
| MMCR | Mercy Medical Center Redding | Redding, CA | “Shasta Control” |
| REMSA | Regional Emergency Medical Services Authority | Reno, NV | “Lassen Control” |
| SRMC | Sutter Roseville Medical Center | Roseville, CA | “Placer Control” |
| TFH | Tahoe Forest Hospital | Truckee, CA | “Nevada Control” |



APPENDIX E: Regional Control Facility Locations Map





APPENDIX F: MCI Details/Feedback Form

INCIDENT INFORMATION (COMPLETE AS APPLICABLE TO YOUR FACILITY ROLE)

| | |
|--|--------------------------|
| Role: <input type="checkbox"/> Control Facility (CF) <input type="checkbox"/> Receiving Facility | Incident Date: |
| Incident Name: | Incident Location: |
| Facility Name: | Reporting Person: |
| Telephone: | Email Address: |
| CF Name: | Initial CF Contact Name: |

Initial CF Notification Received From (Dispatch, Field, etc.):

| Pt Age Type | Immediate Pt Count | Delayed Pt Count | Minor Pt Count | AMA/Refusal Pt Count | Deceased Pt Count |
|----------------|--------------------|------------------|----------------|----------------------|-------------------|
| Adult (≥ 15yo) | | | | | |
| Pedi (≤ 14yo) | | | | | |

Were Triage Tags Used On All Patients? Yes No Unknown

MCI COMMENTS/ISSUES/SUGGESTIONS/OBSERVATIONS

Large empty box for MCI comments, issues, suggestions, and observations.

Completed forms shall be submitted to the jurisdictional LEMSA where the event occurred

2023 S-SV EMS PLAN

TABLE 8

EMS PROVIDER

RESOURCES DIRECTORY &

AMBULANCE ZONE SUMMARY FORMS

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 1

INTERFACILITY & SPECIAL EVENT

GROUND EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** Alpha One **Response Zone:** N/A

Address: 10461 Old Placerville Road, Ste 110
Sacramento, CA 95827

Number of Ambulance Vehicles in Fleet: 34

Phone Number: 916-635-2011

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

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

| | | | | |
|--|---|--|---|--|
| <u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | <u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>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

4706 Total number of responses
0 Number of emergency responses
4706 Number of non-emergency responses

4706 Total number of transports
0 Number of emergency transports
4706 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: S-SV EMS Region **Provider:** America West Medical Transport Inc. **Response Zone:** N/A

Address: 9090 Union Park Way #117
Elk Grove, CA 95624

Number of Ambulance Vehicles in Fleet: 5

Phone Number: 916-890-6194

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

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

| | | | | |
|--|---|--|---|--|
| <u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | <u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>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

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

430 Total number of transports
0 Number of emergency transports
430 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: S-SV EMS Region **Provider:** AmWest Ambulance **Response Zone:** _____

Address: 13257 Satcoy Street
North Hollywood, CA 91605

Number of Ambulance Vehicles in Fleet: 7

Phone Number: 818-859-7999

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

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

| | | | | |
|--|---|---|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|---|---|---|--|

Transporting Agencies

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

524 Total number of transports
0 Number of emergency transports
524 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: S-SV EMS Region **Provider:** Bay Medic **Response Zone:** N/A

Address: 959 Detroit Ave
Concord, CA 94518

Number of Ambulance Vehicles in Fleet: 5

Phone Number: 925-689-9000

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

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

| | | | | |
|--|---|--|---|--|
| <u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | <u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>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

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

844 Total number of transports
0 Number of emergency transports
844 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: S-SV EMS Region **Provider:** Falcon Critical Care Transport **Response Zone:** N/A

Address: 1600 S. Main Street, Ste. 215
Walnut Creek, CA 94596

Number of Ambulance Vehicles in Fleet: 63

Phone Number: 510-223-1171

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

| | | | |
|---|---|--|---|
| <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 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> |
|---|---|--|---|

| | | | | |
|--|--|---|--|---|
| <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"/> Fire District <input type="checkbox"/> Federal </p> | <p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p> | <p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p> |
|--|--|---|--|---|

Transporting Agencies

1765 Total number of responses
0 Number of emergency responses
1765 Number of non-emergency responses

1765 Total number of transports
0 Number of emergency transports
1765 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: S-SV EMS Region **Provider:** Lifeline Training Center **Response Zone:** N/A

Address: 1074 East Avenue, Suite E
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-893-5254

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

| | | | |
|--|--|---|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 |
|--|--|---|--|

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

Transporting Agencies

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

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: S-SV EMS Region **Provider:** Medic Ambulance Service Inc. **Response Zone:** N/A

Address: 3300 Business Drive
Sacramento, CA 95820

Number of Ambulance Vehicles in Fleet: 32

Phone Number: 916-564-9040

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

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

| | | | | |
|--|---|--|---|--|
| <u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | <u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>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

4454 Total number of responses
0 Number of emergency responses
4454 Number of non-emergency responses

4231 Total number of transports
0 Number of emergency transports
4231 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: Siskiyou **Provider:** Mountain Medics Inc. **Response Zone:** N/A

Address: 234 Gateway Road
Mt. Shasta, CA 96067

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-605-5205

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

| | | | |
|---|---|--|--|
| <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 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> |
|---|---|--|--|

| | | | | |
|--|---|---|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|---|---|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** NORCAL Ambulance **Response Zone:** N/A

Address: 1815 Stockton Blvd.
Sacramento, CA 95816

Number of Ambulance Vehicles in Fleet: 33

Phone Number: 916-860-7900

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

| | | | |
|---|---|--|---|
| <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 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> |
|---|---|--|---|

| | | | | |
|--|--|---|--|---|
| <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"/> Fire District <input type="checkbox"/> Federal </p> | <p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p> | <p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p> |
|--|--|---|--|---|

Transporting Agencies

4752 Total number of responses
0 Number of emergency responses
4752 Number of non-emergency responses

4752 Total number of transports
0 Number of emergency transports
4752 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: S-SV EMS Region **Provider:** ON SCENE EVENT MEDICAL SERVICES, LLC **Response Zone:** N/A

Address: 8707 Lupin Lane
Granite Bay, CA 95746

Number of Ambulance Vehicles in Fleet: N/A - Special Event/Standby Provider Only

Phone Number: 916-709-5023

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

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

| | | | | |
|--|---|---|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|---|---|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** Performance EMS **Response Zone:** N/A

Address: 7636 Poppy Way
Citrus Heights, CA 95610

Number of Ambulance Vehicles in Fleet: N/A - Special Event Standby Provider Only

Phone Number: (530) 521-7456

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

| | | | |
|--|--|---|---|
| <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input 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 |
|--|--|---|---|

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** PROTRANSPORT-1 **Response Zone:** N/A

Address: 720 Portal Street
Cotati, CA 94931

Number of Ambulance Vehicles in Fleet: 32

Phone Number: 800-650-4003

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

| | | | |
|---|---|--|---|
| <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 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> |
|---|---|--|---|

| | | | | |
|--|--|---|--|---|
| <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"/> Fire District <input type="checkbox"/> Federal </p> | <p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p> | <p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p> |
|--|--|---|--|---|

Transporting Agencies

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

890 Total number of transports
0 Number of emergency transports
890 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: Glenn **Provider:** SideTrax EMS **Response Zone:** N/A

Address: 5250 Hwy 162
Willows, CA 95988

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-865-5981

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

| | | | |
|--|--|---|--|
| <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT |
|--|--|---|--|

| | | | | |
|--|---|--|---|--|
| <u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | <u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input 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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** Trauma Life Care Medical Transport, Inc. **Response Zone:** N/A

Address: 3637 Mission Avenue, Building A, Suite A
Carmichael, CA 95608

Number of Ambulance Vehicles in Fleet: 5

Phone Number: 916-368-2222

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

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

| | | | | |
|--|---|--|---|--|
| <u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | <u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>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

1022 Total number of responses
0 Number of emergency responses
1022 Number of non-emergency responses

1022 Total number of transports
0 Number of emergency transports
1022 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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 2

BUTTE COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Butte **Provider:** Butte County EMS, LLC **Response Zone:** Butte County Zone 1

Address: 333 Huss Dr Ste 100
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 24

Phone Number: 530-879-5512

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 14

| | | | |
|---|---|--|--|
| <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 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</p> |
|---|---|--|--|

| | | | | |
|--|---|---|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|---|---|---|--|

Transporting Agencies

30000 Total number of responses
27000 Number of emergency responses
1400 Number of non-emergency responses

21000 Total number of transports
20000 Number of emergency transports
1300 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: Butte **Provider:** Butte County Fire Department **Response Zone:** N/A

Address: 176 Nelson Avenue
Oroville, CA 95965

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-538-7111

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|---|---|--|
| <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 checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|---|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Butte **Provider:** City of Chico Fire Rescue Department **Response Zone:** N/A

Address: 411 Main Street, 3rd Floor
Chico, CA 95928

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-897-3400

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Butte **Provider:** El Medio Fire Protection District-Temporarily Closed **Response Zone:** N/A

Address: 3515 Myers Street
Oroville CA 95966

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-533-4484

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

| | | | |
|---|---|--|--|
| <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 type="checkbox"/> Yes <input checked="" 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> |
|---|---|--|--|

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

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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 3

COLUSA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Colusa **Provider:** Arbuckle College City Fire Protection District **Response Zone:** N/A

Address: 506 Lucas Street
Arbuckle, CA 95912

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-476-2231

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Colusa **Provider:** Bear Valley Indian Valley Fire Protection District **Response Zone:** N/A

Address: 5122 E. Park Road
Stonyford, CA 95979

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-963-3231

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Colusa **Provider:** CAL FIRE - Colusa (LNU) **Response Zone:** _____

Address: 1199 Big Tree
St Helena, CA 94574

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 707-994-2441

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

| | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------------|------------------------------|---|--|---|---|----------------------------------|------------------------------|--|-------------------------------|------------------------------|--------------------------------|--|--|------------------------------|--|
| <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> <table style="width:100%; border: none;"> <tr> <td style="width:25%;"><input type="checkbox"/> Transport</td> <td style="width:25%;"><input type="checkbox"/> ALS</td> <td style="width:25%;"><input checked="" type="checkbox"/> 9-1-1</td> <td style="width:25%;"><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input checked="" type="checkbox"/> Non-Transport</td> <td><input checked="" type="checkbox"/> BLS</td> <td><input type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> LALS</td> <td><input type="checkbox"/> CCT</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> IFT</td> <td></td> </tr> </table> | <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 | |
| <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><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 checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Colusa **Provider:** Enloe EMS **Response Zone:** Colusa County Zone 1

Address: 1531 Esplanade
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-879-5512

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

| | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|---|--|--|------------------------------|----------------------------------|------------------------------|--|-------------------------------|------------------------------|--------------------------------|--|--|---|--|
| <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> <table style="width:100%; border:none;"> <tr> <td><input checked="" type="checkbox"/> Transport</td> <td><input checked="" type="checkbox"/> ALS</td> <td><input checked="" type="checkbox"/> 9-1-1</td> <td><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input type="checkbox"/> Non-Transport</td> <td><input type="checkbox"/> BLS</td> <td><input type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> LALS</td> <td><input type="checkbox"/> CCT</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> IFT</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> Transport | <input checked="" type="checkbox"/> ALS | <input checked="" type="checkbox"/> 9-1-1 | <input checked="" type="checkbox"/> Ground | <input type="checkbox"/> Non-Transport | <input type="checkbox"/> BLS | <input type="checkbox"/> 7-Digit | <input type="checkbox"/> Air | | <input type="checkbox"/> LALS | <input type="checkbox"/> CCT | <input type="checkbox"/> Water | | | <input checked="" type="checkbox"/> IFT | |
| <input checked="" type="checkbox"/> Transport | <input checked="" type="checkbox"/> ALS | <input checked="" type="checkbox"/> 9-1-1 | <input checked="" type="checkbox"/> Ground | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Non-Transport | <input type="checkbox"/> BLS | <input type="checkbox"/> 7-Digit | <input type="checkbox"/> Air | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> LALS | <input type="checkbox"/> CCT | <input type="checkbox"/> Water | | | | | | | | | | | | | | | | |
| | | <input checked="" type="checkbox"/> IFT | | | | | | | | | | | | | | | | | |

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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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|---|---|---|--|

Transporting Agencies

1300 Total number of responses
1200 Number of emergency responses
100 Number of non-emergency responses

800 Total number of transports
700 Number of emergency transports
70 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: Colusa **Provider:** City of Colusa City Fire Department **Response Zone:** N/A

Address: 750 Market Street
Colusa, CA 95932

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-458-7721

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

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Colusa **Provider:** Maxwell Fire Protection District **Response Zone:** N/A

Address: 231 Oak Street
Maxwell, CA 95955

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-438-2320

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

| | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------------|------------------------------|---|--|---|---|----------------------------------|------------------------------|--|-------------------------------|------------------------------|--------------------------------|--|--|------------------------------|--|
| <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> <table style="width:100%; border: none;"> <tr> <td style="width:25%;"><input type="checkbox"/> Transport</td> <td style="width:25%;"><input type="checkbox"/> ALS</td> <td style="width:25%;"><input checked="" type="checkbox"/> 9-1-1</td> <td style="width:25%;"><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input checked="" type="checkbox"/> Non-Transport</td> <td><input checked="" type="checkbox"/> BLS</td> <td><input type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> LALS</td> <td><input type="checkbox"/> CCT</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> IFT</td> <td></td> </tr> </table> | <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 | |
| <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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|--|--|--|---|--|
| <p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> | <p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p> | <p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Colusa **Provider:** Princeton Fire Department **Response Zone:** N/A

Address: 342 Winter Street
Princeton, CA 95970

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-439-2235

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

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Colusa **Provider:** Sacramento River Fire District **Response Zone:** N/A

Address: 235 Market Street
Colusa, CA 95932

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-458-0239

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

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| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Colusa **Provider:** Williams Fire Protection District **Response Zone:** N/A

Address: 810 E Street
Williams, CA 95987

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-473-2269

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

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| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 4

GLENN COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Glenn **Provider:** Artois Fire Department **Response Zone:** N/A

Address: 740 Main Street
Artois, CA 95913

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-934-5351

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

| | | | |
|---|---|--|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Glenn **Provider:** Bayliss Fire Protection District **Response Zone:** N/A

Address: 2555 County Road West
Glenn, CA 95943

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-934-2593

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

| | | | |
|---|---|--|--|
| <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"/> Fire District <input type="checkbox"/> Federal </p> | <p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p> | <p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p> |
|--|---|---|--|---|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Glenn **Provider:** Butte City Fire Department **Response Zone:** N/A

Address: 1947 Biggs-Willows Road
Princeton, CA 95970

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-982-2111

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

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Glenn **Provider:** City of Orland Fire Department **Response Zone:** N/A

Address: 810 5th Street
Orland, CA 95963

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-865-1625

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

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Glenn **Provider:** City of Willows Fire Department **Response Zone:** N/A

Address: 445 S Butte Street
Willows, CA 95988

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-934-3323

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Glenn **Provider:** City of Elk Creek Volunteer Fire Department **Response Zone:** N/A

Address: 3288 Road 308
Elk Creek, CA 95939

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-968-5325

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Glenn **Provider:** Glenn Codora Fire Protection District **Response Zone:** N/A

Address: 1516 CA-45
Glenn, CA 95943

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-330-9043

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Glenn **Provider:** Hamilton City Fire Protection District **Response Zone:** N/A

Address: 420 1st Street
Hamilton City, California, 95951

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-826-3355

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

| | | | |
|--|--|---|---|
| <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"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|--|---|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Glenn **Provider:** Kanawha Fire Protection District **Response Zone:** N/A

Address: 1709 County Road D
Willows, CA 95988

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-934-2672

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Glenn **Provider:** Ord Bend Fire Department **Response Zone:** N/A

Address: 3221 CA-45
Glenn, CA 95943

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-570-6510

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

| | | | |
|--|--|---|---|
| <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"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|--|---|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Glenn **Provider:** Westside Ambulance Association **Response Zone:** Glenn County Zone 1

Address: 604 Fourth St.
Orland, CA 95963

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-865-5981

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

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

Transporting Agencies

1500 Total number of responses
1500 Number of emergency responses
50 Number of non-emergency responses

1100 Total number of transports
1100 Number of emergency transports
50 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: Glenn **Provider:** Enloe Ambulance **Response Zone:** Glenn County Zone 2

Address: 1531 Esplande
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-879-5512

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

| | | | |
|--|--|---|--|
| <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 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 |
|--|--|---|--|

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

Transporting Agencies

1400 Total number of responses
1000 Number of emergency responses
350 Number of non-emergency responses

1000 Total number of transports
700 Number of emergency transports
300 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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 5

NEVADA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Nevada **Provider:** City of Grass Valley/Nevada City Fire Department **Response Zone:** N/A

Address: 125 E. Main St
Grass Valley, CA 95945

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-274-4370

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

| | | | |
|---|---|--|--|
| <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 checked="" type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p> |
|---|---|--|--|

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Nevada **Provider:** Higgins Fire Protection District **Response Zone:** N/A

Address: 10106 Combie Road
Auburn, CA 95602

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-274-4370

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Nevada **Provider:** Nevada County Consolidated Fire Department **Response Zone:** N/A

Address: 640 Coyote Street
Nevada City, CA 95959

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-265-4431

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

| | | | |
|---|---|--|---|
| <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 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 checked="" 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 checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Nevada **Provider:** North San Juan Fire Protection District **Response Zone:** N/A

Address: 13200 Tyler Foote Road
Nevada City, CA 95959

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-292-9159

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

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

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Nevada **Provider:** Ophir Hill Fire Protection District **Response Zone:** N/A

Address: 12668 Colfax Highway
Cedar Ridge, CA 95924

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-273-8351

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Nevada **Provider:** Peardale Chicago Park Fire Protection District **Response Zone:** N/A

Address: 18934 Colfax Highway
Grass Valley, CA, 95945

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-273-2503

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Nevada **Provider:** Penn Valley Fire Protection District **Response Zone:** Nevada County Zone 3

Address: 10513 Spenceville Road
Penn Valley, Ca 95946

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-432-2630

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

| | | | |
|---|---|--|--|
| <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 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"/> Fire District <input type="checkbox"/> Federal </p> | <p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p> | <p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p> |
|--|---|--|--|---|

Transporting Agencies

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

600 Total number of transports
600 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: Nevada **Provider:** Rough and Ready Fire Department-Combined with PVFPD **Response Zone:** N/A

Address: 14506 Rough and Ready Highway
Rough and Ready, CA 95975

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-477-9812

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

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|---|---|--|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Nevada **Provider:** Sierra Nevada Ambulance **Response Zone:** Nevada County Zone 2

Address: 155 Glasson Way
Grass Valley, CA 95945

Number of Ambulance Vehicles in Fleet: 10

Phone Number: 530-265-2351

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

| | | | |
|--|--|---|--|
| <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 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"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|---|--|---|--|

Transporting Agencies

9000 Total number of responses
6300 Number of emergency responses
2000 Number of non-emergency responses

7000 Total number of transports
5000 Number of emergency transports
2000 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: Nevada **Provider:** Truckee Fire Protection District **Response Zone:** Nevada County Zone 1 & Zone 4

Address: 10049 Donner Pass Road
Truckee, CA 96161

Number of Ambulance Vehicles in Fleet: 6

Phone Number: 530-414-6871

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

| | | | |
|---|---|--|--|
| <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 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> |
|---|---|--|--|

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

Transporting Agencies

1700 Total number of responses
1500 Number of emergency responses
200 Number of non-emergency responses

1100 Total number of transports
1000 Number of emergency transports
200 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: Nevada **Provider:** Washington Fire Department **Response Zone:** N/A

Address: 15406 Washington Road
Nevada City, CA 95959

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-265-3166

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

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

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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 6

PLACER COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** Alta Fire Protection District **Response Zone:** N/A

Address: 33950 Alta Bonnybrook Road
Alta, CA 95701

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-397-2205

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** AMR Placer **Response Zone:** Placer County Zone 3

Address: 6101 Pacific St
Rocklin, CA 95765

Number of Ambulance Vehicles in Fleet: 26

Phone Number: 916-563-0704

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

| | | | |
|--|--|---|--|
| <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 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 |
|--|--|---|--|

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

Transporting Agencies

42000 Total number of responses
35000 Number of emergency responses
7000 Number of non-emergency responses

30000 Total number of transports
24000 Number of emergency transports
6000 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** City of Auburn Fire Department **Response Zone:** N/A

Address: 1225 Lincoln Way
Auburn, CA 95603

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-823-4211

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

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** Foresthill Fre Protection District **Response Zone:** Placer County Zone 1

Address: 24320 Main Street
Foresthill, CA 95631

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-389-2287

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

| | | | |
|--|--|---|---|
| <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 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"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|--|---|---|--|

Transporting Agencies

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

300 Total number of transports
300 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: Placer **Provider:** City of Lincoln Fire Department **Response Zone:** N/A

Address: 126 Joiner Parkway
Lincoln, CA 95648

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-434-2400

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** Newcastle Fire Protection District **Response Zone:** N/A

Address: 9211 Cypress Street
Newcastle, CA 95658

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-663-3323

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

| | | | |
|--|--|---|---|
| <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"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|--|---|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** North Tahoe Fire Protection District **Response Zone:** Placer County Zone 4 & Zone 6

Address: 222 Fairway Drive
Tahoe City, CA 96145

Number of Ambulance Vehicles in Fleet: 6

Phone Number: 530-583-6913

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

| | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|---|--|--|------------------------------|----------------------------------|------------------------------|--|-------------------------------|------------------------------|--------------------------------|--|--|---|--|
| <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> <table style="width:100%; border:none;"> <tr> <td><input checked="" type="checkbox"/> Transport</td> <td><input checked="" type="checkbox"/> ALS</td> <td><input checked="" type="checkbox"/> 9-1-1</td> <td><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input type="checkbox"/> Non-Transport</td> <td><input type="checkbox"/> BLS</td> <td><input type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> LALS</td> <td><input type="checkbox"/> CCT</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> IFT</td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> Transport | <input checked="" type="checkbox"/> ALS | <input checked="" type="checkbox"/> 9-1-1 | <input checked="" type="checkbox"/> Ground | <input type="checkbox"/> Non-Transport | <input type="checkbox"/> BLS | <input type="checkbox"/> 7-Digit | <input type="checkbox"/> Air | | <input type="checkbox"/> LALS | <input type="checkbox"/> CCT | <input type="checkbox"/> Water | | | <input checked="" type="checkbox"/> IFT | |
| <input checked="" type="checkbox"/> Transport | <input checked="" type="checkbox"/> ALS | <input checked="" type="checkbox"/> 9-1-1 | <input checked="" type="checkbox"/> Ground | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Non-Transport | <input type="checkbox"/> BLS | <input type="checkbox"/> 7-Digit | <input type="checkbox"/> Air | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> LALS | <input type="checkbox"/> CCT | <input type="checkbox"/> Water | | | | | | | | | | | | | | | | |
| | | <input checked="" type="checkbox"/> IFT | | | | | | | | | | | | | | | | | |

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

Transporting Agencies

1300 Total number of responses
1100 Number of emergency responses
200 Number of non-emergency responses

1000 Total number of transports
800 Number of emergency transports
200 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** Northstar Fire Department **Response Zone:** N/A

Address: 910 Northstar Drive
Truckee, CA 96161

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-562-1212

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

| | | | |
|--|--|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|--|---|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** Olympic Valley Fire Department **Response Zone:** N/A

Address: 305 Olympic Valley Road
Olympic Valley, CA 96146

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-583-6111

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

| | | | |
|---|---|--|---|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** Palisades Tahoe Ski Patrol **Response Zone:** N/A

Address: 1960 Olympic Valley Road
Olympic Valley, CA 96146

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-562-1212

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

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** Penryn Fire Protection District **Response Zone:** N/A

Address: 7206 Church Street
Penryn, CA 95663

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-663-3389

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** Placer County Fire Department **Response Zone:** N/A

Address: 13760 Lincoln Way
Auburn, CA 95603

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-823-4904

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

| | | | |
|---|---|--|---|
| <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> |
|---|---|--|---|

| | | | | |
|--|--|---|---|--|
| <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 checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|---|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** Placer Hills Fire Protection District **Response Zone:** N/A

Address: 16999 Placer Hills Road
Meadow Vista, CA 95722

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-878-0405

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

| | | | |
|---|---|--|---|
| <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> |
|---|---|--|---|

| | | | | |
|--|---|---|--|---|
| <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"/> Fire District <input type="checkbox"/> Federal </p> | <p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p> | <p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p> |
|--|---|---|--|---|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** City of Rocklin Fire Department **Response Zone:** N/A

Address: 4060 Rocklin Road
Rocklin, CA 95677

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-632-4150

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

| | | | |
|--|--|---|--|
| <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 |
|--|--|---|--|

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** City of Roseville Fire Department **Response Zone:** N/A

Address: 316 Vernon Street #480
Roseville, CA 95678

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-774-5844

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

| | | | |
|--|--|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|--|---|---|--|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Placer **Provider:** South Placer Fire Protection District **Response Zone:** Placer County Zone 2

Address: 6900 Eureka Road
Granite Bay, CA 95746

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 916-791-7059

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

| | | | |
|--|--|---|---|
| <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 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 |
|--|--|---|---|

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

Transporting Agencies

1800 Total number of responses
1700 Number of emergency responses
0 Number of non-emergency responses

1300 Total number of transports
1300 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: Nevada **Provider:** Truckee Fire Protection District **Response Zone:** Placer County Zone 5 & Zone 6

Address: 10049 Donner Pass Road
Truckee, CA 96161

Number of Ambulance Vehicles in Fleet: 6

Phone Number: 530-414-6871

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

| | | | |
|--|--|---|---|
| <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 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 |
|--|--|---|---|

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

Transporting Agencies

1700 Total number of responses
1500 Number of emergency responses
200 Number of non-emergency responses

1100 Total number of transports
1000 Number of emergency transports
200 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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 7

SHASTA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** AMR Shasta **Response Zone:** Shasta County Zone 3

Address: 4989 Mountain Lake Blvd
Redding, CA 96001

Number of Ambulance Vehicles in Fleet: 11

Phone Number: 530-241-2323

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 7

| | | | |
|--|--|---|--|
| <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 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 |
|--|--|---|--|

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

Transporting Agencies

18000 Total number of responses
17000 Number of emergency responses
1000 Number of non-emergency responses

13000 Total number of transports
12000 Number of emergency transports
600 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Anderson Fire Protection District **Response Zone:** N/A

Address: 1925 Howard St
Anderson, CA 96007

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-379-6699

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Burney Fire Protection District **Response Zone:** Shasta County Zone 2

Address: 37072 Main Street
Burney, CA 96013

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-335-2212

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

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

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

Transporting Agencies

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

500 Total number of transports
500 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: Shasta **Provider:** Cottonwood Fire Protection District **Response Zone:** N/A

Address: 20875 4th Street
Cottonwood, CA 96022

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-347-4737

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Fall River Valley Fire Protection District **Response Zone:** _____

Address: 444283 Hwy 299 E.
McArthur, CA 96056

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-336-5026

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Happy Valley Fire Protection District **Response Zone:** N/A

Address: 17441 Palm Avenue
Anderson, CA 96007

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-357-2345

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Mayers Memorial Healthcare District **Response Zone:** Shasta County Zone 1

Address: 43563 CA-299
Fall River Mills, CA 96028

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-336-5511

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

| | | | |
|--|--|---|--|
| <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 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"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|---|--|---|--|

Transporting Agencies

500 Total number of responses
300 Number of emergency responses
200 Number of non-emergency responses

400 Total number of transports
200 Number of emergency transports
100 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Mercy Medical Center Redding Ambulance Service **Response Zone:** Shasta County Zone 3

Address: 2175 Rosalina Ave
Redding, CA 96001

Number of Ambulance Vehicles in Fleet: 7

Phone Number: 530-245-4847

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

| | | | |
|---|---|--|--|
| <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 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> |
|---|---|--|--|

| | | | | |
|--|---|---|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|---|---|---|--|

Transporting Agencies

10000 Total number of responses
9000 Number of emergency responses
1000 Number of non-emergency responses

7500 Total number of transports
6500 Number of emergency transports
900 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Mountain Gate Volunteer Fire Department **Response Zone:** N/A

Address: 14508 Wonderland Boulevard
Redding, CA 96003

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-275-3003

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Old Shasta Fire Department **Response Zone:** N/A

Address: 10644 High Street
Shasta, CA 96087

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-241-4615

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** City of Redding Fire Department **Response Zone:** N/A

Address: 777 W Cypress Avenue
Redding, CA 96001

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-225-4141

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

| | | | |
|--|--|---|---|
| <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 |
|--|--|---|---|

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Shasta County Fire Department **Response Zone:** N/A

Address: 875 Cypress Avenue
Redding, CA 96001

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-224-2460

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

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|---|---|--|---|
| <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> |
|---|---|--|---|

| | | | | |
|--|---|---|--|---|
| <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 checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </p> | <p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p> | <p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p> |
|--|---|---|--|---|

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Shasta **Provider:** Shasta Lake Fire Protection District **Response Zone:** N/A

Address: 4126 ASHBY Court
Shasta Lake CA 96019

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-275-7474

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

| | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|------------------------------------|------------------------------|---|--|---|---|----------------------------------|------------------------------|--|-------------------------------|------------------------------|--------------------------------|--|--|------------------------------|--|
| <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> <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> ALS</td> <td><input checked="" type="checkbox"/> 9-1-1</td> <td><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input checked="" type="checkbox"/> Non-Transport</td> <td><input checked="" type="checkbox"/> BLS</td> <td><input type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> LALS</td> <td><input type="checkbox"/> CCT</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> IFT</td> <td></td> </tr> </table> | <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 | |
| <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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|--|--|--|---|--|
| <p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> | <p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p> | <p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 8

SISKIYOU COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Butte Valley Ambulance-Temporarily Closed **Response Zone:** Siskiyou County Zone 1

Address: 104 N Railroad
Dorris, CA 96023

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-397-2105

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

| | | | |
|---|---|--|---|
| <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 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</p> |
|---|---|--|---|

| | | | | |
|--|---|---|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|---|---|---|--|

Transporting Agencies

90 Total number of responses
89 Number of emergency responses
1 Number of non-emergency responses

87 Total number of transports
86 Number of emergency transports
1 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Butte Valley Fire Protection District **Response Zone:** N/A

Address: 12320 Old State Highway
Macdoel, CA 96058

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-398-4332

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

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Copco Lake Fire Department **Response Zone:** N/A

Address: 27805 Copco Road
Montague, CA 96064

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-459-0434

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Dorris Fire Department **Response Zone:** N/A

Address: 307 S Main Street
Dorris, CA 96023

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-397-2121

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|--|--|---|---|
| <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|--|---|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Etna Fire Department **Response Zone:** N/A

Address: 1604 CA-3
Etna, CA 96027

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-467-3295

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Fort Jones Fire Department **Response Zone:** N/A

Address: 31 Newton Street
Fort Jones, CA 96032

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-468-2261

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Lake Shastina Fire Department **Response Zone:** N/A

Address: 16309 Everhart Drive
Weed, CA 96094

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-938-4113

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|--|--|---|---|
| <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 |
|--|--|---|---|

| | | | | |
|--|--|--|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Montague Fire Department **Response Zone:** N/A

Address: 121 S. 10th Street
Montague, CA 96064

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-459-5343

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Colestine Rural Fire District (Hilt VFD) **Response Zone:** N/A

Address: 1701 Colestin Road
Ashland, OR 97520

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 541-488-1768

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|---|--|--|---|
| <p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> | <p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p> | <p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal </p> | <p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p> | <p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p> |
|--|---|--|--|---|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Dunsmuir - Castella Fire Department **Response Zone:** N/A

Address: 5915 Dunsmuir Avenue
Dunsmuir, California 96025

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-235-4822 ext 106

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> | <p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p> | <p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Etna Ambulance **Response Zone:** Siskiyou County Zone 2

Address: 450 Main Street
Etna, CA 96027

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-467-3331

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

| | | | |
|---|---|--|---|
| <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 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> |
|---|---|--|---|

| | | | | |
|--|--|--|---|--|
| <p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> | <p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>City of Etna</u></p> | <p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

400 Total number of responses
400 Number of emergency responses
30 Number of non-emergency responses

300 Total number of transports
300 Number of emergency transports
20 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: Siskiyou **Provider:** Gazelle Volunteer Fire Department **Response Zone:** N/A

Address: 18338 Old Highway 99 South
Gazelle, CA 96034

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-435-2331

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|--|--|---|---|
| <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 |
|--|--|---|---|

| | | | | |
|--|--|---|---|--|
| <u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | <u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|--|---|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Grenada Fire Protection District **Response Zone:** N/A

Address: 6055 4th Avenue
Grenada CA 96038

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-340-5783

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|--|--|---|---|
| <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 |
|--|--|---|---|

| | | | | |
|--|--|---|---|--|
| <u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | <u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|--|---|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Hammond Ranch Fire Department **Response Zone:** N/A

Address: 8800 North Old Stage Road
Weed, CA 96094

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-938-4200

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> | <p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p> | <p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Happy Camp Volunteer Ambulance **Response Zone:** Siskiyou County Zone 3

Address: 26 4th Ave
Happy Camp, CA 96039

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 530-493-2643

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

| | | | |
|--|--|---|---|
| <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 checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT |
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|--|---|--|---|--|
| <u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | <u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|---|--|---|--|

Transporting Agencies

260 Total number of responses
260 Number of emergency responses
0 Number of non-emergency responses

70 Total number of transports
70 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: Siskiyou **Provider:** Hornbrook Volunteer Fire Department **Response Zone:** N/A

Address: 16100 Front Street
Hornbrook, CA 96044

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-475-3064

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> | <p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p> | <p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Klamath River Volunteer Fire Company **Response Zone:** N/A

Address: 30330 Walker Road
Klamath River, CA 96050-9033

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-496-3546

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|--|--|---|---|
| <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 |
|--|--|---|---|

| | | | | |
|--|--|---|---|--|
| <u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | <u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|--|---|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Mayten Fire Protection District **Response Zone:** N/A

Address: 7427 County Highway A12
Montague, CA 96064

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-459-3296

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|---|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|---|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of McCloud Fire Department **Response Zone:** Siskiyou County Zone 4

Address: 409 Tucci Ave
McCloud, CA 96057

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-964-2017

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

| | | | |
|--|--|---|--|
| <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 type="checkbox"/> Yes <input checked="" 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 |
|--|--|---|--|

| | | | | |
|--|---|---|---|--|
| <u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | <u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>CSD</u> | <u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|---|---|---|--|

Transporting Agencies

45 Total number of responses
45 Number of emergency responses
0 Number of non-emergency responses

37 Total number of transports
37 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: Siskiyou **Provider:** Mt. Shasta Ambulance Service Inc. **Response Zone:** Siskiyou County Zones 5 & 6

Address: 1020 Oak Street
Mt Shasta, CA 96067

Number of Ambulance Vehicles in Fleet: 10

Phone Number: 530-926-7546

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

| | | | |
|--|--|---|---|
| <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 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"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|---|--|---|--|

Transporting Agencies

5500 Total number of responses
4700 Number of emergency responses
800 Number of non-emergency responses

4000 Total number of transports
3300 Number of emergency transports
750 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: Siskiyou **Provider:** City of Mt. Shasta City Fire Department **Response Zone:** N/A

Address: 305 N. Mt Shasta Blvd
Mt Shasta, CA 96067

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-926-7546

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|--|--|---|---|
| <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 |
|--|--|---|---|

| | | | | |
|--|--|---|---|--|
| <u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | <u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|--|---|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Mount Shasta Vista Volunteer Fire Company **Response Zone:** N/A

Address: 13502 Roland Drive
Montague, California, 96064

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-340-2297

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> | <p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p> | <p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Orleans Volunteer Fire Department **Response Zone:** N/A

Address: 38162 CA-96
Orleans, CA 95556

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-627-3344

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|--|--|---|---|
| <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 |
|--|--|---|---|

| | | | | |
|--|--|---|---|--|
| <u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | <u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|--|---|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Pleasant Valley Fire Company **Response Zone:** N/A

Address: 2543 Durham Drive
Dorris, California, 96023

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-397-2205

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> | <p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p> | <p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Salmon River Volunteer Fire and Rescue **Response Zone:** N/A

Address: 15600 Salmon River Road
Forks of Salmon, CA 96031

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-462-4605

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> | <p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p> | <p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Scott Valley Fire Protection District **Response Zone:** N/A

Address: 317 Maple Street
Greenville, CA 96037

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-468-2170

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|--|--|---|---|
| <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"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|--|---|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Seiad Volunteer Fire Department **Response Zone:** N/A

Address: 44601 CA-96
Seiad Valley, CA 96086

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-496-3164

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|--|--|---|---|
| <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 |
|--|--|---|---|

| | | | | |
|--|--|---|---|--|
| <u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | <u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|--|---|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** CAL FIRE Siskiyou Unit **Response Zone:** N/A

Address: 1890 Fairlane Road
Yreka, CA 96097

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-842-3516

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|---|---|--|
| <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 checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|---|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** South Yreka Fire District **Response Zone:** N/A

Address: 3420 Easy Street
Yreka, CA 96097

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-842-1477

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> | <p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p> | <p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** Tulelake Volunteer Fire Department **Response Zone:** N/A

Address: 1 Ray Oehlerich Way
Tulelake, CA 96134

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-521-2232

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Weed Fire Department **Response Zone:** N/A

Address: 128 Roseburg Parkway
Weed, CA 96094

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (530) 938-5030

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

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|---|---|--|--|
| <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 checked="" 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 checked="" 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"/> Fire District <input type="checkbox"/> Federal </p> | <p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p> | <p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p> |
|--|---|--|--|---|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Siskiyou **Provider:** City of Yreka Fire Department **Response Zone:** N/A

Address: 401 West Miner Street
Yreka, CA 96097

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-841-2383

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

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|---|---|--|--|
| <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 9

SUTTER COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba & Sutter **Provider:** Bi-County Ambulance **Response Zone:** Sutter County Zone 1

Address: 1700 Poole Blvd
Yuba City, CA 95993

Number of Ambulance Vehicles in Fleet: 17

Phone Number: 530-674-2780

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

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|---|---|--|--|
| <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 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"/> Fire District <input type="checkbox"/> Federal </p> | <p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p> | <p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p> |
|--|--|---|--|---|

Transporting Agencies

36000 Total number of responses
33000 Number of emergency responses
2600 Number of non-emergency responses

30000 Total number of transports
27000 Number of emergency transports
3000 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: Sutter **Provider:** City of Meridian Fire Department **Response Zone:** N/A

Address: 1100 3rd Street
Meridian, CA 95957

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-696-2306

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Sutter **Provider:** Pleasant Grove / East Nicolaus Fire Department **Response Zone:** N/A

Address: 3100 Howsley Road
Pleasant Grove, CA 95668

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-655-3937

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> | <p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p> | <p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Sutter **Provider:** Sutter County Fire Department **Response Zone:** N/A

Address: 2340 California Street
Sutter, CA 95982

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-755-0266

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|---|--|--|---|
| <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 checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </p> | <p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p> | <p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p> |
|--|---|--|--|---|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Sutter **Provider:** City of Yuba City Fire Department **Response Zone:** N/A

Address: 824 Clark Ave
Yuba City, CA 95991

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-822-4686

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|--|--|---|---|
| <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 |
|--|--|---|---|

| | | | | |
|--|--|---|---|--|
| <u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | <u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|--|---|---|--|

Transporting Agencies

_____ 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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 10

TEHAMA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tehama & Glenn **Provider:** Capay Fire Protection District **Response Zone:** _____

Address: 50 4th Ave
Orland

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 530-865-2070

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

| | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------------|------------------------------|---|--|---|---|----------------------------------|------------------------------|--|-------------------------------|------------------------------|--------------------------------|--|--|------------------------------|--|
| <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> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Transport</td> <td><input type="checkbox"/> ALS</td> <td><input checked="" type="checkbox"/> 9-1-1</td> <td><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input checked="" type="checkbox"/> Non-Transport</td> <td><input checked="" type="checkbox"/> BLS</td> <td><input type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> LALS</td> <td><input type="checkbox"/> CCT</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> IFT</td> <td></td> </tr> </table> | <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 | |
| <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><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> | <p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p> | <p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tehama **Provider:** City of Corning Fire Department **Response Zone:** N/A

Address: 814 5th Street
Corning, CA 96021

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-824-7044

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tehama **Provider:** Red Bluff City Fire Department **Response Zone:** N/A

Address: 555 Washington Street, Suite C
Red Bluff, CA 96080

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-527-1126

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Tehama **Provider:** St. Elizabeth Community Hospital Ambulance **Response Zone:** Tehama County Zone 1

Address: 2550 Sister Columba Dr
Red Bluff, CA 96080

Number of Ambulance Vehicles in Fleet: 7

Phone Number: 530-529-8318

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

| | | | |
|---|---|--|---|
| <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 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> |
|---|---|--|---|

| | | | | |
|--|---|---|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|---|---|---|--|

Transporting Agencies

9000 Total number of responses
7500 Number of emergency responses
1000 Number of non-emergency responses

6000 Total number of transports
5000 Number of emergency transports
800 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: Tehama **Provider:** Tehama County Fire Department **Response Zone:** N/A

Address: 604 Antelope Boulevard
Red Bluff, CA 96080

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-528-5199

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|---|---|--|
| <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 checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|---|---|--|

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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 11

YUBA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba **Provider:** Beale Air Force Base Ambulance Services **Response Zone:** Yuba County Zone 2

Address: 6451 B St
Beale AFB 95903

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-634-8672

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

| | | | |
|---|---|--|--|
| <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 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> |
|---|---|--|--|

| | | | | |
|--|---|---|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|---|---|---|--|

Transporting Agencies

130 Total number of responses
120 Number of emergency responses
10 Number of non-emergency responses

50 Total number of transports
50 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: Yuba & Sutter **Provider:** Bi-County Ambulance **Response Zone:** Yuba County Zone 1

Address: 1700 Poole Blvd
Yuba City, CA 95993

Number of Ambulance Vehicles in Fleet: 17

Phone Number: 530-674-2780

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

| | | | |
|--|--|---|---|
| <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 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 |
|--|--|---|---|

| | | | | |
|--|---|--|---|--|
| <u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | <u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|---|--|---|--|

Transporting Agencies

36000 Total number of responses
33000 Number of emergency responses
2600 Number of non-emergency responses

30000 Total number of transports
27000 Number of emergency transports
3000 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: Yuba **Provider:** City of Camptonville Volunteer Fire Department **Response Zone:** N/A

Address: 15410 Mill Street
Camptonville, CA 95922

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-288-3303

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|---|
| <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 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 checked="" type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p> |
|---|---|--|---|

| | | | | |
|--|---|--|--|---|
| <p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> | <p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p> | <p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal </p> | <p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p> | <p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p> |
|--|---|--|--|---|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba **Provider:** Dobbins / Oregon House Fire Protection District **Response Zone:** N/A

Address: 9162 Marysville Road
Oregon House, CA 95962

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-692-2255

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> | <p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p> | <p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba **Provider:** Foothill Fire Protection District **Response Zone:** N/A

Address: 16796 Willow Glen Road
Brownsville, CA 95919

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-675-0633

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> | <p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p> | <p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba **Provider:** City of Linda Fire Department **Response Zone:** N/A

Address: 1286 Scales Avenue
Marysville, CA 95901

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-743-1553

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba **Provider:** Loma Rica / Browns Valley Fire Department **Response Zone:** N/A

Address: 11485 Loma Rica Road
Marysville, CA 95901

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-741-0755

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|---|--|--|---|
| <p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> | <p><u>If Public:</u></p> <p> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ </p> | <p><u>If Public:</u></p> <p> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal </p> | <p><u>If Air:</u></p> <p> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing </p> | <p><u>Air Classification:</u></p> <p> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue </p> |
|--|---|--|--|---|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba **Provider:** City of Marysville Fire Department **Response Zone:** N/A

Address: 107 9th Street
Marysville, CA 95901

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-741-6622

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba **Provider:** City of Olivehurst Fire Department **Response Zone:** N/A

Address: 1962 9th Avenue
Olivehurst, CA 95961

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-743-7117

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba **Provider:** Smartsville Fire Protection District **Response Zone:** N/A

Address: 8459 Blue Gravel Road
Smartsville, CA 95977

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-639-0405

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> | <p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p> | <p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Yuba **Provider:** City of Wheatland Fire Department **Response Zone:** N/A

Address: 313 Main Street
Wheatland, CA 95692

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 530-633-0861

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|---|---|--|--|
| <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> |
|---|---|--|--|

| | | | | |
|--|--|--|---|--|
| <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"/> Fire District <input type="checkbox"/> Federal</p> | <p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> | <p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p> |
|--|--|--|---|--|

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

2023 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 12

EMS AIRCRAFT PROVIDERS

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region (Placer County Base) **Provider:** CALSTAR **Response Zone:** N/A

Address: 13750 Lincoln Wy
Auburn, CA 95603

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-887-0569

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT |
|--|--|---|---|

| | | | | |
|--|---|--|---|---|
| <u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | <u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input 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 |
|--|---|--|---|---|

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

376 Total number of responses
83 Number of emergency responses
293 Number of non-emergency responses

376 Total number of transports
83 Number of emergency transports
293 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region (Nevada County Base) **Provider:** CAREFLIGHT **Response Zone:** N/A

Address: 10356 Truckee Airport
Truckee, CA 96161

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-887-0569

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT |
|--|--|---|---|

| | | | | |
|--|---|--|--|---|
| <u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | <u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|---|--|--|---|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

97 _____ Total number of responses
31 _____ Number of emergency responses
66 _____ Number of non-emergency responses

97 _____ Total number of transports
31 _____ Number of emergency transports
66 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region (Placer & Shasta Bases) **Provider:** California Highway Patrol (CHP) Air Operations **Response Zone:** N/A

Address: 601 N, 7th Street
Sacramento, CA 95811

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: 916-843-3300

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

| | | | |
|--|--|---|---|
| <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 type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT |
|--|--|---|---|

| | | | | |
|--|--|---|--|---|
| <u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | <u>If Public:</u> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|--|---|--|---|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

155 Total number of responses
155 Number of emergency responses
 _____ Number of non-emergency responses

58 Total number of transports
58 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: S-SV EMS Region (Butte County Base) **Provider:** Enloe Flightcare **Response Zone:** N/A

Address: 1531 Esplande
Chico, CA 95926

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-680-2428

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

| | | | |
|--|--|---|---|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT |
|--|--|---|---|

| | | | | |
|--|---|--|--|---|
| <u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | <u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing | <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue |
|--|---|--|--|---|

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

949 Total number of responses
238 Number of emergency responses
711 Number of non-emergency responses

949 Total number of transports
238 Number of emergency transports
711 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region (Shasta County Base) **Provider:** PHI **Response Zone:** N/A

Address: 5900 Old Oregon Trail
Redding, CA 96002

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 530-221-0646

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

| | | | |
|---|---|--|---|
| <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 type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p> |
|---|---|--|---|

| | | | | |
|--|---|---|---|---|
| <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"/> Fire 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> |
|--|---|---|---|---|

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

645 Total number of responses
113 Number of emergency responses
532 Number of non-emergency responses

645 Total number of transports
113 Number of emergency transports
532 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S-SV EMS Region (Colusa, Shasta & Yuba Bases) **Provider:** REACH **Response Zone:** N/A

Address: 10034 Missle Way
Mather, CA 95655

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 530-221-0646

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

| | | | |
|--|--|---|--|
| <u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT |
|--|--|---|--|

| | | | | |
|--|---|--|---|---|
| <u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | <u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ | <u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal | <u>If Air:</u> <input 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 |
|--|---|--|---|---|

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

1220 _____ Total number of responses
221 _____ Number of emergency responses
999 _____ Number of non-emergency responses

1220 _____ Total number of transports
221 _____ Number of emergency transports
999 _____ Number of non-emergency transports

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|--|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: Butte County EMS, LLC</p> |
| <p>Area or Subarea (Zone) Name or Title: Butte County Zone 1</p> |
| <p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Butte County.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance Service, ALS Interfacility Ground Ambulance Transports</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): Exclusivity achieved through a competitive bid process, conducted in 2023 awarded to Butte County EMS, resulting in the execution of an EOA agreement with an initial term of 10/1/2023 – 9/30/2028.</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|---|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: Enloe EMS</p> |
| <p>Area or Subarea (Zone) Name or Title: Colusa County Zone 1</p> |
| <p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Colusa County.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive for 2023 with a competitive RPF process initiated with EOA going into effect on 4/1/2024.</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|---|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: Orland Community Ambulance Association, DBA – Westside Ambulance Association</p> |
| <p>Area or Subarea (Zone) Name or Title: Glenn County Zone 1</p> |
| <p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Glenn County, north of CR 33.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|--|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: Enloe EMS</p> |
| <p>Area or Subarea (Zone) Name or Title: Glenn County Zone 2</p> |
| <p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Glenn County, south of CR 33.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|---|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: Truckee Fire Protection District at Donner Summit</p> |
| <p>Area or Subarea (Zone) Name or Title: Nevada County Zone 1</p> |
| <p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the Donner Summit Public Utilities District (PUD).</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|--|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: Sierra Nevada Memorial – Miners Hospital, DBA – Sierra Nevada Ambulance</p> |
| <p>Area or Subarea (Zone) Name or Title: Nevada County Zone 2</p> |
| <p>Area or Subarea (Zone) Geographic Description: The City of Grass Valley, the City of Nevada City and surrounding rural areas, all areas within the geographic boundaries of the Nevada County Consolidated Fire Protection District, North San Juan Fire Protection District, Ophir Hill Fire Protection District, Peardale-Chicago Park Fire Protection District, and Washington Fire Department, the Hwy 49 corridor from the junction of I-80 (east) through the geographic boundaries of the Higgins Fire Protection District (Placer County Line), to include the corridor ½ mile east and west of Hwy 49, and Lake of the Pines.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|---|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: Penn Valley Fire Protection District</p> |
| <p>Area or Subarea (Zone) Name or Title: Nevada County Zone 3</p> |
| <p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the Penn Valley Fire Protection District, including Penn Valley proper and the Lake Wildwood area.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|---|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: Truckee Fire Protection District</p> |
| <p>Area or Subarea (Zone) Name or Title: Nevada County Zone 4</p> |
| <p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the Truckee Fire Protection District and immediate surrounding areas in Nevada County.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|---|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: Foresthill Fire Protection District</p> |
| <p>Area or Subarea (Zone) Name or Title: Placer County Zone 1</p> |
| <p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the Foresthill Fire Protection District, including the town of Foresthill, Todd Valley Estates, and Baker Ranch.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|---|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: South Placer Fire Protection District</p> |
| <p>Area or Subarea (Zone) Name or Title: Placer County Zone 2</p> |
| <p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the South Placer Fire Protection District, excluding the town of Loomis.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|---|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: American Medical Response West</p> |
| <p>Area or Subarea (Zone) Name or Title: Placer County Zone 3</p> |
| <p>Area or Subarea (Zone) Geographic Description: I-80 corridor from the Emigrant Gap area south/west to the Sacramento County Line (including the cities/towns/areas of Blue Canyon, Dutch Flat, Gold Run, Alta, Colfax, Meadow Vista, Applegate, Bowman, Auburn, North Auburn, Newcastle, Penryn, Loomis, Rocklin and Roseville, and immediate surrounding areas), Hwy 49 corridor from the El Dorado County Line to the Nevada County Line (and immediate surrounding areas outside the geographic boundaries of the Foresthill Fire Protections District), Hwy 65 corridor from the junction of I-80 to the Yuba County Line (including the cities/areas of Lincoln, Sheridan, and immediate surrounding areas).</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|---|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: North Tahoe Fire Protection District</p> |
| <p>Area or Subarea (Zone) Name or Title: Placer County Zone 4</p> |
| <p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the North Tahoe Fire Protection District.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|---|
| Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency |
| Name of Current Provider: Truckee Fire Protection District |
| Area or Subarea (Zone) Name or Title: Placer County Zone 5 |
| Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the Truckee Fire Protection District in Placer County. |
| Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive |
| Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A |
| Method to achieve Exclusivity, if applicable (HS 1797.224): N/A |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|---|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: North Tahoe Fire Protection District and Truckee Fire Protection District</p> |
| <p>Area or Subarea (Zone) Name or Title: Placer County Zone 6</p> |
| <p>Area or Subarea (Zone) Geographic Description: Areas within the eastern portion of Placer County, outside the geographic boundaries of the AMR Placer County EOA (Placer County Zone 3), outside the geographic boundaries of the Foresthill Fire Protection District (Placer County Zone 1), outside the geographic boundaries of the North Tahoe Fire Protection District (Placer County Zone 4), and outside the geographic boundaries of the Truckee Fire Protection District (Placer County Zone 5). Includes the areas of Alpine Meadows, Olympic Valley, and the area covered by the Nortstar Fire Department.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|--|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: Mayers Memorial Hospital</p> |
| <p>Area or Subarea (Zone) Name or Title: Shasta County Zone 1</p> |
| <p>Area or Subarea (Zone) Geographic Description: SR 299 from the Shasta/Modoc County line (east) to the junction of SR 89 (west), SR 89 from the Siskiyou County Line (north) to the junction of SR 44/Lassen National Park entrance (south), and all other surrounding areas of Shasta County east of the geographic boundaries of the Burney Fire Protection District.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|--|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: Burney Fire Protection District</p> |
| <p>Area or Subarea (Zone) Name or Title: Shasta County Zone 2</p> |
| <p>Area or Subarea (Zone) Geographic Description: SR 299 from the junction of SR 89 (east) to Hatchet Summit (west), and all surrounding areas within the geographic boundaries of the Burney Fire Protection District.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p> |

Sierra – Sacramento Valley EMS Agency 2023 EMS Plan – Table 8

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|---|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: American Medical Response West and Mercy Medical Center Redding Ambulance</p> |
| <p>Area or Subarea (Zone) Name or Title: Shasta County Zone 3</p> |
| <p>Area or Subarea (Zone) Geographic Description: SR 299 from Hatchet Summit (east) to the Trinity County Line (west), I-5 corridor from the Siskiyou County Line (north) to the Tehama County Line (south), SR 44 from the junction of SR 299 (west) to the junction of SR 44/Lassen National Park entrance (east), Hwy 89 from the junction of SR 44/Lassen National Park entrance (north) to the Tehama County Line (south) – including associated areas within the Lassen National Park, and all other surrounding areas of Shasta County to the west of the geographic boundaries of the Burney Fire Protection District.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|---|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: Butte Valley Ambulance</p> |
| <p>Area or Subarea (Zone) Name or Title: Siskiyou County Zone 1</p> |
| <p>Area or Subarea (Zone) Geographic Description: North: Oregon State Line, South: SR 97 at Grass Lake, East: Approximately from the West Klamath Wildlife Refuge to Toe Modoc Plateau, West: Refuge Unit on Hwy 161, and those wilderness areas most accessible by ground from these corridors.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive: Due to staffing issues, transport permit was suspended on November 30, 2023 and not restored in 2023.</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|--|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: City of Etna Ambulance</p> |
| <p>Area or Subarea (Zone) Name or Title: Siskiyou County Zone 2</p> |
| <p>Area or Subarea (Zone) Geographic Description: North: SR 3 to Forest Mountain Summit, South: SR 3 to Scott Mountain Summit, Southwest: Cecilville Road to Cecilville Summit, East: Gazelle-Callahan Road to Gazelle Summit, West: Sawyers Bar Road to Etna Summit, Northwest: Scott River Road to Thompson Creek, and those wilderness areas best accessed by ground from these corridors.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|---|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: Happy Camp Volunteer Ambulance</p> |
| <p>Area or Subarea (Zone) Name or Title: Siskiyou County Zone 3</p> |
| <p>Area or Subarea (Zone) Geographic Description: North: A line from the Oregon Border as the Del Norte County Line to SR 96 at Horse Creek, South: SR 96 at Somes Bar, East: Lines from Horse Creek to Scotts Bar, then Southwest, Southwest: SR 44 at the Lassen National Park turnoff, West: A line from the Oregon Border at the Del Norte County Line, passing SSW to approx. the latitude of Somes Bar, and those wilderness areas best accessed by ground from these corridors.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|---|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: McCloud Fire Department</p> |
| <p>Area or Subarea (Zone) Name or Title: Siskiyou County Zone 4</p> |
| <p>Area or Subarea (Zone) Geographic Description: North: Military Pass Road, 1 mile South of Medicine Lake, South: Southwest Gerard Ridge, East of Sims, South of Grizzly Peak, Southeast Ponderosa at SR 89, East: SR 89 to the Modoc County Line, West: Mt. Shasta Peak, Snowman Summit, SR 89 at Gerald Ridge, and those wilderness areas best accessed by ground from these corridors.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|---|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: Mt. Shasta Ambulance Service Inc.</p> |
| <p>Area or Subarea (Zone) Name or Title: Siskiyou County Zone 5</p> |
| <p>Area or Subarea (Zone) Geographic Description: North: I-5 to Parks Creek, US 97 to Grass Lake, South: I-5 at the Siskiyou/Shasta County Line, East: SR 89 to the Siskiyou County Line, West: Mt. Eddy Range, and those wilderness areas best accessed by ground from these corridors.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|--|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: Mt. Shasta Ambulance Service, Inc.</p> |
| <p>Area or Subarea (Zone) Name or Title: Siskiyou County Zone 6</p> |
| <p>Area or Subarea (Zone) Geographic Description: North: Oregon State Line, South: I-5 at Parks Creek, East: West Siskiyou Mountains, West: SR 96 to Horse Creek, SR 3 to Fort Jones Road, and those wilderness areas best accessed by ground from these corridors.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): N/A</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|---|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: Bi-County Ambulance</p> |
| <p>Area or Subarea (Zone) Name or Title: Sutter County Zone 1</p> |
| <p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Sutter County.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|---|
| Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency |
| Name of Current Provider: St. Elizabeth Community Hospital |
| Area or Subarea (Zone) Name or Title: Tehama County Zone 1 |
| Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Tehama County. |
| Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive |
| Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A |
| Method to achieve Exclusivity, if applicable (HS 1797.224): N/A |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|---|
| <p>Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency</p> |
| <p>Name of Current Provider: Bi-County Ambulance</p> |
| <p>Area or Subarea (Zone) Name or Title: Yuba County Zone 1</p> |
| <p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Yuba County, excluding Beale Air Force Base federal land.</p> |
| <p>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Exclusive</p> |
| <p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance</p> |
| <p>Method to achieve Exclusivity, if applicable (HS 1797.224): ‘Grandfathered’ exclusive operating area (EOA), previously approved by EMSA, based on provider’s delivery of uninterrupted ground ambulance transport service within the applicable area/subarea (zone) described above in the same manner and scope in which the services have been provided without interruption since January 1, 1981.</p> |

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2023

| |
|--|
| Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency |
| Name of Current Provider: Beale Air Force Base Ambulance Services |
| Area or Subarea (Zone) Name or Title: Yuba County Zone 2 |
| Area or Subarea (Zone) Geographic Description: All areas on Beale Air Force Base federal land. |
| Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6): Non-Exclusive |
| Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): N/A |
| Method to achieve Exclusivity, if applicable (HS 1797.224): N/A |

2023 S-SV EMS PLAN

TABLE 9

HOSPITAL RESOURCES DIRECTORY

TABLE 9: FACILITIES

| | | |
|---------------|------------|-------------------------|
| County: Butte | Year: 2023 | Table 9 Page #: 1 of 17 |
|---------------|------------|-------------------------|

| FACILITY INFORMATION | | |
|--|--|---|
| Name: Enloe Medical Center | | |
| Address: 1531 Esplanade, Chico, CA 95926 | | |
| Telephone Number: (530) 332-7300 | | |
| Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| FACILITY DESIGNATIONS/CAPABILITIES | | |
| General Emergency Service Capabilities | | |
| <input type="checkbox"/> Referral Emergency | <input type="checkbox"/> Standby Emergency | |
| <input checked="" type="checkbox"/> Basic Emergency | <input type="checkbox"/> Comprehensive Emergency | |
| Pediatric Emergency Service Capabilities | | |
| PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Specialty Care Center Service Capabilities | | |
| Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Adult Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | ACS Verified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Trauma Center Level: <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> N/A | | |
| STEMI Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A | | |

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

| | | |
|---------------|------------|-------------------------|
| County: Butte | Year: 2023 | Table 9 Page #: 2 of 17 |
|---------------|------------|-------------------------|

| FACILITY INFORMATION | | |
|--|--|---|
| Name: Orchard Hospital | | |
| Address: 240 Spruce Street, Gridley, CA 95948 | | |
| Telephone Number: (530) 846-9021 | | |
| Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Written Contact: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| FACILITY DESIGNATIONS/CAPABILITIES | | |
| General Emergency Service Capabilities | | |
| <input type="checkbox"/> Referral Emergency | <input checked="" type="checkbox"/> Standby Emergency | |
| <input type="checkbox"/> Basic Emergency | <input type="checkbox"/> Comprehensive Emergency | |
| Pediatric Emergency Service Capabilities | | |
| PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Specialty Care Center Service Capabilities | | |
| Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Adult Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | ACS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> N/A | | |
| STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Stroke Center Level: <input type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> N/A | | |

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

| | | |
|---------------|------------|-------------------------|
| County: Butte | Year: 2023 | Table 9 Page #: 3 of 17 |
|---------------|------------|-------------------------|

| FACILITY INFORMATION | | |
|--|--|---|
| Name: Oroville Hospital | | |
| Address: 2767 Olive Hwy, Oroville, CA 95966 | | |
| Telephone Number: (530) 533-8500 | | |
| Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| FACILITY DESIGNATIONS/CAPABILITIES | | |
| General Emergency Service Capabilities | | |
| <input type="checkbox"/> Referral Emergency | <input type="checkbox"/> Standby Emergency | |
| <input checked="" type="checkbox"/> Basic Emergency | <input type="checkbox"/> Comprehensive Emergency | |
| Pediatric Emergency Service Capabilities | | |
| PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Specialty Care Center Service Capabilities | | |
| Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Adult Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | ACS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> N/A | | |
| STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A | | |

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

| | | |
|----------------|------------|-------------------------|
| County: Colusa | Year: 2023 | Table 9 Page #: 4 of 17 |
|----------------|------------|-------------------------|

| FACILITY INFORMATION | | |
|--|--|---|
| Name: Colusa Medical Center | | |
| Address: 199 E Webster Street, Colusa, CA 95932 | | |
| Telephone Number: (530) 619-0800 | | |
| Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| FACILITY DESIGNATIONS/CAPABILITIES | | |
| General Emergency Service Capabilities | | |
| <input type="checkbox"/> Referral Emergency | <input checked="" type="checkbox"/> Standby Emergency | |
| <input type="checkbox"/> Basic Emergency | <input type="checkbox"/> Comprehensive Emergency | |
| Pediatric Emergency Service Capabilities | | |
| PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Specialty Care Center Service Capabilities | | |
| Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Adult Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | ACS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> N/A | | |
| STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Stroke Center Level: <input type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> N/A | | |

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

| | | |
|---------------|------------|-------------------------|
| County: Glenn | Year: 2023 | Table 9 Page #: 5 of 17 |
|---------------|------------|-------------------------|

| FACILITY INFORMATION | | |
|--|--|---|
| Name: Glenn Medical Center | | |
| Address: 1133 W Sycamore Street, Willows, CA 95988 | | |
| Telephone Number: (530) 934-1800 | | |
| Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Written Contact: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| FACILITY DESIGNATIONS/CAPABILITIES | | |
| General Emergency Service Capabilities | | |
| <input type="checkbox"/> Referral Emergency | <input checked="" type="checkbox"/> Standby Emergency | |
| <input type="checkbox"/> Basic Emergency | <input type="checkbox"/> Comprehensive Emergency | |
| Pediatric Emergency Service Capabilities | | |
| PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Specialty Care Center Service Capabilities | | |
| Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Adult Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | ACS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> N/A | | |
| STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Stroke Center Level: <input type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> N/A | | |

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

| | | |
|----------------|------------|-------------------------|
| County: Nevada | Year: 2023 | Table 9 Page #: 6 of 17 |
|----------------|------------|-------------------------|

| FACILITY INFORMATION | | |
|--|--|---|
| Name: Sierra Nevada Memorial Hospital | | |
| Address: 155 Glasson Way, Grass Valley, CA 95945 | | |
| Telephone Number: (530) 274-6227 | | |
| Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| FACILITY DESIGNATIONS/CAPABILITIES | | |
| General Emergency Service Capabilities | | |
| <input type="checkbox"/> Referral Emergency | <input type="checkbox"/> Standby Emergency | |
| <input checked="" type="checkbox"/> Basic Emergency | <input type="checkbox"/> Comprehensive Emergency | |
| Pediatric Emergency Service Capabilities | | |
| PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Specialty Care Center Service Capabilities | | |
| Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Adult Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | ACS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> N/A | | |
| STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A | | |

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

| | | |
|----------------|------------|-------------------------|
| County: Nevada | Year: 2023 | Table 9 Page #: 7 of 17 |
|----------------|------------|-------------------------|

| FACILITY INFORMATION | | |
|--|--|---|
| Name: Tahoe Forest Hospital | | |
| Address: 10121 Pine Avenue, Truckee, CA 96161 | | |
| Telephone Number: (530) 582-6629 | | |
| Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| FACILITY DESIGNATIONS/CAPABILITIES | | |
| General Emergency Service Capabilities | | |
| <input type="checkbox"/> Referral Emergency | <input type="checkbox"/> Standby Emergency | |
| <input checked="" type="checkbox"/> Basic Emergency | <input type="checkbox"/> Comprehensive Emergency | |
| Pediatric Emergency Service Capabilities | | |
| PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Specialty Care Center Service Capabilities | | |
| Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Adult Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | ACS Verified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> N/A | | |
| STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Stroke Center Level: <input type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> N/A | | |

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

| | | |
|----------------|------------|-------------------------|
| County: Placer | Year: 2023 | Table 9 Page #: 8 of 17 |
|----------------|------------|-------------------------|

| FACILITY INFORMATION | | |
|--|--|---|
| Name: Kaiser Roseville Medical Center | | |
| Address: 1600 Eureka Road, Roseville, CA 95661 | | |
| Telephone Number: (916) 784-4000 | | |
| Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| FACILITY DESIGNATIONS/CAPABILITIES | | |
| General Emergency Service Capabilities | | |
| <input type="checkbox"/> Referral Emergency | <input type="checkbox"/> Standby Emergency | |
| <input checked="" type="checkbox"/> Basic Emergency | <input type="checkbox"/> Comprehensive Emergency | |
| Pediatric Emergency Service Capabilities | | |
| PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PICU ³ : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Specialty Care Center Service Capabilities | | |
| Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Adult Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | ACS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> N/A | | |
| STEMI Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A | | |

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

| | | |
|----------------|------------|-------------------------|
| County: Placer | Year: 2023 | Table 9 Page #: 9 of 17 |
|----------------|------------|-------------------------|

| FACILITY INFORMATION | | |
|--|--|---|
| Name: Sutter Auburn Faith Hospital | | |
| Address: 11815 Education Street, Auburn, CA 95602 | | |
| Telephone Number: (530) 888-4557 | | |
| Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| FACILITY DESIGNATIONS/CAPABILITIES | | |
| General Emergency Service Capabilities | | |
| <input type="checkbox"/> Referral Emergency | <input type="checkbox"/> Standby Emergency | |
| <input checked="" type="checkbox"/> Basic Emergency | <input type="checkbox"/> Comprehensive Emergency | |
| Pediatric Emergency Service Capabilities | | |
| PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Specialty Care Center Service Capabilities | | |
| Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Adult Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | ACS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> N/A | | |
| STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A | | |

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

| | | |
|----------------|------------|--------------------------|
| County: Placer | Year: 2023 | Table 9 Page #: 10 of 17 |
|----------------|------------|--------------------------|

| FACILITY INFORMATION | | |
|--|--|---|
| Name: Sutter Roseville Medical Center | | |
| Address: 1 Medical Plaza Drive | | |
| Telephone Number: (916) 781-1000 | | |
| Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| FACILITY DESIGNATIONS/CAPABILITIES | | |
| General Emergency Service Capabilities | | |
| <input type="checkbox"/> Referral Emergency | <input type="checkbox"/> Standby Emergency | |
| <input checked="" type="checkbox"/> Basic Emergency | <input type="checkbox"/> Comprehensive Emergency | |
| Pediatric Emergency Service Capabilities | | |
| PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Specialty Care Center Service Capabilities | | |
| Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Adult Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | ACS Verified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Trauma Center Level: <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> N/A | | |
| STEMI Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Stroke Center Level: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A | | |

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

| | | |
|----------------|------------|--------------------------|
| County: Shasta | Year: 2023 | Table 9 Page #: 11 of 17 |
|----------------|------------|--------------------------|

| FACILITY INFORMATION | | |
|--|--|---|
| Name: Mayers Memorial Hospital | | |
| Address: 43563 State Highway 299 E, Fall River Mills, CA 96028 | | |
| Telephone Number: (530) 336-5511 | | |
| Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| FACILITY DESIGNATIONS/CAPABILITIES | | |
| General Emergency Service Capabilities | | |
| <input type="checkbox"/> Referral Emergency | <input checked="" type="checkbox"/> Standby Emergency | |
| <input type="checkbox"/> Basic Emergency | <input type="checkbox"/> Comprehensive Emergency | |
| Pediatric Emergency Service Capabilities | | |
| PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Specialty Care Center Service Capabilities | | |
| Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Adult Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | ACS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> N/A | | |
| STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Stroke Center Level: <input type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> N/A | | |

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

| | | |
|----------------|------------|--------------------------|
| County: Shasta | Year: 2023 | Table 9 Page #: 12 of 17 |
|----------------|------------|--------------------------|

| FACILITY INFORMATION | | |
|--|--|---|
| Name: Mercy Medical Center Redding | | |
| Address: 2175 Rosaline Avenue, Redding, CA 96001 | | |
| Telephone Number: (530) 225-6000 | | |
| Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| FACILITY DESIGNATIONS/CAPABILITIES | | |
| General Emergency Service Capabilities | | |
| <input type="checkbox"/> Referral Emergency | <input type="checkbox"/> Standby Emergency | |
| <input checked="" type="checkbox"/> Basic Emergency | <input type="checkbox"/> Comprehensive Emergency | |
| Pediatric Emergency Service Capabilities | | |
| PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Specialty Care Center Service Capabilities | | |
| Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Adult Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | ACS Verified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Trauma Center Level: <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> N/A | | |
| STEMI Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Stroke Center Level: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A | | |

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

| | | |
|----------------|------------|--------------------------|
| County: Shasta | Year: 2023 | Table 9 Page #: 13 of 17 |
|----------------|------------|--------------------------|

| FACILITY INFORMATION | | |
|--|--|---|
| Name: Shasta Regional Medical Center | | |
| Address: 1100 Butte Street, Redding, CA 96001 | | |
| Telephone Number: (530) 244-5454 | | |
| Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| FACILITY DESIGNATIONS/CAPABILITIES | | |
| General Emergency Service Capabilities | | |
| <input type="checkbox"/> Referral Emergency | <input type="checkbox"/> Standby Emergency | |
| <input checked="" type="checkbox"/> Basic Emergency | <input type="checkbox"/> Comprehensive Emergency | |
| Pediatric Emergency Service Capabilities | | |
| PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Specialty Care Center Service Capabilities | | |
| Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Adult Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | ACS Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | |
| Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV <input checked="" type="checkbox"/> N/A | | |
| STEMI Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A | | |

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

| | | |
|------------------|------------|--------------------------|
| County: Siskiyou | Year: 2023 | Table 9 Page #: 14 of 17 |
|------------------|------------|--------------------------|

| FACILITY INFORMATION | | |
|--|--|---|
| Name: Fairchild Medical Center | | |
| Address: 444 Bruce Street, Yreka, CA 96097 | | |
| Telephone Number: (530) 841-6200 | | |
| Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| FACILITY DESIGNATIONS/CAPABILITIES | | |
| General Emergency Service Capabilities | | |
| <input type="checkbox"/> Referral Emergency | <input type="checkbox"/> Standby Emergency | |
| <input checked="" type="checkbox"/> Basic Emergency | <input type="checkbox"/> Comprehensive Emergency | |
| Pediatric Emergency Service Capabilities | | |
| PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Specialty Care Center Service Capabilities | | |
| Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Adult Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | ACS Verified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | |
| Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level IV <input type="checkbox"/> N/A | | |
| STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A | | |

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

| | | |
|------------------|------------|--------------------------|
| County: Siskiyou | Year: 2023 | Table 9 Page #: 15 of 17 |
|------------------|------------|--------------------------|

| FACILITY INFORMATION | | |
|--|--|---|
| Name: Mercy Medical Center Mt. Shasta | | |
| Address: 914 Pine Street, Mount Shasta, CA 96067 | | |
| Telephone Number: (530) 926-9381 | | |
| Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| FACILITY DESIGNATIONS/CAPABILITIES | | |
| General Emergency Service Capabilities | | |
| <input type="checkbox"/> Referral Emergency | <input type="checkbox"/> Standby Emergency | |
| <input checked="" type="checkbox"/> Basic Emergency | <input type="checkbox"/> Comprehensive Emergency | |
| Pediatric Emergency Service Capabilities | | |
| PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Specialty Care Center Service Capabilities | | |
| Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Adult Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | ACS Verified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> N/A | | |
| STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A | | |

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

| | | |
|----------------|------------|--------------------------|
| County: Tehama | Year: 2023 | Table 9 Page #: 16 of 17 |
|----------------|------------|--------------------------|

| FACILITY INFORMATION | | |
|--|--|---|
| Name: St. Elizabeth Community Hospital | | |
| Address: 2550 Sister Mary Columba Drive, Red Bluff, CA 96080 | | |
| Telephone Number: (530) 529-8000 | | |
| Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| FACILITY DESIGNATIONS/CAPABILITIES | | |
| General Emergency Service Capabilities | | |
| <input type="checkbox"/> Referral Emergency | <input type="checkbox"/> Standby Emergency | |
| <input checked="" type="checkbox"/> Basic Emergency | <input type="checkbox"/> Comprehensive Emergency | |
| Pediatric Emergency Service Capabilities | | |
| PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Specialty Care Center Service Capabilities | | |
| Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Adult Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | ACS Verified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> N/A | | |
| STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A | | |

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

| | | |
|--------------|------------|--------------------------|
| County: Yuba | Year: 2023 | Table 9 Page #: 17 of 17 |
|--------------|------------|--------------------------|

| FACILITY INFORMATION | | |
|--|--|---|
| Name: Adventist Health And Rideout | | |
| Address: 726 4th Street, Marysville, CA 95901 | | |
| Telephone Number: (530) 749-4300 | | |
| Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Written Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| FACILITY DESIGNATIONS/CAPABILITIES | | |
| General Emergency Service Capabilities | | |
| <input type="checkbox"/> Referral Emergency | <input type="checkbox"/> Standby Emergency | |
| <input checked="" type="checkbox"/> Basic Emergency | <input type="checkbox"/> Comprehensive Emergency | |
| Pediatric Emergency Service Capabilities | | |
| PCC ¹ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | EDAP ² : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | PICU ³ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Specialty Care Center Service Capabilities | | |
| Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pediatric Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Adult Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | ACS Verified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Trauma Center Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV <input type="checkbox"/> N/A | | |
| STEMI Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Stroke Center Level: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Comprehensive <input type="checkbox"/> N/A | | |

¹Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

2023 S-SV EMS PLAN

TABLE 10

APPROVED EMS TRAINING

PROGRAMS

TABLE 10: APPROVED TRAINING PROGRAMS

| | | |
|----------------------|-------------------|---------------------------------|
| County: Butte | Year: 2023 | Table 10 Page #: 1 of 14 |
|----------------------|-------------------|---------------------------------|

| EMS TRAINING PROGRAM INFORMATION | | | |
|---|---|---|---|
| Name: Butte Community College | | | |
| Address: 3356 Butte Campus Drive, Oroville, CA 95965 | | | |
| Telephone Number: (530) 895-2487 | | | |
| EMS TRAINING PROGRAM DETAILS | | | |
| Item/Description | EMT Training Program | AEMT Training Program | Paramedic Training Program |
| Training Program Approval | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Program Approval Expiration | 12/31/2024 | N/A | 12/31/2025 |
| Student Eligibility | General Public | N/A | General Public |
| Initial Program Cost | \$1400 | N/A | \$4450 |
| Refresher Program Cost | \$43 | N/A | N/A |
| # Of Annual Students* – Initial | 192 | N/A | 24 |
| # Of Annual Students* – Refresher | 15 | N/A | N/A |
| # Of Annual Courses – Initial | 8 | N/A | 1 |
| # Of Annual Course – Refresher | 2 | N/A | 0 |

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

| | | |
|----------------------|-------------------|---------------------------------|
| County: Butte | Year: 2023 | Table 10 Page #: 2 of 14 |
|----------------------|-------------------|---------------------------------|

| EMS TRAINING PROGRAM INFORMATION | | | |
|---|---|---|---|
| Name: Butte College - Fire Academy | | | |
| Address: 3536 Butte Campus Drive, Oroville, CA 95965 | | | |
| Telephone Number: (530) 895-2402 | | | |
| EMS TRAINING PROGRAM DETAILS | | | |
| Item/Description | EMT Training Program | AEMT Training Program | Paramedic Training Program |
| Training Program Approval | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Program Approval Expiration | 12/31/2024 | N/A | N/A |
| Student Eligibility | General Public | N/A | N/A |
| Initial Program Cost | \$625 | N/A | N/A |
| Refresher Program Cost | \$154 | N/A | N/A |
| # Of Annual Students* – Initial | 56 | N/A | N/A |
| # Of Annual Students* – Refresher | 0 | N/A | N/A |
| # Of Annual Courses – Initial | 2 | N/A | N/A |
| # Of Annual Course – Refresher | 0 | N/A | N/A |

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

| | | |
|----------------------|-------------------|---------------------------------|
| County: Butte | Year: 2023 | Table 10 Page #: 3 of 14 |
|----------------------|-------------------|---------------------------------|

| EMS TRAINING PROGRAM INFORMATION | | | |
|--|---|---|---|
| Name: EMST, LLC / Oroville Adult Education Center | | | |
| Address: 1900 Oro Dam Blvd #12-375 | | | |
| Telephone Number: 530-403-8432 | | | |
| EMS TRAINING PROGRAM DETAILS | | | |
| Item/Description | EMT Training Program | AEMT Training Program | Paramedic Training Program |
| Training Program Approval | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Program Approval Expiration | 12/31/2026 | N/A | N/A |
| Student Eligibility | General Public | N/A | N/A |
| Initial Program Cost | \$1285.00 | N/A | N/A |
| Refresher Program Cost | N/A | N/A | N/A |
| # Of Annual Students* – Initial | 25 | N/A | N/A |
| # Of Annual Students* – Refresher | N/A | N/A | N/A |
| # Of Annual Courses – Initial | 2 | N/A | N/A |
| # Of Annual Course – Refresher | N/A | N/A | N/A |

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

| | | |
|----------------|------------|--------------------------|
| County: Colusa | Year: 2023 | Table 10 Page #: 4 of 14 |
|----------------|------------|--------------------------|

| EMS TRAINING PROGRAM INFORMATION | | | |
|---|---|---|---|
| Name: Woodland Community College - Colusa Campus | | | |
| Address: 99 Ella Street, Williams, CA 95987 | | | |
| Telephone Number: (530) 668-2500 | | | |
| EMS TRAINING PROGRAM DETAILS | | | |
| Item/Description | EMT Training Program | AEMT Training Program | Paramedic Training Program |
| Training Program Approval | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Program Approval Expiration | 06/30/2024 | N/A | N/A |
| Student Eligibility | General Public | N/A | N/A |
| Initial Program Cost | \$752 | N/A | N/A |
| Refresher Program Cost | \$56 | N/A | N/A |
| # Of Annual Students* – Initial | 14 | N/A | N/A |
| # Of Annual Students* – Refresher | 0 | N/A | N/A |
| # Of Annual Courses – Initial | 1 | N/A | N/A |
| # Of Annual Course – Refresher | 1 | N/A | N/A |

*Total number of students who successfully completed the training program within the past year.

TABLE 10: APPROVED TRAINING PROGRAMS

| | | |
|------------------------------|-------------------|---------------------------------|
| County: Nevada/Placer | Year: 2023 | Table 10 Page #: 5 of 14 |
|------------------------------|-------------------|---------------------------------|

| EMS TRAINING PROGRAM INFORMATION | | | |
|---|---|---|---|
| Name: Sierra College | | | |
| Address: 5100 Sierra College Blvd, Rocklin, CA 95677 | | | |
| Telephone Number: (916) 781-6251 | | | |
| EMS TRAINING PROGRAM DETAILS | | | |
| Item/Description | EMT Training Program | AEMT Training Program | Paramedic Training Program |
| Training Program Approval | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Program Approval Expiration | 12/31/2025 | 12/31/2027 | N/A |
| Student Eligibility | General Public | General Public | N/A |
| Initial Program Cost | \$414 | \$437 | N/A |
| Refresher Program Cost | \$46 | N/A | N/A |
| # Of Annual Students* – Initial | 289 | 7 | N/A |
| # Of Annual Students* – Refresher | 49 | N/A | N/A |
| # Of Annual Courses – Initial | 14 | 1 | N/A |
| # Of Annual Course – Refresher | 3 | N/A | N/A |

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

| | | |
|-----------------------|-------------------|---------------------------------|
| County: Placer | Year: 2023 | Table 10 Page #: 6 of 14 |
|-----------------------|-------------------|---------------------------------|

| EMS TRAINING PROGRAM INFORMATION | | | |
|--|---|---|---|
| Name: NCTI-Roseville | | | |
| Address: 2995 Foothills Boulevard, Suite 100, Roseville, CA 95747 | | | |
| Telephone Number: (916) 960-6284 | | | |
| EMS TRAINING PROGRAM DETAILS | | | |
| Item/Description | EMT Training Program | AEMT Training Program | Paramedic Training Program |
| Training Program Approval | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Program Approval Expiration | 12/31/2025 | N/A | 12/31/2025 |
| Student Eligibility | General Public | N/A | General Public |
| Initial Program Cost | \$2549 | N/A | \$13,500 |
| Refresher Program Cost | N/A | N/A | N/A |
| # Of Annual Students* – Initial | 50 | N/A | 66 |
| # Of Annual Students* – Refresher | N/A | N/A | N/A |
| # Of Annual Courses – Initial | 4 | N/A | 3 |
| # Of Annual Course – Refresher | N/A | N/A | N/A |

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

| | | |
|-----------------------|-------------------|---------------------------------|
| County: Shasta | Year: 2023 | Table 10 Page #: 7 of 14 |
|-----------------------|-------------------|---------------------------------|

| EMS TRAINING PROGRAM INFORMATION | | | |
|---|---|---|---|
| Name: Shasta College EMS Program | | | |
| Address: 11555 Old Oregon Trail, Redding, CA 96003 | | | |
| Telephone Number: (530) 242-7563 / (530) 242-2207 | | | |
| EMS TRAINING PROGRAM DETAILS | | | |
| Item/Description | EMT Training Program | AEMT Training Program | Paramedic Training Program |
| Training Program Approval | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Program Approval Expiration | 12/31/2025 | N/A | N/A |
| Student Eligibility | General Public | N/A | N/A |
| Initial Program Cost | \$368.50 | N/A | N/A |
| Refresher Program Cost | \$92.50 | N/A | N/A |
| # Of Annual Students* – Initial | 95 | N/A | N/A |
| # Of Annual Students* – Refresher | 20 | N/A | N/A |
| # Of Annual Courses – Initial | 6 | N/A | N/A |
| # Of Annual Course – Refresher | 2 | N/A | N/A |

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

| | | |
|-----------------------|-------------------|---------------------------------|
| County: Shasta | Year: 2023 | Table 10 Page #: 8 of 14 |
|-----------------------|-------------------|---------------------------------|

| EMS TRAINING PROGRAM INFORMATION | | | |
|---|---|---|---|
| Name: Shasta Union High School District | | | |
| Address: 2200 Eureka Way, Redding, CA 96001 | | | |
| Telephone Number: (530) 241-3261, (916) 834-8995 | | | |
| EMS TRAINING PROGRAM DETAILS | | | |
| Item/Description | EMT Training Program | AEMT Training Program | Paramedic Training Program |
| Training Program Approval | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Program Approval Expiration | 12/31/2025 | N/A | N/A |
| Student Eligibility | General Public | N/A | N/A |
| Initial Program Cost | \$0 | N/A | N/A |
| Refresher Program Cost | N/A | N/A | N/A |
| # Of Annual Students* – Initial | 12 | N/A | N/A |
| # Of Annual Students* – Refresher | N/A | N/A | N/A |
| # Of Annual Courses – Initial | 1 | N/A | N/A |
| # Of Annual Course – Refresher | 0 | N/A | N/A |

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

| | | |
|-------------------------|-------------------|---------------------------------|
| County: Siskiyou | Year: 2023 | Table 10 Page #: 9 of 14 |
|-------------------------|-------------------|---------------------------------|

| EMS TRAINING PROGRAM INFORMATION | | | |
|---|---|---|---|
| Name: College of The Siskiyous | | | |
| Address: 800 College Ave, Weed, CA 96094 | | | |
| Telephone Number: (530) 938-5530 | | | |
| EMS TRAINING PROGRAM DETAILS | | | |
| Item/Description | EMT Training Program | AEMT Training Program | Paramedic Training Program |
| Training Program Approval | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Program Approval Expiration | 12/31/2026 | N/A | 12/31/2025 |
| Student Eligibility | General Public | N/A | General Public |
| Initial Program Cost | \$557.46 | N/A | \$5002 |
| Refresher Program Cost | \$250 | N/A | 0 |
| # Of Annual Students* – Initial | 53 | N/A | 25 |
| # Of Annual Students* – Refresher | 5 | N/A | 0 |
| # Of Annual Courses – Initial | 4 | N/A | 2 |
| # Of Annual Course – Refresher | 4 | N/A | 0 |

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

| | | |
|-------------------------|-------------------|----------------------------------|
| County: Siskiyou | Year: 2023 | Table 10 Page #: 10 of 14 |
|-------------------------|-------------------|----------------------------------|

| EMS TRAINING PROGRAM INFORMATION | | | |
|--|---|---|---|
| Name: NOLS Wilderness Medicine Institute | | | |
| Address: 800 College Ave., Weed, CA 96094 | | | |
| Telephone Number: (307) 335-2359 | | | |
| EMS TRAINING PROGRAM DETAILS | | | |
| Item/Description | EMT Training Program | AEMT Training Program | Paramedic Training Program |
| Training Program Approval | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Program Approval Expiration | 12/31/2024 | N/A | N/A |
| Student Eligibility | General Public | N/A | N/A |
| Initial Program Cost | \$4750 | N/A | N/A |
| Refresher Program Cost | N/A | N/A | N/A |
| # Of Annual Students* – Initial | 150 | N/A | N/A |
| # Of Annual Students* – Refresher | 0 | N/A | N/A |
| # Of Annual Courses – Initial | 5 | N/A | N/A |
| # Of Annual Course – Refresher | 0 | N/A | N/A |

***Total number of students who successfully completed the training program within the past year.**

TABLE 10: APPROVED TRAINING PROGRAMS

| | | |
|---------------------|-------------------|----------------------------------|
| County: Yuba | Year: 2023 | Table 10 Page #: 11 of 14 |
|---------------------|-------------------|----------------------------------|

| EMS TRAINING PROGRAM INFORMATION | | | |
|--|---|---|---|
| Name: Yuba Community College | | | |
| Address: 2088 N. Beale Road, Marysville, CA 95901 | | | |
| Telephone Number: (530) 749-3879 | | | |
| EMS TRAINING PROGRAM DETAILS | | | |
| Item/Description | EMT Training Program | AEMT Training Program | Paramedic Training Program |
| Training Program Approval | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Program Approval Expiration | 12/31/2024 | N/A | N/A |
| Student Eligibility | General Public | N/A | N/A |
| Initial Program Cost | \$1000 | N/A | N/A |
| Refresher Program Cost | \$500 | N/A | N/A |
| # Of Annual Students* – Initial | 120 | N/A | N/A |
| # Of Annual Students* – Refresher | 0 | N/A | N/A |
| # Of Annual Courses – Initial | 3 | N/A | N/A |
| # Of Annual Course – Refresher | 1 | N/A | N/A |

***Total number of students who successfully completed the training program within the past year.**

Sierra – Sacramento Valley EMS Agency 2022 EMS Plan – Table 10

TABLE 10: APPROVED TRAINING PROGRAMS

| | | |
|--------------------------------|-------------------|----------------------------------|
| County: S-SV EMS Region | Year: 2023 | Table 10 Page #: 12 of 14 |
|--------------------------------|-------------------|----------------------------------|

| S-SV EMS Approved Public Safety First Aid (PSFA) Training Programs | | | |
|---|------------------------------------|-----------------------|-----------------------------|
| Program Name | Program Approval Expiration | Program County | Program Phone Number |
| Accredited EMS Fire Training | 12/31/2024 | Colusa | 925-708-5377 |
| Assoc. Students - Wildcat Rec. Center | 6/30/2025 | Butte | 530-898-5070 |
| Auburn Rec. District | 12/31/2025 | Placer | 530-885-8461 |
| Butte Community College | 12/31/2024 | Butte | 530-895-2321 |
| Butte Valley Ambulance | 12/31/2024 | Siskiyou | 530-397-2105 |
| Chico Parks & Rec. | 12/31/2025 | Butte | 530-895-4711 |
| Craig Dunn Training | 12/31/2026 | Colusa | 530-531-7501 |
| Darcy Seipert | 12/31/2025 | Butte | 530-321-7535 |
| Durham Parks & Rec. | 12/31/2026 | Butte | 209-329-1875 |
| Glenn Codora Fire Protection District | 12/31/2026 | Glenn | 530-330-9043 |
| Grenada Fire Protection District | 12/31/2024 | Siskiyou | 530-436-2200 |
| Mountain Medics | 1/31/2024 | Siskiyou | 530-605-5205 |
| Mt. Shasta Fire District | 12/31/2027 | Siskiyou | 530-926-0702 |
| Nathan Borer | 12/31/2026 | Butte | 530-838-8142 |
| Orland Volunteer Fire Dept | 12/31/2027 | Glenn | 530-865-1625 |
| Rachel Jannsen | 7/31/2026 | Nevada | 423-309-8335 |
| Roseville Parks & Rec. | 12/31/2025 | Placer | 916-774-5971 |
| Shasta Community College | 12/31/2025 | Shasta | 530-242-7500 |
| Smartsville Fire Protection District | 12/31/2026 | Nevada | 530-639-0405 |
| Steve Duncan | 12/31/2026 | Siskiyou | 928-542-6721 |
| Training Alliance for Public Safety | 12/31/2027 | S-SV Region | 530-521-7456 |
| Truckee Donner Parks & Rec. District | 12/31/2026 | Nevada | 530-550-4408 |
| Yuba Community College | 12/31/2026 | Yuba | 530-751-2023 |

***Note: PSFA Training Program costs, number of classes, and number of students fluctuate throughout the year and are therefore not included on this reporting document**

Sierra – Sacramento Valley EMS Agency 2022 EMS Plan – Table 10

TABLE 10: APPROVED TRAINING PROGRAMS

| | | |
|--------------------------------|-------------------|----------------------------------|
| County: S-SV EMS Region | Year: 2023 | Table 10 Page #: 13 of 14 |
|--------------------------------|-------------------|----------------------------------|

| S-SV EMS Approved Emergency Medical Responder (EMR) Training Programs | | | |
|--|------------------------------------|-----------------------|-----------------------------|
| Program Name | Program Approval Expiration | Program County | Program Phone Number |
| Accredited EMS Fire Training | 12/31/2027 | Placer | 925-708-5377 |
| Butte Community College | 12/31/2024 | Butte | 530-895-2321 |
| Butte Valley Ambulance | 12/31/2026 | Siskiyou | 530-397-2105 |
| College of the Siskiyous | 12/31/2026 | Siskiyou | 530-938-5578 |
| Cottonwood Fire Protection District | 12/31/2027 | Shasta | 530-347-4737 |
| Craig Dunn Training | 12/31/2026 | Colusa | 530-531-7501 |
| EMSCES911 | 12/31/2024 | Sutter | 530-632-8204 |
| Glenn-Codora Fire Protection District | 12/31/2026 | Glenn | 530-330-9043 |
| Grenada Fire Protection District | 12/31/2024 | Siskiyou | 530-436-2200 |
| Mountain Medics | 1/31/2024 | Siskiyou | 530-605-5205 |
| Mt. Shasta Fire District | 12/31/2027 | Siskiyou | 530-926-7546 |
| Orland Volunteer Fire Dept | 12/31/2027 | Glenn | 530-865-1625 |
| Shasta Community College | 12/31/2027 | Shasta | 530-242-2207 |
| Shasta Union High School District | 12/31/2025 | Shasta | 916-834-8995 |
| Sierra Community College | 12/31/2024 | Placer | 916-781-6251 |
| Smartsville Fire Protection District | 12/31/2026 | Nevada | 530-639-0405 |
| Training Alliance for Public Safety | 12/31/2026 | S-SV Region | 530-521-7456 |

***Note: EMR Training Program costs, number of classes, and number of students fluctuate throughout the year and are therefore not included on this reporting document**

TABLE 10: APPROVED TRAINING PROGRAMS

| | | |
|--------------------------------|-------------------|----------------------------------|
| County: S-SV EMS Region | Year: 2023 | Table 10 Page #: 14 of 14 |
|--------------------------------|-------------------|----------------------------------|

| S-SV EMS Approved Tactical Casualty Care (TCC) Training Programs | | | |
|---|------------------------------------|-----------------------|-----------------------------|
| Program Name | Program Approval Expiration | Program County | Program Phone Number |
| Accredited EMS Fire Training | 12/31/2024 | S-SV Region | 925-708-5377 |

***Note: TCC Training Program costs, number of classes, and number of students fluctuate throughout the year and are therefore not included on this reporting document**

2023 S-SV EMS PLAN
TABLE 11
DISPATCH AGENCIES

TABLE 11: DISPATCH AGENCY

| | | |
|----------------------|-------------------|---------------------------------|
| County: Butte | Year: 2023 | Table 11 Page #: 1 of 13 |
|----------------------|-------------------|---------------------------------|

| | |
|--|---|
| Dispatch Center Name: Butte County Sheriff's Office Dispatch | |
| Address: 5 Gillick Way, Oroville, CA 95965 | |
| Telephone Number: (530) 538-7321 | Primary Contact: Kory Honea |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

| | |
|---|---|
| Dispatch Center Name: CAL FIRE Oroville Emergency Command Center (ECC) | |
| Address: 176 Nelson Avenue, Oroville, CA 95965 | |
| Telephone Number: (530) 538-7111 | Primary Contact: John Gaddie |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District | |
| Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input checked="" type="checkbox"/> MPDS | |

| | |
|--|---|
| Dispatch Center Name: City of Chico Dispatch | |
| Address: 1460 Humboldt Road, Chico, CA 95928 | |
| Telephone Number: (530) 897-4900 | Primary Contact: Jeramie Struthers |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law |
| If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

TABLE 11: DISPATCH AGENCY

| | | |
|----------------------|-------------------|---------------------------------|
| County: Butte | Year: 2023 | Table 11 Page #: 2 of 13 |
|----------------------|-------------------|---------------------------------|

| | |
|--|---|
| Dispatch Center Name: City of Oroville Dispatch | |
| Address: 2055 Lincoln Street, Oroville, CA 95966 | |
| Telephone Number: (530) 538-2444 | Primary Contact: Dispatch Supervisor |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law |
| If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

| | |
|---|---|
| Dispatch Center Name: Enloe MEDCOM Dispatch | |
| Address: 1444 Magnolia Ave, Chico, CA 95926 | |
| Telephone Number: (530) 332-3030 | Primary Contact: Robert Sutton |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input checked="" type="checkbox"/> MPDS | |

| | |
|---|--|
| Dispatch Center Name: | |
| Address: | |
| Telephone Number: | Primary Contact: |
| Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

TABLE 11: DISPATCH AGENCY

| | | |
|-----------------------|-------------------|---------------------------------|
| County: Colusa | Year: 2023 | Table 11 Page #: 3 of 13 |
|-----------------------|-------------------|---------------------------------|

| | |
|--|---|
| Dispatch Center Name: Colusa County Sheriff's Office Dispatch | |
| Address: 929 Bridge Street, Colusa, CA 95932 | |
| Telephone Number: (530) 458-0233 | Primary Contact: Brenna Van Atta |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

| | |
|---|---|
| Dispatch Center Name: Enloe MEDCOM Dispatch | |
| Address: 1444 Magnolia Avenue, Chico, CA 95926 | |
| Telephone Number: (530) 332-3030 | Primary Contact: Robert Sutton |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

| | |
|---|--|
| Dispatch Center Name: | |
| Address: | |
| Telephone Number: | Primary Contact: |
| Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

TABLE 11: DISPATCH AGENCY

| | | |
|----------------------|-------------------|---------------------------------|
| County: Glenn | Year: 2023 | Table 11 Page #: 4 of 13 |
|----------------------|-------------------|---------------------------------|

| | |
|--|---|
| Dispatch Center Name: Glenn County Sheriff's Office Dispatch | |
| Address: 543 W. Oak Street, Willows, CA 95988 | |
| Telephone Number: (530) 934-6441 | Primary Contact: Dispatch Supervisor |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

| | |
|---|---|
| Dispatch Center Name: Enloe MEDCOM Dispatch | |
| Address: 1444 Magnolia Avenue, Chico, CA 95926 | |
| Telephone Number: (530) 332-3030 | Primary Contact: Robert Sutton |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input checked="" type="checkbox"/> MPDS | |

| | |
|---|--|
| Dispatch Center Name: | |
| Address: | |
| Telephone Number: | Primary Contact: |
| Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

TABLE 11: DISPATCH AGENCY

| | | |
|-----------------------|-------------------|---------------------------------|
| County: Nevada | Year: 2023 | Table 11 Page #: 5 of 13 |
|-----------------------|-------------------|---------------------------------|

| | |
|---|---|
| Dispatch Center Name: CAL FIRE Grass Valley Emergency Command Center (ECC) | |
| Address: 13120 Loma Rica Drive, Grass Valley, CA 95945 | |
| Telephone Number: (530) 477-0641 | Primary Contact: Kevin McKeown |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District | |
| Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input checked="" type="checkbox"/> MPDS | |

| | |
|---|--|
| Dispatch Center Name: | |
| Address: | |
| Telephone Number: | Primary Contact: |
| Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

| | |
|---|--|
| Dispatch Center Name: | |
| Address: | |
| Telephone Number: | Primary Contact: |
| Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

TABLE 11: DISPATCH AGENCY

| | | |
|-----------------------|-------------------|---------------------------------|
| County: Placer | Year: 2023 | Table 11 Page #: 6 of 13 |
|-----------------------|-------------------|---------------------------------|

| | |
|---|---|
| Dispatch Center Name: American Medical Response Sacramento Dispatch | |
| Address: 1041 Fee Drive, Sacramento, CA 95815 | |
| Telephone Number: (800) 913-9112 | Primary Contact: Timothy Reeser |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input checked="" type="checkbox"/> MPDS | |

| | |
|---|---|
| Dispatch Center Name: CAL FIRE Grass Valley Emergency Command Center (ECC) | |
| Address: 13120 Loma Rica Drive, Grass Valley, CA 95945 | |
| Telephone Number: 530-477-0641 | Primary Contact: Kevin McKeown |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District | |
| Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input checked="" type="checkbox"/> MPDS | |

| | |
|--|---|
| Dispatch Center Name: City of Lincoln Dispatch | |
| Address: 770 7th Street, Lincoln, CA 95648 | |
| Telephone Number: (916) 645-4040 | Primary Contact: Jeff Morse |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law |
| If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

TABLE 11: DISPATCH AGENCY

| | | |
|-----------------------|-------------------|---------------------------------|
| County: Placer | Year: 2023 | Table 11 Page #: 7 of 13 |
|-----------------------|-------------------|---------------------------------|

| | |
|--|---|
| Dispatch Center Name: Placer County Sheriff's Office Dispatch | |
| Address: 2929 Richardson Drive, Auburn, CA 95603 | |
| Telephone Number: (530) 889-7800 | Primary Contact: Kimberly Thomson |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

| | |
|--|---|
| Dispatch Center Name: City of Rocklin Dispatch | |
| Address: 4080 Rocklin Road, Rocklin, CA 95677 | |
| Telephone Number: (916) 625-5400 | Primary Contact: Myra Salazar |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law |
| If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

| | |
|--|---|
| Dispatch Center Name: City of Roseville Dispatch | |
| Address: 1051 Junction Boulevard, Roseville, CA 95678 | |
| Telephone Number: (916) 774-5000 | Primary Contact: Claudia Harlan |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law |
| If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

TABLE 11: DISPATCH AGENCY

| | | |
|-----------------------|-------------------|---------------------------------|
| County: Shasta | Year: 2023 | Table 11 Page #: 8 of 13 |
|-----------------------|-------------------|---------------------------------|

| | |
|--|---|
| Dispatch Center Name: CAL FIRE Redding Emergency Command Center (ECC) | |
| Address: 875 Cypress Avenue, Redding, CA 96001 | |
| Telephone Number: (530) 225-2418 | Primary Contact: Sean Johnson |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

| | |
|--|---|
| Dispatch Center Name: SHASCOM | |
| Address: 3101 South Street, Redding, CA 96001 | |
| Telephone Number: (530) 245-6500 | Primary Contact: Jessica Larmour |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law |
| If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input checked="" type="checkbox"/> MPDS | |

| | |
|---|--|
| Dispatch Center Name: | |
| Address: | |
| Telephone Number: | Primary Contact: |
| Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

TABLE 11: DISPATCH AGENCY

| | | |
|-------------------------|-------------------|---------------------------------|
| County: Siskiyou | Year: 2023 | Table 11 Page #: 9 of 13 |
|-------------------------|-------------------|---------------------------------|

| | |
|--|---|
| Dispatch Center Name: CAL FIRE Yreka Interagency Command Center (YICC) | |
| Address: 1809 Fairlane Road, Yreka, CA 96097 | |
| Telephone Number: (530) 842-3516 | Primary Contact: Keith Mapes |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

| | |
|---|--|
| Dispatch Center Name: | |
| Address: | |
| Telephone Number: | Primary Contact: |
| Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

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|---|--|
| Dispatch Center Name: | |
| Address: | |
| Telephone Number: | Primary Contact: |
| Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

TABLE 11: DISPATCH AGENCY

| | | |
|-----------------------|-------------------|----------------------------------|
| County: Sutter | Year: 2023 | Table 11 Page #: 10 of 13 |
|-----------------------|-------------------|----------------------------------|

| | |
|---|---|
| Dispatch Center Name: Bi County Ambulance Dispatch | |
| Address: 1900 Poole Boulevard, Yuba City, CA 95993 | |
| Telephone Number: (530) 674-2780 | Primary Contact: Cameron Bumpus |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

| | |
|--|---|
| Dispatch Center Name: Sutter County Sheriff's Office Dispatch | |
| Address: 1077 Civic Center Boulevard, Yuba City, CA 95993 | |
| Telephone Number: (530) 822-7307 | Primary Contact: Tabatha Lopez |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

| | |
|--|---|
| Dispatch Center Name: City of Yuba City Dispatch | |
| Address: 1545 Poole Boulevard, Yuba City, CA 95993 | |
| Telephone Number: (530) 822-4797 | Primary Contact: Tawnya Smallwood |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law |
| If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

TABLE 11: DISPATCH AGENCY

| | | |
|-----------------------|-------------------|----------------------------------|
| County: Tehama | Year: 2023 | Table 11 Page #: 11 of 13 |
|-----------------------|-------------------|----------------------------------|

| | |
|---|---|
| Dispatch Center Name: CAL FIRE Red Bluff Emergency Command Center (ECC) | |
| Address: 604 Antelope Boulevard, Red Bluff, CA 96080 | |
| Telephone Number: (530) 528-5199 | Primary Contact: Travis Bowersox |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

| | |
|--|---|
| Dispatch Center Name: City of Corning Dispatch | |
| Address: 814 5th Street, Corning, CA 96021 | |
| Telephone Number: (530) 824-7044 | Primary Contact: Tom Tomlinson |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law |
| If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

| | |
|--|---|
| Dispatch Center Name: City of Red Bluff Dispatch | |
| Address: 555 Washington Street, Red Bluff, CA 96080 | |
| Telephone Number: (530) 527-3131 | Primary Contact: Kyle Sanders |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law |
| If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

TABLE 11: DISPATCH AGENCY

| | | |
|---------------------|-------------------|----------------------------------|
| County: Yuba | Year: 2023 | Table 11 Page #: 12 of 13 |
|---------------------|-------------------|----------------------------------|

| | |
|---|---|
| Dispatch Center Name: Bi County Ambulance Dispatch | |
| Address: 1900 Poole Boulevard, Yuba City, CA 95993 | |
| Telephone Number: (530) 674-2780 | Primary Contact: Cameron Bumpus |
| Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

| | |
|---|---|
| Dispatch Center Name: CAL FIRE Grass Valley Emergency Command Center (ECC) | |
| Address: 13120 Loma Rica Drive, Grass Valley, CA 95945 | |
| Telephone Number: (530) 477-0641 | Primary Contact: Kevin McKeown |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law |
| If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District | |
| Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Pre-arrival instructions <input checked="" type="checkbox"/> MPDS | |

| | |
|--|---|
| Dispatch Center Name: City of Marysville Dispatch | |
| Address: 316 6th Street, Marysville, CA 95901 | |
| Telephone Number: (530) 749-3900 | Primary Contact: Kelly Mincer |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law |
| If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

TABLE 11: DISPATCH AGENCY

| | | |
|---------------------|-------------------|----------------------------------|
| County: Yuba | Year: 2023 | Table 11 Page #: 13 of 13 |
|---------------------|-------------------|----------------------------------|

| | |
|--|---|
| Dispatch Center Name: Yuba County Sheriff's Office Dispatch | |
| Address: 720 Yuba Street, Marysville, CA 95901 | |
| Telephone Number: (530) 749-7777 | Primary Contact: Nina Wideman |
| Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law |
| If Public: <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| EMD Type: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

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|---|--|
| Dispatch Center Name: | |
| Address: | |
| Telephone Number: | Primary Contact: |
| Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |

| | |
|---|--|
| Dispatch Center Name: | |
| Address: | |
| Telephone Number: | Primary Contact: |
| Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private | If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law |
| If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District | |
| Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EMD: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| EMD Type: <input type="checkbox"/> N/A <input type="checkbox"/> Pre-arrival instructions <input type="checkbox"/> MPDS | |