

EMERGENCY MEDICAL SERVICES AUTHORITY

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March 4, 2025

John Poland, EMS Director
Sierra-Sacramento Valley County Emergency Medical Services Agency
535 Menlo Drive, Suite A
Rocklin, CA 95765

Dear John Poland,

This letter is in response to Sierra-Sacramento Valley Emergency Medical Service (EMS) Agency's 2024 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke, and Quality Improvement (QI) plan submissions to Emergency Medical Service Authority (EMSA) on January 22, 2025.

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

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

Per HSC § 1797.254, local EMS agencies must annually submit EMS plans to EMSA. Sierra-Sacramento Valley EMS Agency will only be considered current if an EMS plan is submitted each year.

Your 2025 EMS plan will be due on or before March 4, 2026. Concurrently with the EMS plan, please submit an annual Trauma, STEMI, Stroke, and QI plan.

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

Sincerely,

Angela Wise

Angela Wise, Branch Chief
EMS Quality and Planning
On behalf of,
Elizabeth Basnett, Director
Enclosure: AW: rd



S-SV Emergency Medical Services Agency

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



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

2024 EMS Plan

- **2024 STEMI Critical Care System Plan Update**
- **2024 Stroke Critical Care System Plan Update**
- **2024 Trauma System Plan Update**
- **2024 EMS Quality Improvement Plan Annual Update**



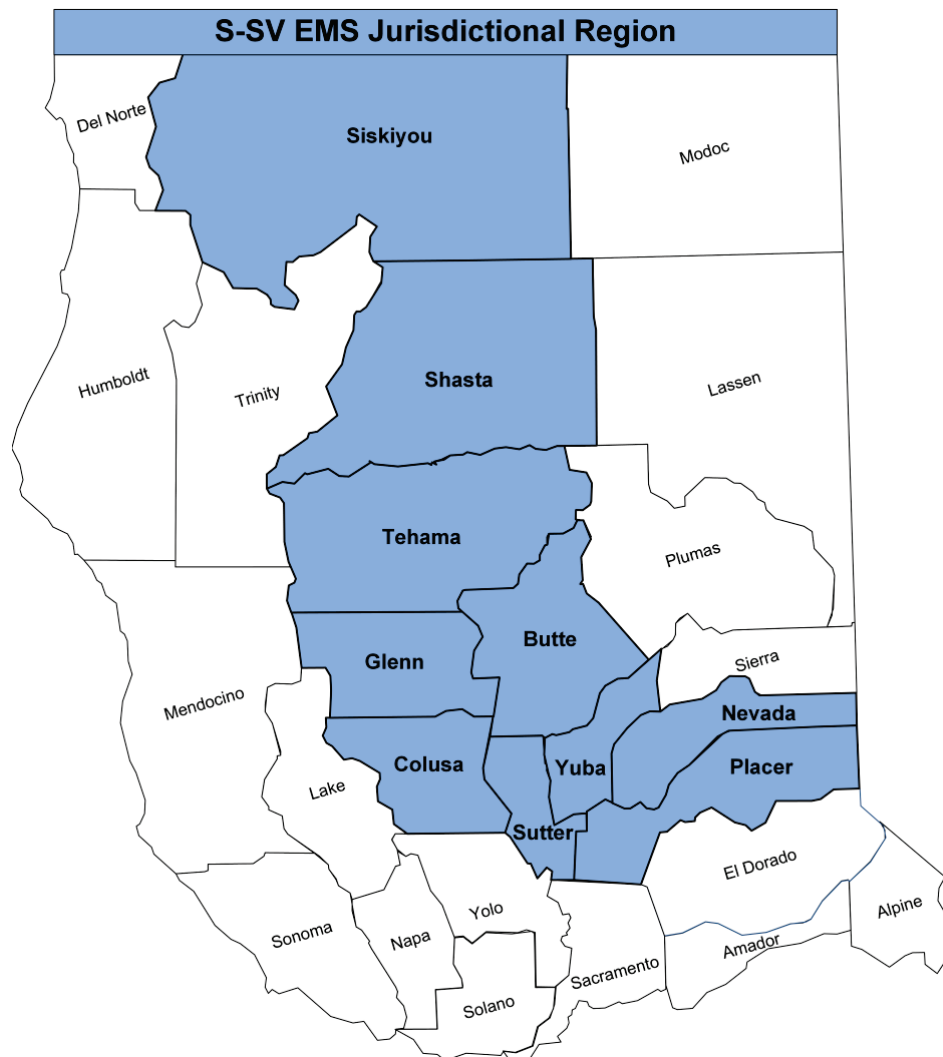
S-SV Emergency Medical Services Agency

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



Sierra – Sacramento Valley Emergency Medical Services Agency (S-SV EMS) Overview/ Executive Summary

(Updated 01/2025)





S-SV EMS Overview (Updated January 2025)

About S-SV EMS

S-SV EMS serves as the 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 Authority (JPA) in 1975 and functions pursuant to California Health and Safety Code, Div. 2.5, § 1797.200. The 10 county S-SV EMS region encompasses 22,000+ square miles, ranging from remote frontier/rural areas to large urban centers, and has a static population of approximately 1,240,171 according to April 2024 State of California Department of Finance Population Estimates. The S-SV EMS region also experiences a significant influx of visitors and non-residents throughout the year, estimated at 2,000,000+ annually.

S-SV EMS Updates

During the past two (2) years, S-SV EMS has made the following changes to respond to EMS system needs and ensure that the care provided throughout our EMS region is equitable, person centered and consistent with best practices/evidence-based medicine:

- Established and facilitated a new EMS field personnel Prehospital Advisory Committee (PAC).
- Significantly revised our Regional Emergency Medical Advisory Committee (REMAC) process.
- Renumbered, reorganized and updated all pediatric patient treatment protocols.
- Developed and implemented several new patient treatment protocols.
- Transitioned several field policies to patient treatment protocol format.
- Developed and implemented a new Multiple Patient Incident protocol and significantly revised/updated our Regional Multiple-Casualty Incident (MCI) plan.
- Implemented new and/or required prehospital EMS medications/equipment.
- Required additional EMS field personnel education/training.
- Assisted in the development, approval and implementation of a new community college paramedic training program within our EMS region.
- Became a member of the National EMS Quality Alliance (NEMSQA) and participated in the NEMSQA EMS Quality Improvement Partnership Airway Management Collaborative.
- Developed and implemented a new local EMS data system schematron and made multiple other EMS data system improvements.
- Developed and implemented a new consolidated specialty patient data registry.
- Facilitated and assisted with significant revisions/modernization of the S-SV EMS website.
- Facilitated and assisted with the development of new android and apple mobile applications that provide significantly expanded tools/resources to EMS field personnel.
- Facilitated and assisted with the development of a new online license management system to provide better support to the 5000+ S-SV EMS certified/authorized/accredited EMS personnel.
- Implemented a new online learning management system to provide better support to the thousands of individuals who complete S-SV EMS developed online education/training courses each year.
- Hired an additional full-time paramedic EMS Specialist position in January 2025 to support the ongoing/increasing needs of S-SV EMS system participants, member counties, and the public.
- Held additional regional and statewide EMS and disaster committee leadership roles.
- Presented at several local, regional, state and national EMS/disaster preparedness seminars.



S-SV EMS Overview (Updated January 2025)

S-SV EMS Governance & Responsibilities

The S-SV EMS JPA Governing Board is comprised of publicly elected supervisors from each member county, and is responsible for planning, development, implementation, and oversight of all EMS system components/functions 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.).
 - Implementation and maintenance of 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	25	1000+	Minimum training for lifeguards, LE, and FD personnel
Emergency Medical Responder (EMR)	48 – 60 hours	16	300	Basic Life Support (BLS)
Emergency Medical Technician (EMT)	170 hours	9	3600	Basic Life Support (BLS)
Advanced EMT (AEMT)	EMT Certification +160 hours	2	25	Limited Advanced Life Support (LALS)
Paramedic	EMT Certification +1094 hours	4	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.



- **22** – 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.)



- **100** – 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 (9 public, 14 private)
- **15** – Interfacility, medical transport, special event ground ambulance providers
- **375** – Ground ambulance vehicles



- **5** – Air ambulance providers (8 total helicopter aircraft/bases)
- **1** – ALS air rescue provider (2 total helicopter aircraft/bases)
- **2** – BLS air rescue providers (2 total helicopter aircraft/bases)

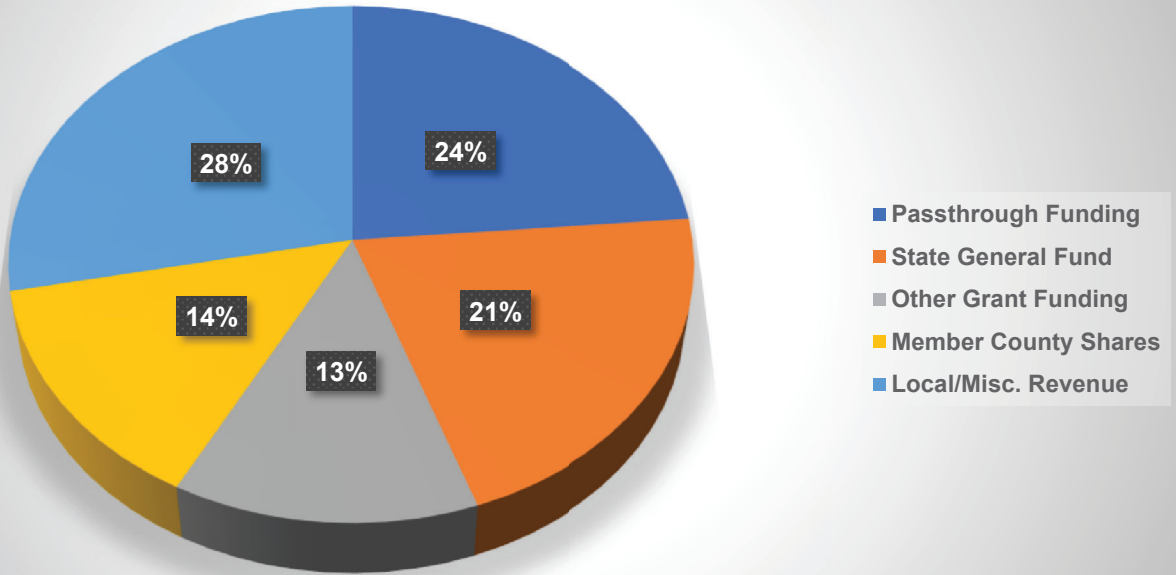


- **17** – Acute care hospitals (including 6 - critical access hospitals, 6 - S-SV EMS designated STEMI receiving centers, 13 - S-SV EMS designated stroke receiving centers, and 8 - S-SV EMS designated Level 2, 3 & 4 trauma centers)

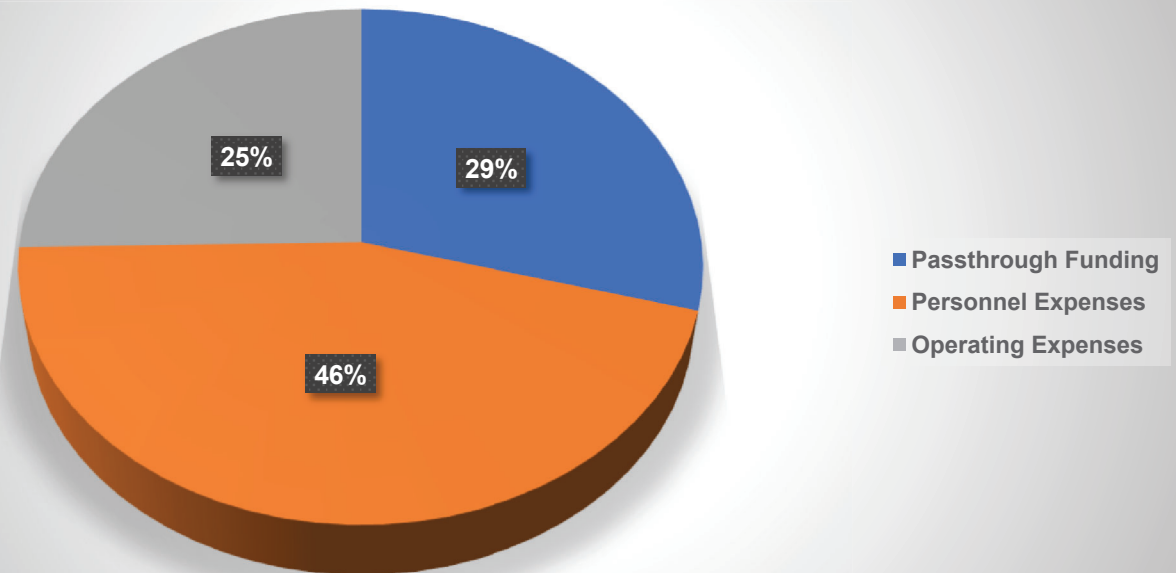


S-SV EMS Budget

S-SV EMS Agency Revenue Sources (FY 2024/2025 budget)



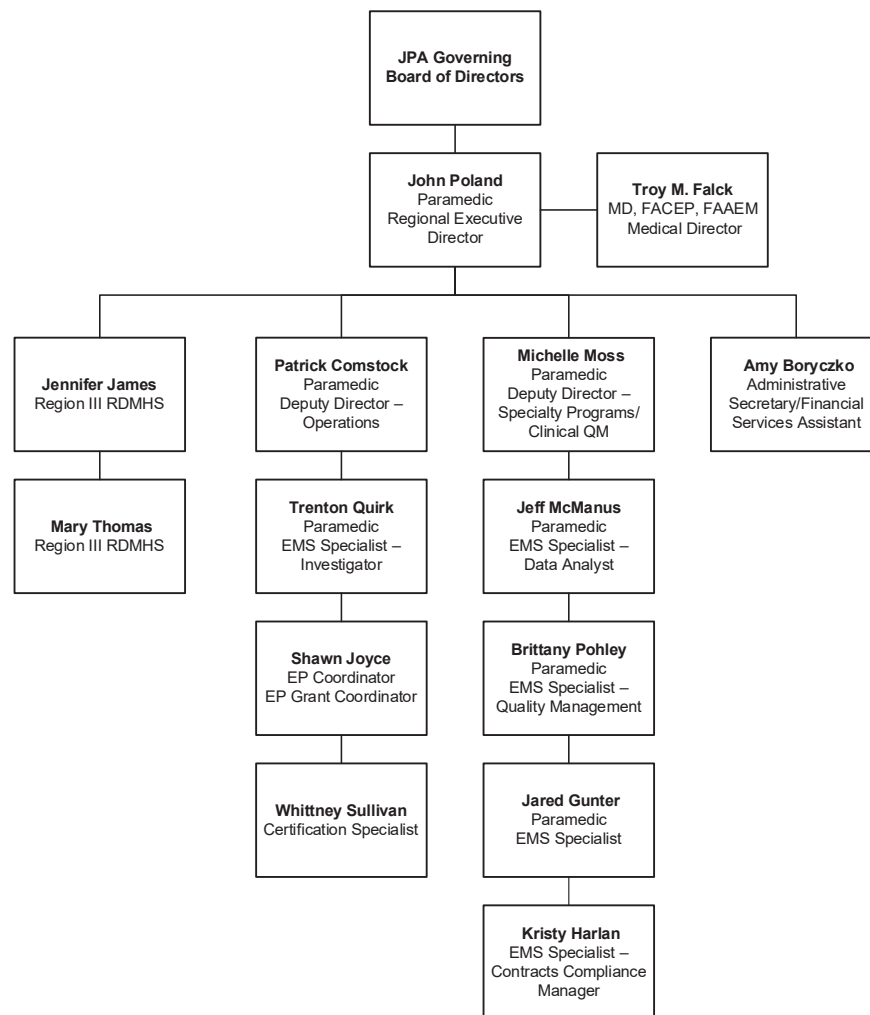
S-SV EMS Agency Expenditures (FY 2024/2025 budget)





S-SV EMS Overview (Updated January 2025)

S-SV EMS Organizational Chart & Leadership Staff Responsibilities



S-SV EMS Leadership Staff Primary Responsibilities

- **Regional Executive Director:** Responsible for overall S-SV EMS Agency administration, including the discharge of all LEMSA responsibilities pursuant to California Health and Safety Code, California Code of Regulations, and other applicable 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 QM:** 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 and Associate 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 20+ years.



Patrick Comstock, Paramedic
Deputy Director – Operations

Patrick has worked for the S-SV EMS Agency since 2017, previously 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

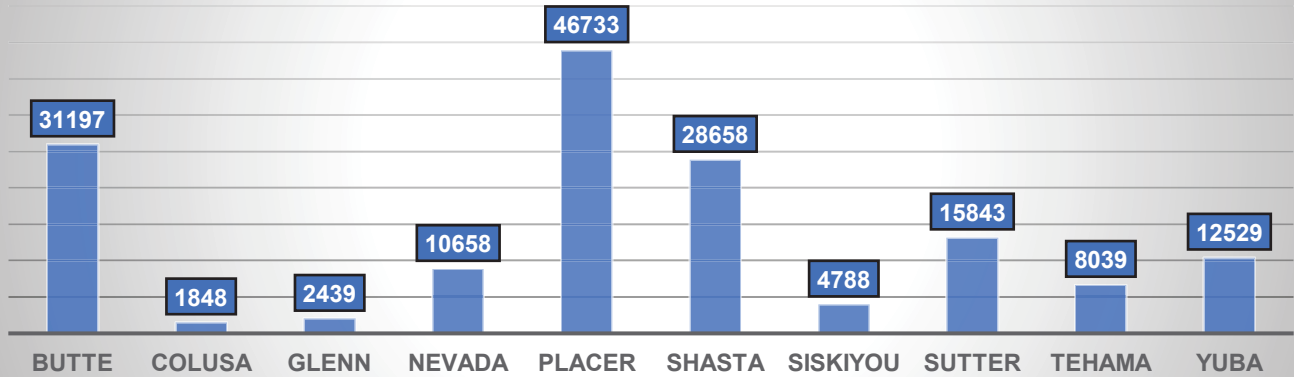
Michelle is a California licensed and nationally registered paramedic and flight paramedic. She has worked for the S-SV EMS Agency since 2016, previously as the Specialty Programs Manager. She has worked for 30 years as a critical-care paramedic, in the emergency department, EMS ground and air transport environments, and has held management/leadership positions for several public and private EMS and healthcare organizations.



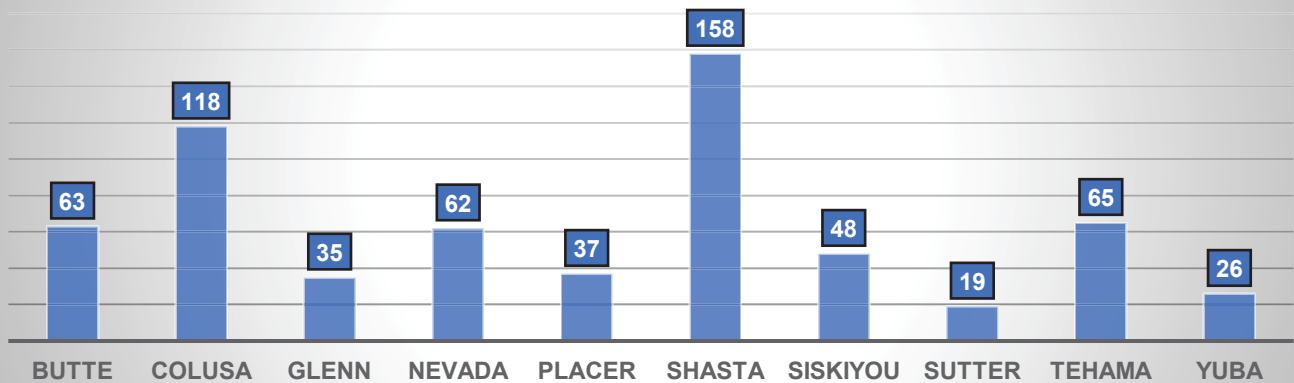
S-SV EMS Overview (Updated January 2025)

S-SV EMS System Data

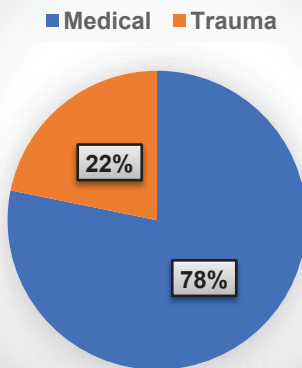
2024 Ground EMS 911 Patients By County (162,732 Total)



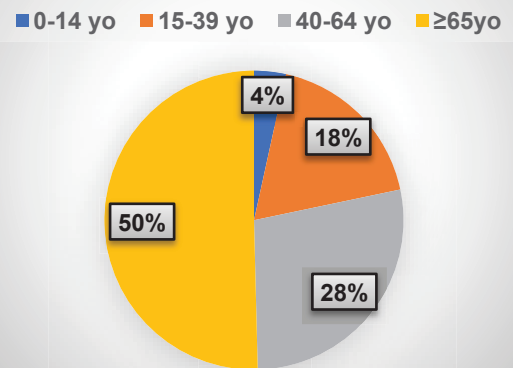
2024 EMS Aircraft 911 Patients By County (631 Total)



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 multiple 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
Park	2024	#4 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



S-SV EMS Regional Disaster Management

S-SV EMS also manages the Regional Disaster Medical Health Coordination (RDMHC) Program for the 13 California OES Mutual Aid Region III counties (Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, and Yuba). This program consists of the 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).



RDMHC/S staff work directly with the Medical Health Operation Area Coordinator (MHOAC) in each California OES Mutual Aid Region III County to provide medical/health system assistance 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.

RDMHC/S 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



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



OES Region III RDMHC/S 24/7 Duty Officer: (916) 625-1709

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- 2024 Stroke Critical Care System Plan Update
- 2024 Trauma System Plan Update
- 2024 EMS Quality Improvement Plan (EMSQIP) Annual Update

2024 S-SV EMS PLAN

TABLE 1

MINIMUM STANDARDS/ RECOMMENDED GUIDELINES

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Years: 2024

		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 2024 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			

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 2024 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 2024 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 2024 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			

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 2024 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 2024 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 2024 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 2024 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			

2024 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: 2024

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

County: Butte	
A. Basic Life Support (BLS)	<u>0%</u>
B. Limited Advanced Life Support (LALS)	<u>0%</u>
C. Advanced Life Support (ALS)	<u>100%</u>
County: Colusa	
A. Basic Life Support (BLS)	<u>0%</u>
B. Limited Advanced Life Support (LALS)	<u>0%</u>
C. Advanced Life Support (ALS)	<u>100%</u>
County: Glenn	
A. Basic Life Support (BLS)	<u>0%</u>
B. Limited Advanced Life Support (LALS)	<u>0%</u>
C. Advanced Life Support (ALS)	<u>100%</u>
County: Nevada	
A. Basic Life Support (BLS)	<u>0%</u>
B. Limited Advanced Life Support (LALS)	<u>0%</u>
C. Advanced Life Support (ALS)	<u>100%</u>
County: Placer	
A. Basic Life Support (BLS)	<u>0%</u>
B. Limited Advanced Life Support (LALS)	<u>0%</u>
C. Advanced Life Support (ALS)	<u>100%</u>
County: Shasta	
A. Basic Life Support (BLS)	<u>0%</u>
B. Limited Advanced Life Support (LALS)	<u>0%</u>
C. Advanced Life Support (ALS)	<u>100%</u>

Sierra – Sacramento Valley EMS Agency 2024 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 2024 EMS Plan – Table 2

5. LEMSA Revenues/Expenses

S-SV EMS AGENCY FY 2024/2025 BUDGET - REVENUE/EXPENDITURE SUMMARY - REVISED 11-2024

Agency Revenues			
Ledger ID	Revenue Description	FY 2024/2025 Revised	FY 2024/2025 Initial
41080	Franchises	\$380,804	\$380,804
41090	Other Licenses and Permits	\$200,000	\$150,000
42010	Investment Income	\$200,000	\$50,000
44270	State Aid - Other Programs	\$1,505,496	\$1,505,496
45010	Aid from Other Governmental Agencies	\$20,000	\$20,757
45060	Local Matching Funds Revenue	\$620,871	\$620,871
46260	Institutional Care and Services	\$444,385	\$444,426
46360	Other Fees and Charges	\$986,000	\$987,500
46410	Contribution - Retiree Insurance Reimbursement Program	\$55,000	\$0
48030	Miscellaneous	\$1,200	\$1,200
Agency Expenses			
Ledger ID	Expense Description	FY 2024/2025 Revised	FY 2024/2025 Initial
51010	Wages	\$1,141,543	\$1,267,652
51270	Pension Expense	\$526,015	\$261,602
51310	Employee Group Insurance	\$340,098	\$249,700
	Personnel Expenses Subtotal	\$2,007,656	\$1,778,954
51280	OPEB Expense	\$0	\$50,000
51320	Retiree Health Insurance	\$45,000	\$43,000
52030	Clothing and Personal (Work Clothes)	\$6,000	\$6,000
52040	Communication Service Expense	\$34,100	\$33,600
52080	Insurance	\$73,000	\$76,000
52240	Professional/Membership Dues	\$7,000	\$7,000
52260	Misc. Expense	\$8,000	\$8,000
52330	Other Supplies	\$180,000	\$180,000
52340	Postage	\$5,000	\$5,000
52360	Professional and Special Services - General	\$1,123,250	\$1,148,250
52370	Professional and Special Services - Legal	\$100,000	\$25,000
52380	Professional and Special Services - Technical, Engineering and Environ.	\$95,000	\$95,000
52400	Professional and Special Services - Information Technology	\$320,100	\$297,500
52440	Short-Term Rents and Leases - Equipment	\$6,000	\$6,000
52450	Rents and Leases - Buildings & Improvements	\$128,500	\$128,500
52480	PC Acquisition	\$10,000	\$8,100
52580	Special Department Expense	\$2,000	\$2,000
52785	Training/Education	\$55,250	\$55,250
52790	Transportation and Travel	\$109,900	\$109,900
52800	Utilities	\$2,000	\$2,000
52220	Equipment	\$96,000	\$96,000
	Total Agency Revenues	\$4,413,756	\$4,161,054
	Total Agency Expenses	\$4,413,756	\$4,161,054
	Net Asset (Fund Balance Designation)	\$0	\$0

Sierra – Sacramento Valley EMS Agency 2024 EMS Plan – Table 2

6. LEMSA Fee Structure:

SSV EMS AGENCY FEE SCHEDULE - EFFECTIVE JULY 1, 2024

S-SV EMS Certification, Accreditation, Authorization Fees	
Item	Fee
EMR Certification/Recertification	\$35
EMT/AEMT Certification/Recertification	\$45
EMSA EMT/AEMT State Registry Passthrough - Initial	\$75
EMSA EMT/AEMT State Registry Passthrough - Recertification	\$37
Paramedic Accreditation	\$100
MICN Authorization/Reauthorization	\$100
Certification/Accreditation/Authorization Electronic Payment Processing (as applicable)	\$4
Miscellaneous Fees	
Item	Fee
Replacement Certification/Accreditation/Authorization Wallet Card	\$10
Printed Field Manual	\$10
Ground EMS Service Provider Permit Fees	
Item	Fee
BLS Special Event Temporary Permit (Up To 6 Events)	\$150
BLS Transport/Special Event Provider Initial/Annual Permit	\$500
Volunteer ALS/LALS Provider Initial/Annual Permit	\$500
Non-Volunteer ALS/LALS Provider Initial/Annual Permit	\$1,000
Ground EMS Service Provider Permit Electronic Payment Processing (as applicable)	\$35
Air Ambulance Provider Permit/Monitoring Fees	
Item	Fee
Air Ambulance Provider Initial/Annual Permit	\$5,000
Air Ambulance Provider Annual Monitoring	\$5,000
EMS Training Program Approval/Renewal/Monitoring Fees	
Item	Fee
EMS CE Program - Initial (4 year approval)	\$100
EMS CE Program - Renewal (every 4 years)	\$100
PSFA Training Program - Initial (4 year approval)	\$100
PSFA Training Program - Renewal (every 4 years)	\$100
EMR Training Program - Initial (4 year approval)	\$200
EMR Training Program - Renewal (every 4 years)	\$100
CE/PSFA/EMR Training Program Electronic Payment Processing (as applicable)	\$4
EMT/AEMT Training Program - Initial (4 year approval)	\$1,000
EMT/AEMT Training Program - Renewal (every 4 years)	\$500
Paramedic Training Program Initial (4 year approval)	\$5,000
Paramedic Training Program - Renewal (every 4 years)	\$2,500
Specialty Receiving Center Approval/Monitoring Fees	
Item	Fee
Level I or II Trauma Center Initial Designation	\$20,000
Level I or II Trauma Center Annual Monitoring*	\$65,564
Level III Trauma Center Initial Designation/Annual Monitoring*	\$17,389
Level IV Trauma Center Initial Designation/Annual Monitoring*	\$5,628
Stroke Receiving Center Initial Designation/Annual Monitoring*	\$5,628
STEMI Receiving Center Initial Designation	\$20,000
STEMI Receiving Center Annual Monitoring*	\$16,883
*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 2024 EMS Plan – Table 2

7. LEMSA Salary Schedule

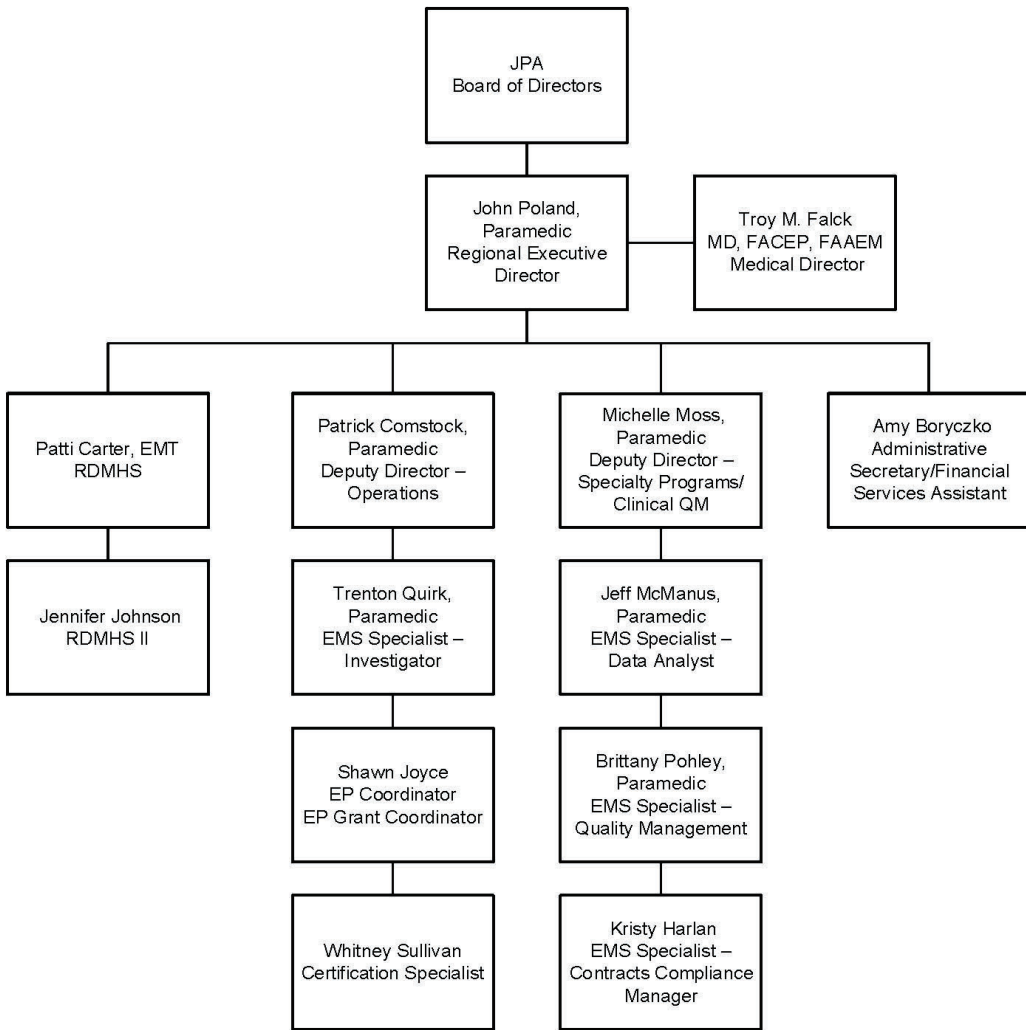
FY 2024/2025 S-SV EMS Agency Wage Schedule Approved by the S-SV EMS JPA Board 05/10/2024 Effective 07/07/2024							
Position	Pay Frequency	Wage Steps					
		A	B	C	D	E	F
Regional Executive Director	Hourly	\$61.42	\$64.49	\$67.72	\$71.10	\$74.66	\$76.90
	Annual	\$127,754	\$134,141	\$140,848	\$147,891	\$155,285	\$159,944
Deputy Director - Operations (Paramedic)	Hourly	\$48.70	\$51.14	\$53.69	\$56.38	\$59.20	\$60.97
	Annual	\$101,296	\$106,361	\$111,679	\$117,263	\$123,126	\$126,820
Deputy Director - Specialty Programs/Clinical Quality Management (Paramedic)	Hourly	\$48.70	\$51.14	\$53.69	\$56.38	\$59.20	\$60.97
	Annual	\$101,296	\$106,361	\$111,679	\$117,263	\$123,126	\$126,820
EMS Specialist - Contracts Compliance Manager	Hourly	\$38.94	\$40.89	\$42.93	\$45.08	\$47.33	\$48.75
	Annual	\$80,995	\$85,045	\$89,297	\$93,762	\$98,450	\$101,404
EMS Specialist - Data Analyst (Paramedic)	Hourly	\$38.94	\$40.89	\$42.93	\$45.08	\$47.33	\$48.75
	Annual	\$80,995	\$85,045	\$89,297	\$93,762	\$98,450	\$101,404
EMS Specialist - Investigator (Paramedic)	Hourly	\$38.94	\$40.89	\$42.93	\$45.08	\$47.33	\$48.75
	Annual	\$80,995	\$85,045	\$89,297	\$93,762	\$98,450	\$101,404
EMS Specialist - Quality Management (Paramedic)	Hourly	\$38.94	\$40.89	\$42.93	\$45.08	\$47.33	\$48.75
	Annual	\$80,995	\$85,045	\$89,297	\$93,762	\$98,450	\$101,404
Emergency Preparedness (EP) Coordinator/EP Grant Coordinator	Hourly	\$39.34	\$41.31	\$43.37	\$45.54	\$47.82	\$49.25
	Annual	\$81,827	\$85,919	\$90,214	\$94,725	\$99,461	\$102,445
Administrative Secretary/ Financial Services Assistant	Hourly	\$28.85	\$30.29	\$31.81	\$33.40	\$35.07	\$36.12
	Annual	\$60,008	\$63,008	\$66,159	\$69,467	\$72,940	\$75,128
Certification Specialist	Hourly	\$23.93	\$25.13	\$26.38	\$27.70	\$29.09	\$29.96
	Annual	\$49,774	\$52,263	\$54,876	\$57,620	\$60,501	\$62,316
Regional Disaster Medical Specialist (RDMHS) - 2 positions	Hourly	\$37.95	\$39.85	\$41.84	\$43.93	\$46.13	\$47.51
	Annual	\$78,936	\$82,883	\$87,027	\$91,378	\$95,947	\$98,826
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 1 of 2 of the S-SV EMS JPA Board approved 3% annual COLA							
2. 'F' Step applicable to employees with 15 years of continuous S-SV EMS employment							

LEMSA Salary Notes


- 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: 06/01/2024	Next Review: As Needed	201
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE



Sierra – Sacramento Valley EMS Agency 2024 EMS Plan – Table 2

Name, Title, & Contact Information	Primary Responsibilities
 <p>S-SV EMS Agency Staff Primary Responsibilities</p>	201-A
<p>John Poland, Paramedic Regional Executive Director John.Poland@ssvems.com (916) 625-1719</p>	<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
<p>Troy M. Falck, MD Medical Director Troy.Falck@ssvems.com (916) 625-1715</p>	<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
<p>Patrick Comstock, Paramedic Deputy Director – Operations Patrick.Comstock@ssvems.com (916) 625-1714</p>	<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
<p>Michelle Moss, Paramedic Deputy Director – Specialty Programs/Clinical Quality Management Michelle.Moss@ssvems.com (916) 625-1711</p>	<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
<p>Amy Boryczko Administrative Secretary/ Financial Services Assistant Amy.Boryczko@ssvems.com (916) 625-1712</p>	<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
<p>Jennifer Johnson Region III RDMHS Jennifer.Johnson@ssvems.com (530) 722-6615</p>	<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

Sierra – Sacramento Valley EMS Agency 2024 EMS Plan – Table 2

	S-SV EMS Agency Staff Primary Responsibilities	201-A
Name, Title, & Contact Information	Primary Responsibilities	
Mary Thomas Region III RDMHS Mary.Thomas@ssvems.com (530) 722-6615	<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 	
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 	
Whitney Sullivan 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 	

2024 S-SV EMS PLAN

TABLE 3

SYSTEM RESOURCES

AND OPERATIONS

PERSONNEL/TRAINING

TABLE 3: SYSTEM RESOURCES AND OPERATIONS

PERSONNEL/TRAINING

Reporting Year: 2024

Reporting Category	EMTs	AEMTs	Paramedics	MICNs	EMS Dispatchers
Total certified	1,826	20	578	254	0
Newly certified	723	15	164	103	0
Recertified	1,103	5	414	151	0
Total personnel on 7/1 of reporting year	3,929	21	1,112	498	0
a. Formal investigations	41	0	3	0	N/A
b. Probation	8	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	15	1	N/A	0	N/A

2024 S-SV EMS PLAN

TABLE 4

SYSTEM RESOURCES

AND OPERATIONS

COMMUNICATIONS

TABLE 4: SYSTEM RESOURCES AND OPERATIONS

COMMUNICATIONS

County: Butte	Reporting Year: 2024
# Of primary PSAPs:	2
# 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/City of Chico
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 2024 EMS Plan – Table 4

County: Colusa	Reporting Year: 2024
# 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:	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 2024 EMS Plan – Table 4

County: Glenn	Reporting Year: 2024
# 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 2024 EMS Plan – Table 4

County: Nevada	Reporting Year: 2024
# Of primary PSAPs:	1
# 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 2024 EMS Plan – Table 4

County: Placer	Reporting Year: 2024
# 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 2024 EMS Plan – Table 4

County: Shasta	Reporting Year: 2024
# 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 2024 EMS Plan – Table 4

County: Siskiyou	Reporting Year: 2024
# 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 2024 EMS Plan – Table 4

County: Sutter	Reporting Year: 2024
# 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 2024 EMS Plan – Table 4

County: Tehama	Reporting Year: 2024
# 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 2024 EMS Plan – Table 4

County: Yuba	Reporting Year: 2024
# 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 2024 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

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- 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
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- 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.

2024 S-SV EMS PLAN

TABLE 5

RESPONSE/TRANSPORTATION

TABLE 5: SYSTEM RESOURCES AND OPERATIONS

RESPONSE/TRANSPORTATION

Reporting Year: 2024

Early Defibrillation Providers	
1. Number of PSFA/EMR early defibrillation providers	42
2. Number Of EMT early defibrillation providers	100

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 (8 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 2024 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
	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.

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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.

2024 S-SV EMS PLAN

TABLE 6

FACILITIES/CRITICAL CARE

TABLE 6: SYSTEM RESOURCES AND OPERATIONS

FACILITIES/CRITICAL CARE

Reporting Year: 2024

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: 06/01/2024	Next Review: 04/2027	305
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – 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/protocols 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
	Approval: Troy M. Falck, MD – Medical Director	
	Approval: John Poland – Executive Director	
		306
		SIGNATURE ON FILE
		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: 06/01/2024	Next Review: 01/2027
	Approval: Troy M. Falck, MD – Medical Director	307
	Approval: John Poland – 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, § 1797.120.5, § 1797.120.6, § 1797.129.7, § 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 ambulance bay 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 thirty (30) 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 misrepresentation of APOT documentation in the electronic patient care report 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 30 minutes, and 911 ambulance patients shall have an APOT time of 30 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: 31 – 40 minutes
 - APOT 1.2: 31 – 40 minutes
 - APOT 2: 31 – 60 minutes
 - Significantly Exceeds APOT Standard:
 - APOT 1.1: Greater than 40 minutes
 - APOT 1.2: Greater than 40 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 (NEMSIS) Version 3.5 (V3.5) data codes, descriptions, and criteria to calculate, evaluate and report APOT measures:

NEMSIS V3.5 Data Code	NEMSIS V3.5 Data Description	Criteria/ Calculation
dAgency.03	EMS Agency Name	All S-SV EMS Authorized Emergency Transport Providers
eResponse.05	Type of Service Requested	Emergency Response (Primary Response Area)
eDisposition.30	Transport Disposition	Transport by This EMS Unit (This Crew Only); or Transport by This EMS Unit, with a Member of Another Crew
eDisposition.21	Type of Destination	Hospital-Emergency Department
eDisposition.01	Destination/Transferred To, Name	Hospitals receiving emergency pts transported by ambulance
eTimes.11 eTimes.12	Patient Arrived at Destination Date/Time Destination Patient Transfer of Care Date/Time	Calculation = Difference (in minutes) between eTimes.11 & eTimes.12

Sierra – Sacramento Valley EMS Agency Program Policy

Patient Destination

	Effective: 06/01/2024	Next Review: 04/2027	505
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – 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	PSC		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: 12/01/2024	Next Review: 10/2027	508
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

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

AUTHORITY:

- A. HSC, Div. 2.5, § 1797.67, 1797.88, 1797.204, 1797.206, 1797.218, 1797.220, 1798, 1798.100, 1798.102, 1798.150, 1798.160, 1798.161, 1798.162, 1798.163, & 1798.165.
- B. CCR, Title 13, § 1105(c).
- C. CCR, Title 22, Ch. 3.2 & 3.2.

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 criteria under either 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 either 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 Diversion: If a hospital is unable to safely care for additional patients due to a surge event, they may request/initiate ambulance patient diversion pursuant to the following procedures:
 - 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 Duty Officer (DO).
 - The S-SV EMS DO will complete the following prior to authorizing a diversion request:
 - 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.
 - The following types of patients shall not be diverted by a hospital on patient surge diversion, when they are the time closest hospital/specialty patient receiving center to the incident location:
 - Cardiac arrest
 - Unmanageable airway
 - Shock, not responsive to field treatment.

- 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).

5. 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 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 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.
5. Internal Disaster: Complete/submit the form as soon as possible.

E. Additional Diversion Procedures:

1. If a hospital is on patient surge 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 ambulance patients.
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 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.
4. Hospitals shall come off diversion immediately upon resolution of the issue.
5. The S-SV EMS DO shall retain authority to update the EMResource status of any hospital as needed to reflect their appropriate approved status.



S-SV EMS Ambulance Patient Diversion Form

508-A

S-SV EMS Notification

- Email completed form to Dutyofficer@ssvems.com.
- The S-SV EMS Duty Officer must also be notified by telephone for any diversion event:
 - Primary: (916) 625-1702 (during business hours) or 916-625-1710 (after business hours)
 - Backup #1: (530) 906-0079, Backup #2: (712) 229-2164

Hospital Information

Hospital:

Contact name:

Contact telephone #:

Contact email:

Notification Type

- Planned diversion
 Pre-diversion
 Initial diversion
 Ongoing diversion

Diversion Type

- Pre-diversion notification only
 Specialty patient diversion (STEMI, stroke, trauma)
- Code 2 ambulance patient diversion only
 Diversion of all ambulance patients

Diversion Reason

- Internal disaster
 Patient surge event
 Other reason
- Stroke services unavailable
 STEMI services unavailable
 Trauma services unavailable

Describe the Reason for Planned/Anticipated/Current Diversion

Submission date:

Submission time:

Note: Page 2 must be completed for any patient surge pre-diversion or diversion notification



**S-SV EMS
Ambulance Patient Diversion Form**

508-A

Hospital Notifications & Diversion Avoidance Actions Taken (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> ED supervisor/designee notification | <input type="checkbox"/> ED physician director/designee notification |
| <input type="checkbox"/> Trauma/STEMI director/designee notification | <input type="checkbox"/> CEO/designee notification |
| <input type="checkbox"/> Increase in ED ancillary staff | <input type="checkbox"/> Increase in ED nursing staff |
| <input type="checkbox"/> Increase in ED mid-level staff | <input type="checkbox"/> Increase in ED physician staff. |
| <input type="checkbox"/> Increase in other staff (Med/Surge, ICU, etc.) | <input type="checkbox"/> Cancellation of elective surgical procedures |
| <input type="checkbox"/> Activation of backup ED patient care areas. | <input type="checkbox"/> Activation of additional inpatient beds. |
| <input type="checkbox"/> Expedited patient discharges | <input type="checkbox"/> Patient transfers to other facilities. |
| <input type="checkbox"/> Activation of the Hospital Patient Surge Capacity Plan and Hospital Incident Command System | |

Additional Notes

Current ED Census & Hospital Bed Availability

Staffed ED Beds:	Occupied ED Beds:
ED Waiting Room Pts:	ED Psych Pts:
ED Admit Hold Pts:	Available Med/Surg Beds:
Available ICU Beds:	Available Pedi Beds:
Available ORs:	

On-Duty ED Staffing

Nursing Staff:	Mid-Level Staff:	Physician Staff:
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2024 S-SV EMS PLAN

TABLE 7

DISASTER MEDICAL

TABLE 7: SYSTEM RESOURCES AND OPERATIONS

DISASTER MEDICAL

County: **Butte**

Reporting Year: **2024**

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 2024 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: **2024**

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 2024 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: **2024**

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 2024 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: **2024**

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 2024 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: **2024**

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 2024 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: **2024**

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 2024 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: **2024**

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 2024 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: **2024**

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 2024 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: **2024**

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 2024 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: **2024**

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 2024 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.**

Sierra – Sacramento Valley Emergency Medical Services Agency



Regional Executive Director

John Poland, Paramedic

Medical Director

Troy M. Falck, MD, FACEP, FAAEM

JPA Board Chairperson

Jim Holmes, Placer County Supervisor

Address & Contact Information

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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.

Sierra – Sacramento Valley Emergency Medical Services Agency

How to contact the S-SV EMS Agency?

- Business hours: **(916) 625-1702 and press “0”**.
 - After-hours: **(916) 625-1710**.
 - **For urgent/emergent matters only** – If unable to reach S-SV EMS Agency staff using either of the above methods:
 - **Backup #1: (530) 906-0079**
 - **Backup #2: (712) 229-2164**
 - **Backup #3: (916) 764-8356**
-

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
 - 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 the following email addresses (unless directed otherwise by S-SV EMS/RDMHS staff after initial contact):
 - S-SV EMS Duty Officer: DutyOfficer@ssvems.com
 - Region III RDMHS Program: RDMHS.Region3@ssvems.com
- ***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.



Multiple Patient Incidents

Approval: Troy M. Falck, MD – Medical Director

Effective: 12/01/2024

Approval: John Poland – Executive Director

Next Review: 10/2027

DEFINITIONS

Control Facility (CF): An acute care hospital or EMS dispatch center responsible for situation status reporting and patient dispersal during a MCI or URVI.

EMS Surge Incident: An incident that does not overwhelm prehospital resources but has the potential to overwhelm hospital resources with multiple patients.

Unified Response to Violent Incident (URVI): An evolving event, primarily managed by law enforcement (LE), involving the use of force or violence on a group of people (e.g. mass shooting, bombing, riots, etc.). These incidents present a significantly higher threat of injury or loss of life to first responders, victims, and the public.

Multiple Casualty Incident (MCI): An incident that requires more prehospital and/or hospital resources to adequately manage patients than those available during a routine response. A MCI is categorized by the following levels:

LEVEL 1 MCI: Approximately 5-14 patients, expected duration ≤1 hour

LEVEL 2 MCI: Approximately 15-49 patients, expected duration ≥1 hour

LEVEL 3 MCI: 50+ patients, expected duration ≥1 hour

EMS SURGE ALERT

MCI ALERT

When:

- Three (3) or more ground or air transport resources are requested to respond to an incident; or
- Three (3) or more patients are identified after arrival at the scene of an incident; or
- Multiple patients are released at scene who may arrive at a hospital by private vehicle.
- A URVI.

Who:

- Dispatch center or first dispatched ground transport resource.

Why:

- To provide early notification to the CF for situation status reporting and hospital polling.

When:

- An incident that requires more EMS system resources to manage patients than those available during a routine response; or
- The number of patients from a single incident overwhelms the CF or closest appropriate receiving hospital.

Who:

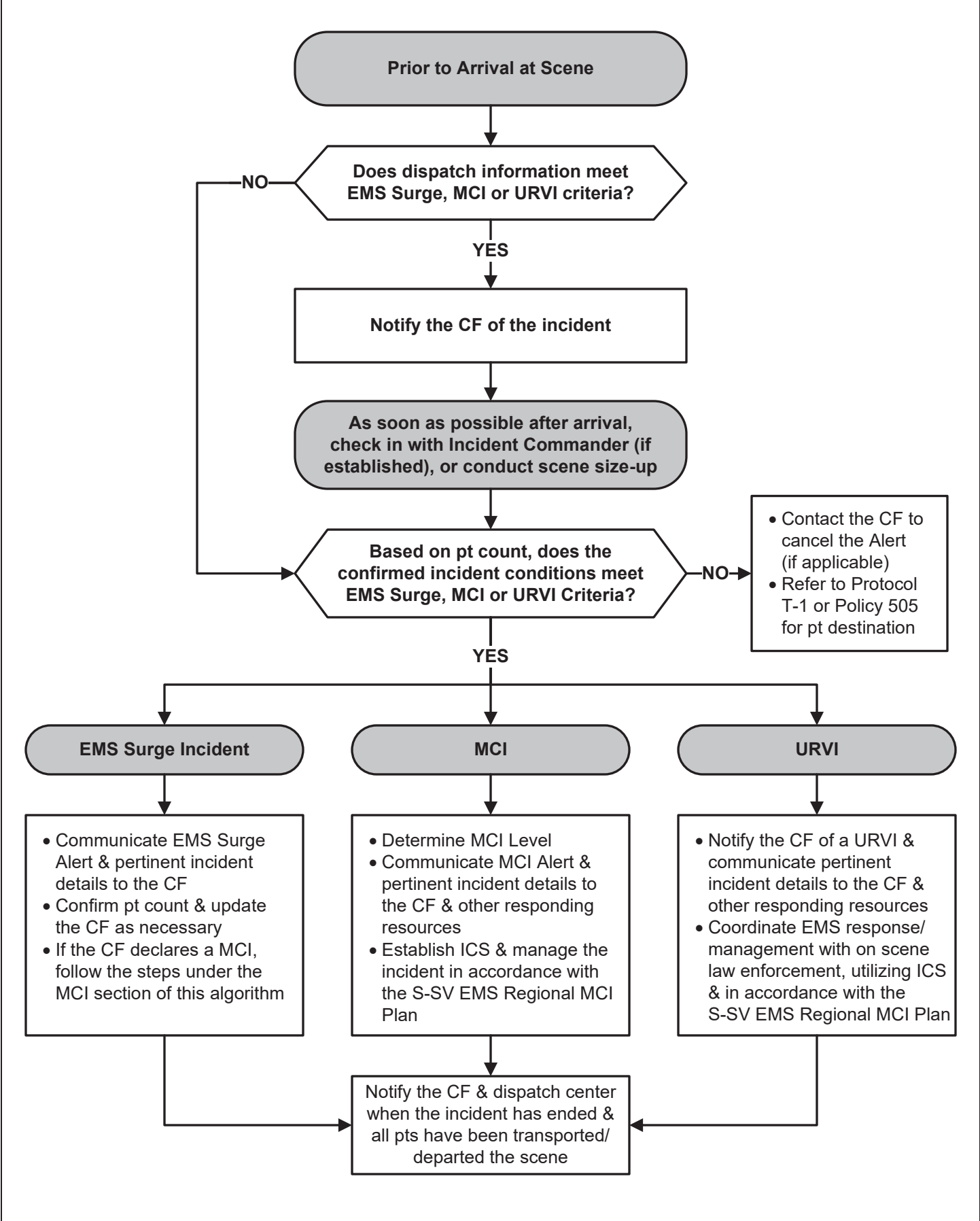
- Dispatch center, prehospital resources, or CF.

Why:

- To provide early notification for situation status reporting, hospital polling and initiation of the Regional MCI Plan.



Multiple Patient Incidents





REGIONAL MULTIPLE CASUALTY INCIDENT (MCI) PLAN

Sierra-Sacramento Valley
EMS Agency

Effective: December 1, 2024

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ADMINISTRATIVE

PURPOSE

- The S-SV EMS Regional MCI Plan is intended to establish minimum standards/ guidelines 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 S-SV EMS Regional MCI plan.
- 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 plan contains standardized positions, procedures, checklists, and forms to more efficiently and effectively utilize regional resources during an MCI.

AUTHORITY

- California Health and Safety Code, Section 1797.151, 1797.204, 1797.206, 1797.214, 1797.218, 1787.220, 1798, 1798.2 & 1798.6.

TRAINING/EDUCATION

- Initial Training:
 - Who: Prehospital EMS personnel and MICNs.
 - Course: S-SV EMS Regional MCI Training course.
 - When: Course completion valid for (2) years.
- Refresher Training:
 - Who: Prehospital EMS personnel and MICNs.
 - Course: S-SV EMS Regional MCI Refresher Training course.
 - When: Course completion valid for (2) years.
- EMS system participants are responsible for ensuring that their personnel complete the initial and ongoing MCI training/education.

CONCEPTS OF OPERATIONS

ACTIVATION

- Activation of the MCI plan may be made by a first responder agency, ambulance provider, or hospital. If sufficient information is provided, activation may be made prior to on-scene arrival.
- As the number of patients increases, the focus shifts from individual incident management to system sustainability and performance. Activation levels are based on factors such as size, type, location, and other regional incidents that may impact both the EMS and hospital system.

POSITIONS & RESPONSIBILITIES

- Overall on-scene operations shall be under the direction/control of the Incident Commander (IC).
- The IC shall establish incident objectives that prioritize the four (4) T's: Triage, Treatment, Transport, and Tracking.
- Incident positions critical to success are:
 - Incident Commander (IC).
 - Triage Unit Leader.
 - Transportation Unit Leader.
 - Medical Communications Coordinator.
- If there are minimal resources available, the Medical Communications Coordinator may also initially fill the position of Transportation Unit Leader. The expectation is when additional resources arrive on scene, the Transportation Unit Leader ICS position should be handed off to the appropriate designee, as determined by the IC.
- The Medical Communications Coordinator ICS position should remain assigned to the person that made initial contact with the Control Facility (CF). Minimal hand off will allow for consistent communications throughout the incident.
- Due to the unique aspects of multi patient incidents, the first AEMT or paramedic on scene will not be able to effectively perform the same patient health care management responsibilities as they would during a single incident. The first arriving/initial AEMT or paramedic is expected to receive an ICS position from the IC. The position assigned will depend on the size and needs of the incident, as determined by the IC.
- Regardless of assigned ICS positions, *'authority for patient health care management in an emergency shall be vested in that licensed or certified health care professional, which may include any paramedic or other prehospital emergency personnel, at the scene of the emergency who is most medically qualified specific to the provision of rendering emergency medical care. If no licensed or certified health care professional is available, the authority shall be vested in the most appropriate medically qualified representative of public safety agencies who may have responded to the scene of the emergency.'* (HSC Div. 2.5 § 1798.6).

- The expectation is that if/when an EMS Paramedic Field Supervisor arrives on scene, they will check in with the IC and receive an ICS position when appropriate.
- Each EMS system participant has specific responsibilities during an MCI response. Depending on the nature, size, and complexity of the event, certain activities may be modified from normal daily operating procedures.
- For MCIs involving multiple pediatric victims or multiple family members, consider a position to assist with family reunification at a designated area.

RESOURCES

- Resources should typically function within their pre-assigned responsibilities, i.e.- fire service personnel should focus efforts on incident command, patient triage, and disentanglement/extrication, while ground ambulance providers should focus on patient treatment and rapid transportation.
- Aside from safety hazard mitigation, the priority of the first resource on scene is completing a scene size up and obtaining an approximate patient count.
- Upon arrival at the incident, resources must check in with the IC or their assigned ICS supervisor.
- Typically, the first arriving ambulance will not be utilized for transport as those personnel will hold ICS positions/responsibilities.
- The positions of Transport Unit Leader and Medical Communications Coordinator should remain in close physical proximity to the IC to maintain effective communication and effective/efficient scene management.
- If a HEMS provider is assigned to an MCI, they will typically transport their assigned patient(s) to the furthest hospital. They may also be assigned patients and receiving hospital destinations based on clinical needs.

COMMUNICATIONS

- EMResource shall be used for notification/situational awareness purposes, and to quickly obtain bed availability from appropriate receiving hospitals.
- Patient destination is determined in coordination between the on-scene Medical Communications Coordinator and the CF. Level 3 incidents may include assistance from the S-SV EMS Duty officer if necessary.

Unified Response to Violent Incident (URVI)

DEFINITIONS:

- **Unified Response to Violent Incident (URVI):** An evolving event, primarily managed by law enforcement (LE), involving the use of force or violence on a group of people (e.g. mass shooting, bombing, riots, etc.). These incidents present a significantly higher threat of injury or loss of life to first responders, victims, and the public.
- **Cleared:** An area checked by LE and no apparent threats have been found.
- **Secured:** An area methodically/deliberately searched by LE and no threats have been found.
- **Hot Zone:** The area where a direct/immediate threat exists based on the complexity and circumstances of the incident, as determined by LE. An area within range of direct gunfire, suspected explosive devices or an unsecured/unsearched area where a suspect could be hiding.
- **Warm Zone:** The area where a potential threat exists, however the threat is not direct/immediate. This area is considered clear, however not secure. FD/EMS personnel operating within the Warm Zone should have adequate personal protective equipment, including body armor, and appropriate Force Protection.
- **Cold Zone:** An area where no significant danger/threat can be reasonably anticipated. The Cold Zone is the appropriate location for the Incident Command Post (ICP), Treatment Areas, Staging and logistical functions of the incident.
- **Life Saving Intervention (LSI):** A modified prioritization process for a tactical environment that focuses on major hemorrhage control, opening the airway, chest decompression due to pneumothorax, and providing chemical exposure antidotes.
- **Casualty Collection Point (CCP):** A location within the Hot Zone or Warm Zone, secured by Force Protection, where casualties can be temporarily moved for LSI while awaiting evacuation to the Cold Zone. A CCP established in the Hot Zone is staffed with LE SWAT teams or rescue teams with Tactical Medics/Tactical Emergency Medical Support (TEMS) Specialists.

PRINCIPLES

- Incident Command System (ICS), S-SV EMS Regional Multiple Casualty Incident (MCI) Plan, and Firescope ICS 701 Unified Response to Violence concepts shall be utilized for all URVIs.
- During an initial URVI response, LE personnel are focused on locating, containing, and eliminating the threat. Tactical Medics/TEMS Specialists are generally limited in number, not immediately available, and committed to their tactical team's assignment.
- Considerations, planning, and interagency training should occur around the concept of properly trained/equipped FD/EMS personnel who are escorted by LE into areas of higher but mitigated risk to execute rapid triage, LSI, and evacuation of casualties.

CONCEPTS

- Unified Command, including a single co-located ICP, should be established with FD and LE as Unified Incident Commanders (ICs) to effectively manage the incident.
- Immediate EMS considerations are for MCI operations. Appropriate resource ordering (through the IC) and staging considerations are essential for a successful operation.
- The IC will determine which FD/EMS personnel will locate/triage casualties, administer appropriate LSI, and/or provide/facilitate extrication to a safe location.
- Utilize staging areas to limit the number of responders. Stage responders for rapid evacuation and always have an escape route open to leave the scene quickly if needed.
- Utilize a deliberate/cautious approach to the scene. FD/EMS personnel should be escorted by LE when possible.
- Be alert for the presence of additional devices/hazards at the main scene and secondary scenes. If exposed to gunfire, explosions or threats, withdraw to a safe area or shelter in place.
- Only LE or specially trained/equipped FD/EMS personnel shall enter the Hot Zone to provide evacuation care. The goal of evacuation care is to provide LSI and prevent additional injuries. Minimal EMS interventions are warranted in this phase of care.
- Limited numbers of FD/EMS personnel, as directed by the IC, should enter the Warm Zone to provide casualty extrication or to establish a CCP. The goal of CCP care is to stabilize casualties to permit safe evacuation to dedicated medical treatment and transport assets.
 - Assess casualties and initiate appropriate LSI, as permitted by FD/EMS personnel/equipment resources.
- Utilize a 'scoop and run' response within the Warm Zone. Treatment, including splinting/spinal motion restriction/ALS procedures, can wait until the casualty is in a cleared or secured location.
- Upon approval of the IC, non-tactical FD/EMS personnel may enter the area once it has been cleared by LE to provide evacuation care. These personnel should utilize appropriate protective equipment, including body armor, and be escorted by LE personnel.

COMMUNICATIONS

- When establishing communication with the CF, assure that a single individual is assigned to the Medical Communications Coordinator position.
- The patient count may be dynamic and change throughout the incident. The CF should provide bed availability (including pertinent updates) to the Medical Communications Coordinator throughout the incident.
- The CF and Medical Communications Coordinator will work together to appropriately assign patient destinations as patients are identified.
- Due to the nature of URVIs, the incident may spread across a large physical location. It is imperative that an on-scene communication plan is established early.

DOCUMENTATION

PATIENT CARE REPORTS (PCRs)

- EMS PCRs shall be completed for all victims (patients and individuals determined to be deceased on-scene), according to applicable S-SV EMS policies, unless this requirement is waived by S-SV EMS on an incident specific basis.
- Patient triage tag numbers should be documented on the applicable PCR(s).

ICS FORMS

- EMS personnel shall complete additional ICS paperwork if requested by the IC, based on the nature/size of the incident.
- Patient Tracking Worksheet (Appendix H).
 - This worksheet shall be utilized to track all patients during an MCI.
 - Copies of completed patient tracking worksheets shall be submitted to S-SV EMS as soon as possible (either during or immediately following the conclusion of the event as appropriate based on specific incident circumstances).
- Patient Transportation Resource Staging Log (Appendix F).
 - This log shall be utilized by the Ground Ambulance Coordinator and/or HEMS Coordinator (as applicable) to track patient transportation resource availability and activities anytime a ground ambulance and/or HEMS staging area is established.
- ICS 214 Activity Log (Appendix I).
 - This log is used to record details of notable activities at any ICS level including:
 - Single resources.
 - Ambulance strike team/task force resources.
 - These logs provide basic incident activity documentation and are used as reference for after action reports.
 - These logs can be initiated/maintained by personnel in various ICS positions, as necessary/appropriate.
 - Personnel should document how relevant incident activities are occurring/progressing, or any notable events/communications.

MCI FEEDBACK/REPORTING FORM

- An MCI Details/Feedback Form (Appendix J) shall be submitted to S-SV EMS within seven (7) calendar days of the incident by the following EMS providers:
 - Prehospital ground and air transport providers.
 - Control Facility (CF) and receiving facilities.
 - Incident Commander
 - Prehospital non-transport/first responder providers (recommended/optional).
- S-SV EMS will evaluate the incident details/documentation and determine if additional formal after-action review/follow-up is necessary.

APPENDIX A – MCI LEVELS

MULTIPLE-PATIENT INCIDENT LEVELS

EMS SURGE INCIDENT	LEVEL 1 MCI 5 - 15 PATIENTS	LEVEL 2 MCI 15 - 49 PATIENTS	LEVEL 3 MCI 50+ PATIENTS
<ul style="list-style-type: none"> An incident that does not overwhelm prehospital resources but has the potential to overwhelm hospital resources with multiple patients. Three (3) or more ground or air transport resources are requested to respond to a single incident. Multiple patients are released at scene who may arrive at a hospital(s) by private vehicle. Three (3) or more patients are identified after arrival at the scene of an incident. A Unified Response to Violent Incident (URVI). 	<ul style="list-style-type: none"> Single event, generally handled with local resources. Can be declared enroute to the incident, with adequate dispatched information, or on scene. 	<ul style="list-style-type: none"> Simultaneous minor to moderate incidents or single moderate to large scale incident. Requires modifications to the routine EMS system to support the incident. Will likely require mutual aid/assistance. Notification of the S-SV EMS Duty Officer required. May require MHOAC Program notification. 	<ul style="list-style-type: none"> Catastrophic events producing excessive numbers of patients that overwhelm local and routine mutual aid resources. Requires modifications to the routine EMS system to support the incident, including significant use of mutual aid resources. Notification of the S-SV Duty Officer and MHOAC Program required.
EXAMPLES			
<ul style="list-style-type: none"> Dispatched to a multiple vehicle collision at a high rate of speed. Report of active shooter. Hazmat incident with unknown patient count. Structure fire with possible victims. 	<ul style="list-style-type: none"> Vehicle accident involving high occupancy vehicles. Multiple acute overdoses. Multiple confirmed shooting victims. Multiple patients requiring transport to specialty receiving centers. 	<ul style="list-style-type: none"> Public transit or school bus accident. Commercial structure fire with possible victims. Vehicle into a large public gathering. Hazmat incident at a public gathering. 	<ul style="list-style-type: none"> Catastrophic explosion with widespread damage. Commercial aircraft crash. Catastrophic earthquake.

APPENDIX B - PROVIDER RESPONSIBILITIES

CONTROL FACILITY (CF)

PRIMARY AREA(S) OF RESPONSIBILITY

- Coordinate patient distribution with on-scene Medical Communications Coordinator and receiving hospitals.

LEVEL 1 MCI	LEVEL 2 MCI	LEVEL 3 MCI
<ul style="list-style-type: none"> ✓ Confirm location, type of incident and initial patient count. ✓ Complete EMResource event notice and receiving hospital polling. ✓ Coordinate appropriate patient distribution with on scene Medical Communications Coordinator. 	<ul style="list-style-type: none"> ✓ All Level 1 MCI responsibilities. ✓ Consider activating the hospital's surge plan. 	<ul style="list-style-type: none"> ✓ All Level 2 MCI responsibilities. ✓ Coordinate with the S-SV EMS Agency Duty Officer for regional/statewide bed availability as necessary.

RECEIVING HOSPITALS

PRIMARY AREA(S) OF RESPONSIBILITY

- Provide timely MCI patient receiving capability information to the Control Facility (CF) and receive/treat EMS transported patients.

LEVEL 1 MCI	LEVEL 2 MCI	LEVEL 3 MCI
<ul style="list-style-type: none"> ✓ Respond to the CF generated EMResource event hospital bed availability poll within 5 minutes. ✓ Make internal notifications and institute appropriate emergency department procedures per hospital protocol. ✓ Monitor EMResource for CF generated incident updates and patient destination assignments. 	<ul style="list-style-type: none"> ✓ All Level 1 MCI responsibilities. ✓ Assess ability to handle additional patients. ✓ Consider activating the hospital's surge plan. 	<ul style="list-style-type: none"> ✓ All Level 2 MCI responsibilities.

S-SV EMS AGENCY DUTY OFFICER

PRIMARY AREA(S) OF RESPONSIBILITY

- Take any appropriate actions to ensure objectives are met. This may include suspension of hospital diversion, policy modification or suspension, modified dispatch procedures, etc.
- Assume the role of MHOAC or notify the MHOAC Program (as applicable) and possibly assume the Medical Health Branch Director ICS position.
- Coordinate medical mutual aid requests with the applicable Regional Disaster Medical Health Coordinator/Specialist (RDMHC/S) Program.

LEVEL 1 MCI	LEVEL 2 MCI	LEVEL 3 MCI
<ul style="list-style-type: none"> ✓ Monitor the incident. ✓ Offer EMS system support as needed/requested. 	<ul style="list-style-type: none"> ✓ All Level 1 MCI responsibilities. ✓ Consider activation of the MHOAC Program. ✓ Make necessary notifications. ✓ Consider notifying the applicable OES coordinator for possible EOC activation. 	<ul style="list-style-type: none"> ✓ All Level 2 MCI responsibilities. ✓ Activate the MHOAC Program. ✓ Notify the applicable OES coordinator in order to establish an EOC. ✓ Perform ICS role as needed/requested by IC.

PUBLIC SAFETY AGENCIES

PRIMARY AREA(S) OF RESPONSIBILITY

- Overall on-scene incident management.

LEVEL 1 MCI	LEVEL 2 MCI	LEVEL 3 MCI
<ul style="list-style-type: none"> ✓ Establish incident command. ✓ Fill appropriate ICS positions, guided by the 'Level 1 MCI Initial Response Organization Chart' (Appendix C). ✓ Fill additional positions as needed. ✓ Communicate with dispatch and all incoming units. ✓ Ensure early notification to the applicable Control Facility (CF), in coordination with ambulance provider agency personnel (as applicable). ✓ Consider additional resource needs if MCI escalates/expands. 	<ul style="list-style-type: none"> ✓ All Level 1 MCI responsibilities. ✓ Scale ICS positions according to the size of the incident. ✓ Fill appropriate additional ICS positions, guided by the 'Level 2/3 MCI Initial Response Organization Chart' (Appendix C). ✓ Evaluate current medical supply needs and consider requesting MCI Disaster Cache(s) or other additional resources. 	<ul style="list-style-type: none"> ✓ All Level 2 MCI responsibilities. ✓ Fill appropriate additional ICS positions, guided by the 'Level 2/3 MCI Initial Response Organization Chart' (Appendix C).

GROUND AMBULANCE PROVIDER AGENCIES

PRIMARY AREA(S) OF RESPONSIBILITY

- Assume/manage appropriate ICS positions, as assigned by the IC.
- Patient treatment and transportation to assigned hospital(s).

LEVEL 1 MCI	LEVEL 2 MCI	LEVEL 3 MCI
<ul style="list-style-type: none"> ✓ Ensure early notification to the applicable Control Facility (CF), in coordination with the IC. ✓ Ensure response from an on-duty Paramedic Field Supervisor (if available). ✓ Evaluate the need for additional EMS/ transportation resources, in coordination with the IC. 	<ul style="list-style-type: none"> ✓ All Level 1 MCI responsibilities. ✓ Ensure response from an on-duty Paramedic Field Supervisor (if available). ✓ A Paramedic Field Supervisor may fill an appropriate ICS position, as assigned by the IC. ✓ Remain assigned to the incident until released by the IC/designee. ✓ Consider initiating internal disaster plans for extended operations. ✓ Consider recalling off-duty personnel to support extended medical operations. 	<ul style="list-style-type: none"> ✓ All Level 2 MCI responsibilities. ✓ Initiate internal disaster plans for extended operations. ✓ Recall personnel for extended operations.

HEMS PROVIDER AGENCIES

PRIMARY AREA(S) OF RESPONSIBILITY

- Patient treatment and transportation to assigned hospital(s).
- Provide clinical care on scene as appropriate/necessary.

LEVEL 1 MCI	LEVEL 2 MCI	LEVEL 3 MCI
<ul style="list-style-type: none"> ✓ Monitor incident enroute. ✓ Provide aircraft availability if requested. ✓ Initiate/maintain contact with the IC/designee. ✓ Confirm patient/destination assignment with the IC or Transportation Unit Leader (as applicable) once on-scene. 	<ul style="list-style-type: none"> ✓ All Level 1 MCI responsibilities. ✓ Consider cancelling non-emergency HEMS activity. ✓ Remain in contact with other possible aircraft responding to the incident. ✓ Remain assigned to the incident until released by the IC/designee. ✓ Consider initiating internal disaster plans for extended operations. ✓ Consider recalling off-duty personnel to support extended medical operations. 	<ul style="list-style-type: none"> ✓ All Level 2 responsibilities. ✓ Initiate internal disaster plans for extended operations. ✓ Recall personnel for extended operations.

APPENDIX C – MCI ORGANIZATIONAL CHARTS

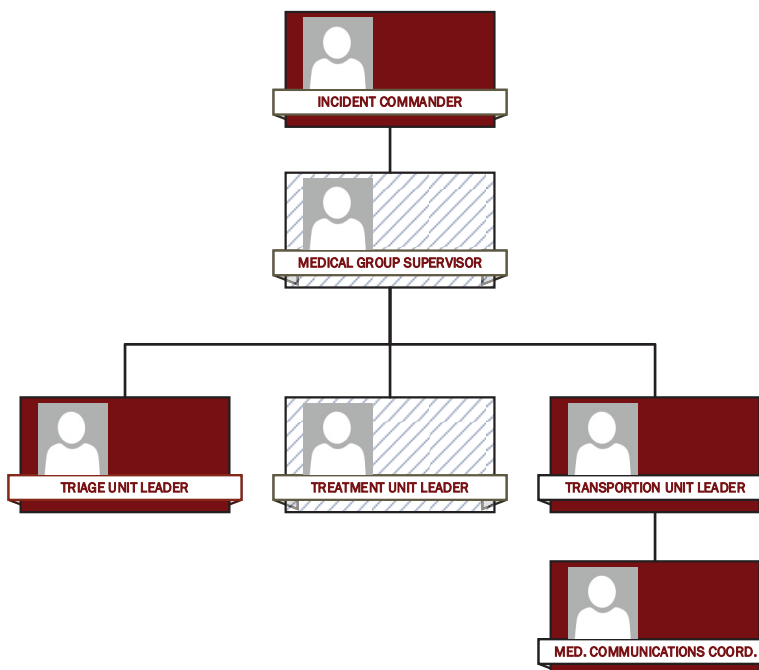
The following organizational charts are intended to provide the Incident Commander (IC) with a basic, expandable system to manage multiple-casualty incidents of varying complexity. The degree of organizational structure should be driven by the Incident needs, as determined by the IC. These charts may also be referenced by any responder so they may be able to anticipate their position and expectation prior to arrival on scene.

**INITIAL RESPONSE ORGANIZATION
LEVEL 1 MCI**

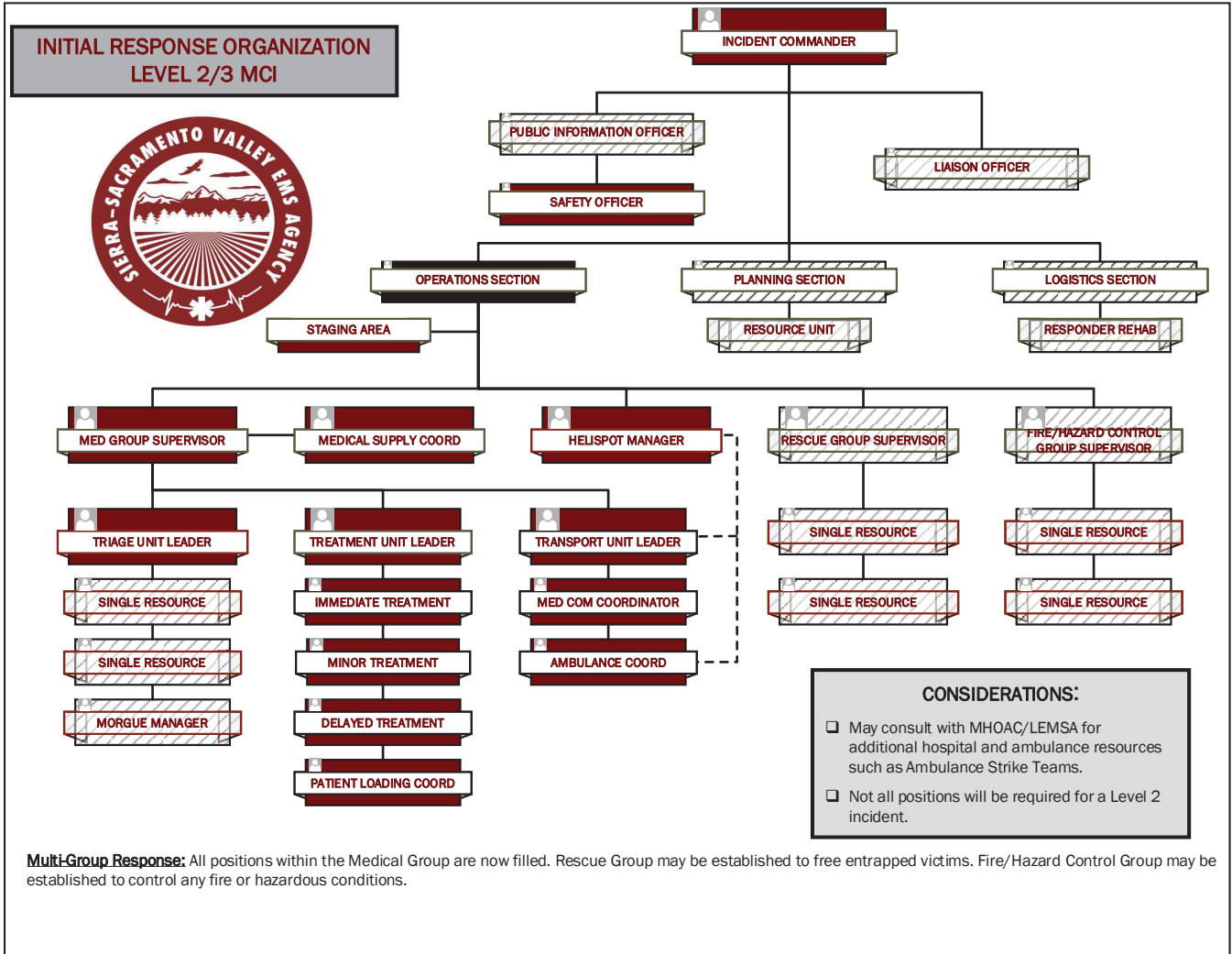


CONSIDERATIONS:

- Declare MCI
- Assume command
- Scene survey, size-up, initial resource order
- Assess scene hazards including need for decontamination
- At a minimum, assign Triage Unit Leader and Transportation Unit Leader (Transportation Unit Leader will assume the Medical Communication Coordinator position until additional resources are available)
- Begin START/JUMPSTART triage
- Establish appropriate treatment areas
- Complete patient tracking forms

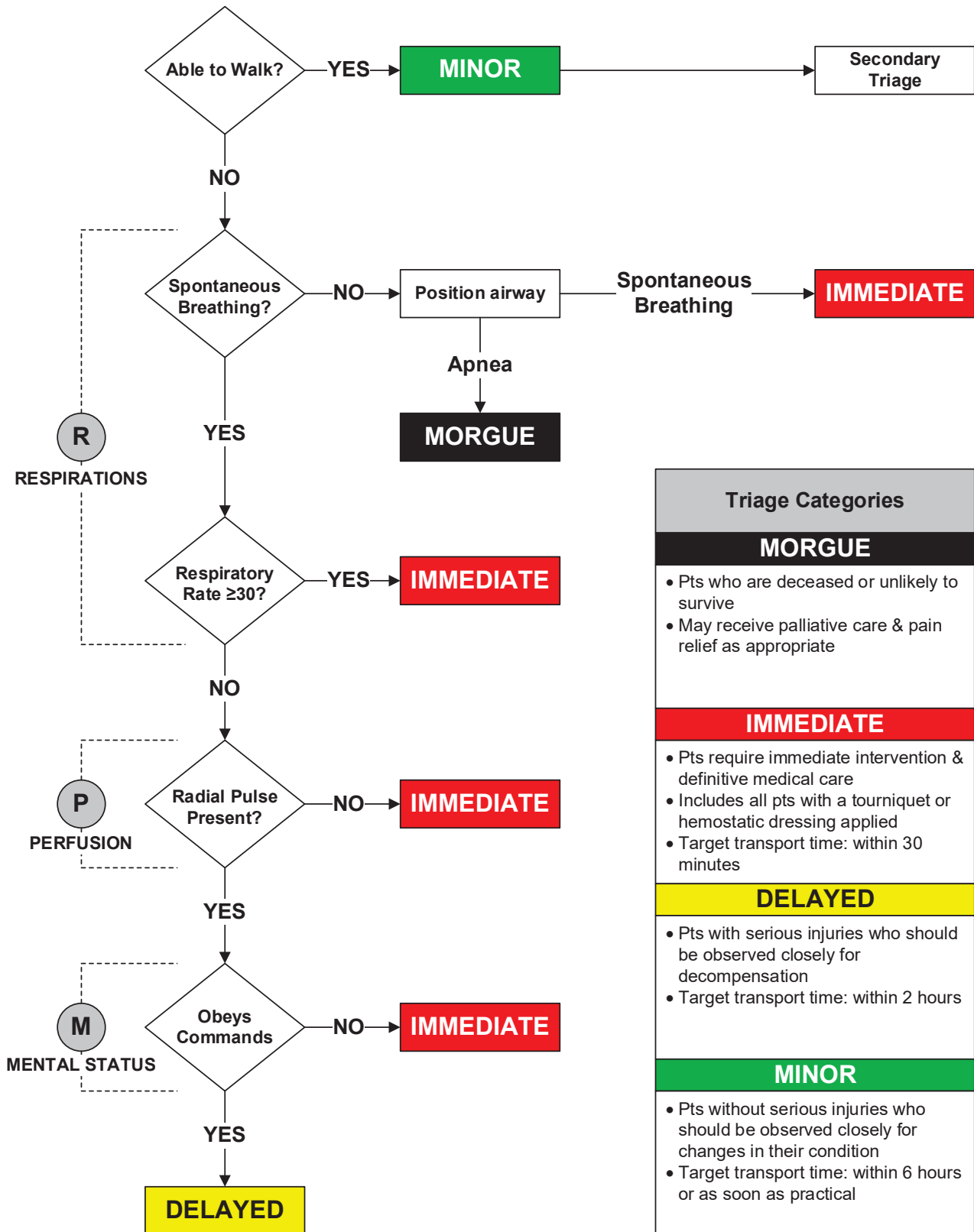


Initial Response Organization: The Incident Commander manages initial response resources as well as all Command and General Staff responsibilities. All arriving resources shall check in with the Incident Commander for assignment. Positions in red shall be assigned prior to assigning other positions. As additional ALS/LALS resources become available, the Transportation Unit Leader and/or Triage Unit Leader positions may be re-assigned. The Medical Communications Coordinator position should not be transferred after communication with the hospital has been established. The Incident Commander, Transportation Unit Leader and Medical Communication Coordinator should remain in close physical proximity throughout the event.



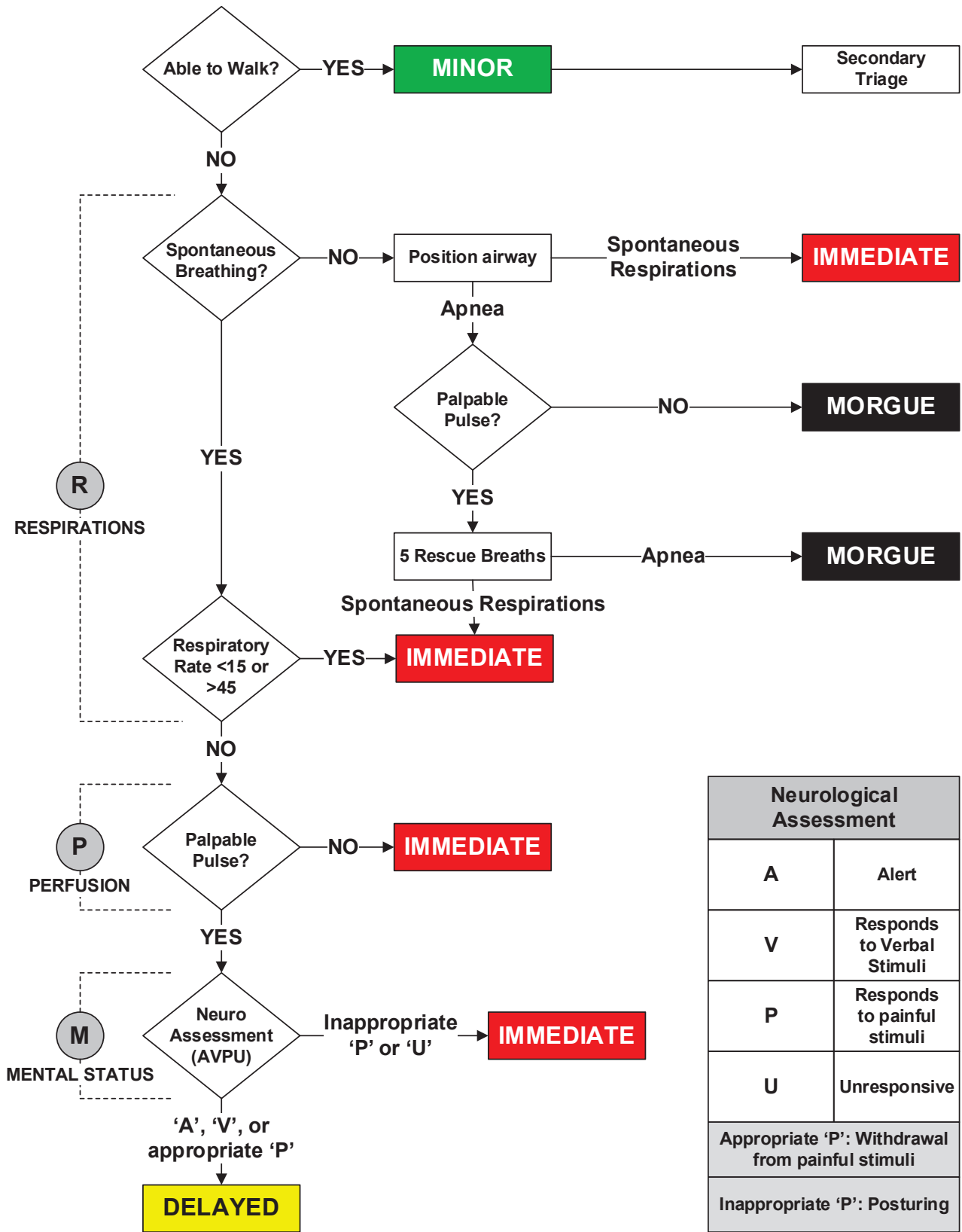
APPENDIX D – START & JUMPSTART TRIAGE ALGORITHMS

START ADULT TRIAGE



Triage Categories	
MORGUE	<ul style="list-style-type: none"> • Pts who are deceased or unlikely to survive • May receive palliative care & pain relief as appropriate
IMMEDIATE	<ul style="list-style-type: none"> • Pts require immediate intervention & definitive medical care • Includes all pts with a tourniquet or hemostatic dressing applied • Target transport time: within 30 minutes
DELAYED	<ul style="list-style-type: none"> • Pts with serious injuries who should be observed closely for decompensation • Target transport time: within 2 hours
MINOR	<ul style="list-style-type: none"> • Pts without serious injuries who should be observed closely for changes in their condition • Target transport time: within 6 hours or as soon as practical

JUMPSTART PEDIATRIC TRIAGE



APPENDIX E – MCI ICS POSITION JOB SHEETS

TRIAGE UNIT LEADER

Description:

The Triage Unit Leader supervises Triage Personnel. The Triage Unit Leader assumes responsibility for providing triage management and movement of patients from the triage area. When triage has been completed and all patients have been moved to treatment areas, the Triage Unit Leader may be reassigned.

Responsibilities:

- ✓ Determines initial patient count.
 - Notifies IC of initial patient count as soon as determined.
 - If Medical Communications Coordinator and/or Transportation Unit Leader have been established, also notifies these positions of initial patient count.
- ✓ Informs IC or appropriate ICS supervisor of needs.
- ✓ Implements triage process.
 - Utilize START (adult)/Jump START (pediatrics) criteria.
- ✓ Assures triage tags are utilized for all patients.
- ✓ Receives/maintains all triage tag stubs until they are passed to the Treatment Unit Leader.
- ✓ Coordinates movement of patients from the triage area to the treatment area if different location.
- ✓ Gives periodic status updates to the IC or appropriate ICS supervisor.
- ✓ At the completion of START/Jump START triage, patients may be re-triaged as time and resources permit.

Who is Appropriate for This Position?

- ✓ **Fire Department EMT, AEMT, or Paramedic (Preferred).**
- ✓ Ground ambulance EMT, AEMT, or Paramedic.

Equipment Needed

- ✓ ICS vest.
- ✓ Radio/cell phone for CF communications.
- ✓ Patient Tracking Worksheet.

TRANSPORTATION UNIT LEADER

Description:

The Transportation Unit Leader supervises the Medical Communications Coordinator, Ground Ambulance Coordinator, and Air Ambulance Coordinator (if applicable). They are responsible for coordination of patient transportation and maintenance of records relating to patient's identification, condition, and destination. The responsibilities of this position may initially be assigned to/managed by the Medical Communications Coordinator. Upon arrival of additional resources, the Transportation Unit Leader position shall be handed off to an appropriate designee (in coordination with the IC). Depending on the size/complexity of the incident, this position may need to be upgraded to Group Supervisor level as determined by the IC.

Responsibilities:

- ✓ Designates ambulance staging area(s).
- ✓ Establishes communication with Medical Communications Coordinator, Ground/Air Ambulance Coordinators.
- ✓ Directs transportation of patients as determined by the Medical Communications Coordinator.
- ✓ Assures the documentation of patient information and destinations.
- ✓ Coordinates the establishment of the Helispot(s).
- ✓ Requests additional medical transportation resources as needed from IC or appropriate ICS supervisor.

Who is Appropriate for This Position?

- ✓ **Paramedic Field Supervisor (Preferred).**
- ✓ Non-transport provider AEMT or paramedic.
- ✓ Ground ambulance provider AEMT or paramedic.
- ✓ Non-transport or ground ambulance provider EMT (if no AEMT/paramedic available).

Equipment Needed

- ✓ ICS vest.
- ✓ Patient Tracking Worksheet.

TREATMENT UNIT LEADER

Description:

The Treatment Unit Leader supervises treatment area managers and the Patient Loading Coordinator. The Treatment Unit Leader assumes responsibility for re-triage, treatment, preparation for transport, and movement of patients to the loading locations.

Responsibilities:

- ✓ Directs/supervises the Immediate, Delayed, and Minor Treatment Areas and the Patient Loading Coordinator.
- ✓ Establishes communication with the Transportation Unit Leader (when applicable) and Patient Loading Coordinator.
- ✓ Ensures proper patient decontamination and notifications (when applicable).
- ✓ Ensures continued re-triage and movement of patients within the treatment areas when necessary.
- ✓ Coordinates movement of patients from the Triage Area to the Treatment Area(s).
- ✓ Assigns treatment personnel, in coordination with the IC or appropriate ICS supervisor.
- ✓ Requests sufficient medical caches/supplies.
- ✓ Coordinates movement of patients to the patient loading area(s).
- ✓ Gives periodic status updates to the appropriate ICS supervisor.
- ✓ Requests special medical resources through the IC.

Who is Appropriate for This Position?

- ✓ **Ground ambulance paramedic (preferred for Level 1 MCIs).**
- ✓ **Paramedic Field Supervisor (preferred for Level 2/3 MCIs).**
- ✓ Non-transport provider paramedic.
- ✓ AEMT or EMT (if no paramedic available or ETA is extended).

Equipment Needed

- ✓ ICS vest.
- ✓ Treatment Area Worksheets.

MEDICAL COMMUNICATIONS COORDINATOR

Description:

The Medical Communications Coordinator establishes communication with the appropriate Control Facility (CF) to determine patient destination assignments. They should remain near the IC or appropriate ICS supervisor. The Medical Communications Coordinator should not be assigned additional ICS positions or be involved in triage or treatment of patients. The position of Medical Communications Coordinator is crucial to the success of the tracking of patients from the scene to hospitals. This position should be established as early as possible.

Responsibilities:

- ✓ Establishes communication with the appropriate CF.
- ✓ Provides pertinent basic patient information to the CF as follows:
 - Patient Age.
 - Patient Gender.
 - Triage Category.
 - Triage Tag #.
- ✓ Receives basic patient information and triage information from the Triage Unit Leader and re-triage information from the Treatment Unit Leader (if applicable).
- ✓ Receives patient destinations from the CF.
- ✓ Works with the Transportation Unit Leader to coordinate patient transportation needs.

Who is Appropriate for This Position?

- ✓ **Ground ambulance paramedic (preferred).**
- ✓ Paramedic Field Supervisor.
- ✓ Non-transport provider paramedic.
- ✓ Ground ambulance AEMT or EMT (if no paramedic available).

Equipment Needed

- ✓ ICS vest.
- ✓ Radio/cell phone for CF communications.
- ✓ Patient Tracking Worksheet.

GROUND AMBULANCE COORDINATOR

Description:

The Ground Ambulance Coordinator manages the ground ambulance staging area(s) and dispatches ground ambulances as requested.

Responsibilities:

- ✓ Establishes appropriate staging area for ground ambulance resources and communicates the location of the staging area(s) to the IC or appropriate ICS supervisor.
- ✓ Establishes route of travel from staging area to the patient loading area
- ✓ Establishes communications/mode of contact with ambulance personnel in the ground ambulance staging area(s).
- ✓ Establishes/maintains communication with the Medical Communications Coordinator.
- ✓ Provides ambulance resources upon request from the Medical Communications Coordinator or appropriate ICS position.
- ✓ Ensures the necessary equipment/personnel to manage patient needs is provided in each ambulance.
- ✓ Requests additional ground ambulance resources through the IC or appropriate ICS position, based on incident needs.
- ✓ Considers the use of alternative transportation resources, when necessary, in conjunction with Medical Communications Coordinator and the Control Facility (CF).
- ✓ Provides an inventory of medical supplies available in the ground ambulance staging area.

Who is Appropriate for This Position?

- ✓ **BLS fire department/district personnel (preferred).**
- ✓ Ground ambulance EMT.
- ✓ Other fire department/district personnel.

Equipment Needed

- ✓ Patient Transportation Resource Staging Log.

HEMS COORDINATOR

Description:

The HEMS Coordinator communicates with the Transportation Unit Leader and Ground Ambulance Coordinator. They coordinate patient air transportation needs with the Helispot Manager.

Responsibilities:

- ✓ Establishes communication with the Transportation Unit Leader to determine hospital destinations.
- ✓ Coordinates patient loading from ground ambulances with the Helispot Manager.
- ✓ Confirms type of HEMS resources/patient capabilities with the Helispot Manager and provides this information to the Medical Communications Coordinator and the Transportation Unit Leader.

Who is Appropriate for This Position?

- ✓ **BLS fire department/district personnel (preferred).**
- ✓ Other fire department/district personnel.

Equipment Needed

- ✓ Patient Transportation Resource Staging Log.

PATIENT LOADING COORDINATOR

Description:

The Patient Loading Coordinator is responsible for coordinating with the Transportation Unit Leader (or Group Supervisor if established), the transportation of patients out of the Treatment Areas.

*Note: During a level 1 MCI, this position may be held by the Treatment Unit Leader

Responsibilities:

- ✓ Establishes communication with treatment area managers and the Transportation Unit Leader.
- ✓ Verifies prioritization of patients for transport.
- ✓ Advises the Medical Communications Coordinator when patients are ready for transport.
- ✓ Coordinates transportation of patients with the Medical Communications Coordinator.
- ✓ Coordinates ambulance loading with treatment managers and ambulance personnel.

Who is Appropriate for This Position?

- ✓ **BLS fire department/district personnel (preferred).**
- ✓ Other fire department/district personnel.

Equipment Needed

- ✓ N/A

MEDICAL GROUP SUPERVISOR

Description:

The Medical Group Supervisor reports to the IC on smaller incidents and the Medical Branch Director on larger incidents. The Medical Group Supervisor supervises the Triage Unit Leader, Treatment Unit Leader, Transportation Unit Leader, and Medical Supply Coordinator if applicable.

Responsibilities:

- ✓ Supervises Triage, Treatment, and Transportation Unit Leaders.
- ✓ Ensures that proper medical care is rendered at the treatment areas.
- ✓ Determines resources and supplies needed for the medical aspect of the incident.
- ✓ Establishes direct communication with the Transportation Unit Leader.

Who is Appropriate for This Position?

- ✓ **Paramedic Field Supervisor (preferred).**
- ✓ ALS/LALS non-transport provider fire captain.
- ✓ Non-transport provider AEMT or paramedic.
- ✓ Ground ambulance AEMT or paramedic.

Equipment Needed

- ✓ ICS vest.
- ✓ Appropriate ICE forms.

MEDICAL BRANCH DIRECTOR

Description:

The Medical Branch Director is responsible for implementing the Incident Action Plan (IAP) within the medical branch. They supervise the medical group(s) and Transportation Unit/Group.

Responsibilities:

- ✓ Reviews/modifies group assignments as needed.
- ✓ Provides input to the Operations Section Chief for the IAP.
- ✓ Supervises Medical Branch activities and confers with the Safety Officer.
- ✓ Reports to the Operations Section Chief on branch activities.

Who is Appropriate for This Position?

- ✓ S-SV EMS Agency Duty Officer (preferred).
- ✓ Fire department/district Battalion Chief.

Equipment Needed

- ✓ ICS vest.
- ✓ Appropriate ICE forms.

**APPENDIX F – PATIENT TRANSPORTATION
RESOURCE STAGING LOG**

PATIENT TRANSPORTATION RESOURCE STAGING LOG

Incident Name			Ground Ambulance/HEMS Coordinator		
Provider Agency	Unit ID	Unit Type	Staging Time In	Staging Time Out	Unit Disposition

APPENDIX G - TREATMENT AREA LOGS

IMMEDIATE TREATMENT AREA LOG

INCIDENT NAME:				
INCIDENT DATE:				
TREATMENT MANAGER NAME:				
TRIAGE TAG #	AGE	GENDER	INJURIES	TRANSPORT TIME

DELAYED TREATMENT AREA LOG

INCIDENT NAME:				
INCIDENT DATE:				
TREATMENT MANAGER NAME:				
TRIAGE TAG #	AGE	GENDER	INJURIES	TRANSPORT TIME

MINOR TREATMENT AREA LOG

INCIDENT NAME:

INCIDENT DATE:

TREATMENT MANAGER NAME:

TRIAGE TAG #	AGE	GENDER	INJURIES	TRANSPORT TIME
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MORGUE AREA LOG

INCIDENT NAME:				
INCIDENT DATE:				
TREATMENT MANAGER NAME:				
TRIAGE TAG #	AGE	GENDER	INJURIES	TRANSPORT TIME

**APPENDIX H – PATIENT TRACKING
WORKSHEETS**

S-SV EMS Region MCI Patient Tracking Worksheet (Horizontal) - Updated 10-2024

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

S-SV EMS Region MCI Patient Tracking Worksheet (Vertical) - Updated 10-2024

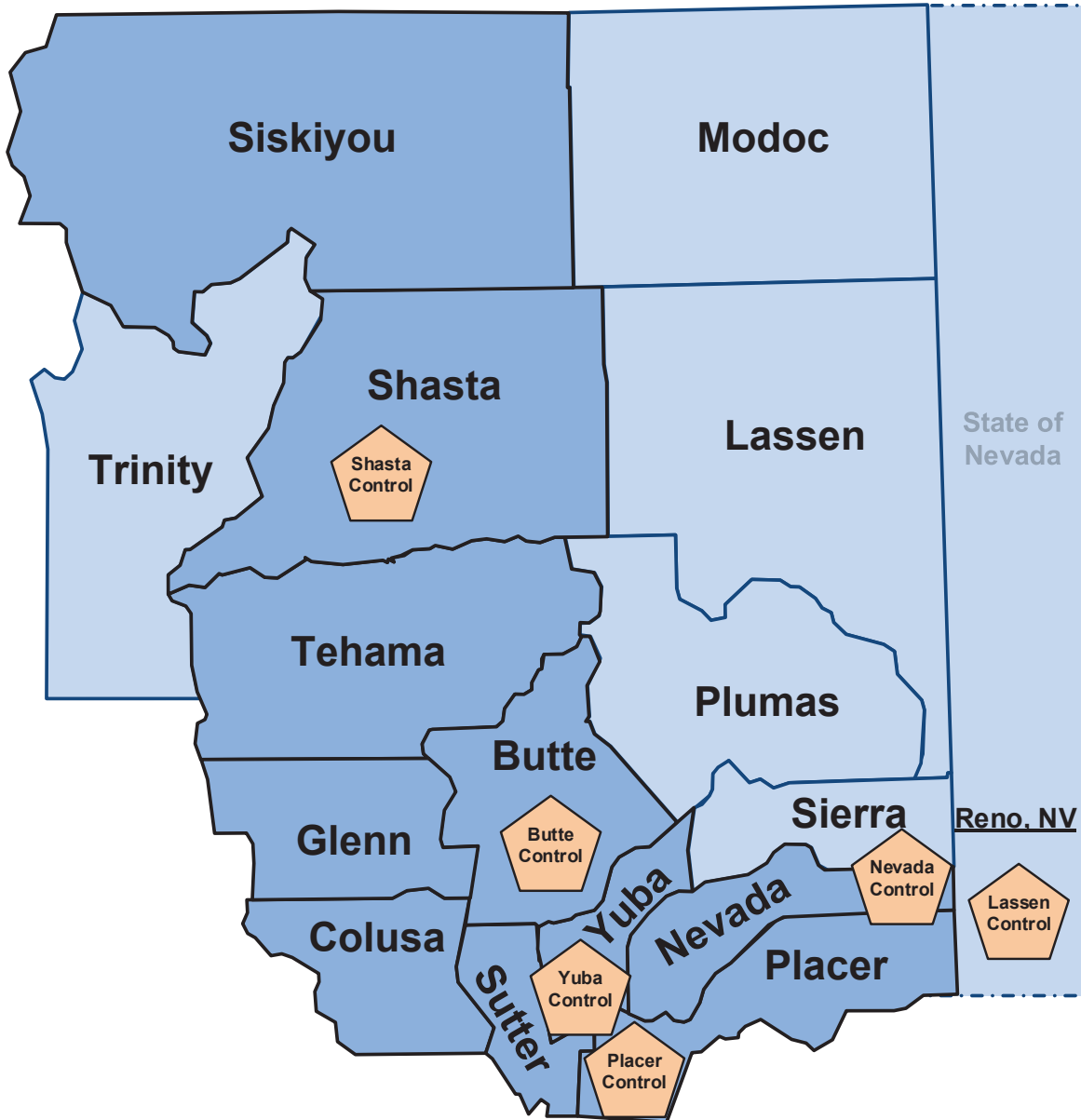
Incident Name:				Incident Date:			
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Triage Status (I/D/M)	Triage Tag # (Last 4)	Pt Age/ Gender	Pt Name	Injury Type	Transport Destination	Trans. Unit	Trans. Time

Submit Completed Patient Tracking Worksheets by email to Dutyofficer@ssvems.com

APPENDIX I - CONTROL FACILITY (CF) MAP

Control Facility (CF) Map



Local EMS Agencies (LEMSAs)

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 J – ICS 214 ACTIVITY LOG

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 <ul style="list-style-type: none"> • Name • ICS Position • Home Agency (and Unit) 	Enter the following information for resources assigned: <ul style="list-style-type: none"> 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. Use this section to enter the resource's ICS position (e.g., Finance Section Chief). 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 K – MCI FEEDBACK/REPORTING
FORM**

MCI FEEDBACK/REPORTING 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:	First Unit On Scene Time:
First Transport Unit On Scene Time:	Supervisor On Scene Time:
Incident End Time:	

NUMBER & TYPE OF PREHOSPITAL EMS RESOURCES

First Responder Agencies Utilized:			
Ground Amb. Providers Utilized:			
# of Ground Amb. Requested:		# of Ground Amb. Utilized	
HEMS Providers Utilized:			
# of HEMS Aircraft Requested:		# of HEMS Aircraft Utilized:	
Other Transport Resources:			
Incident Commander:	Transportation Unit Leader:		
Triage Unit Leader:	Med. Communications Coord.:		
Treatment 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:
# Of Adult Pts:	# Of Pediatric Pts:		
# Of Pts Transported by EMS:	# Of Pts Refusing Transport:		

HOSPITAL INFORMATION (CF = CONTROL FACILITY)

CF Name:

Initial CF Contact Time:

Initial CF Notification Received From:

Number Of CF Staff Assigned:

CF Pt Dispersal Officer:

Receiving
Facilities
Utilized:

MCI COMMENTS/ISSUES/SUGGESTIONS/OBSERVATIONS (REQUIRED)

MCI FEEDBACK/REPORTING 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:	First Unit On Scene Time:
First Transport Unit On Scene Time:	Supervisor On Scene Time:
Incident End Time:	

NUMBER & TYPE OF PREHOSPITAL EMS RESOURCES

First Responder Agencies Utilized:			
Ground Amb. Providers Utilized:			
# of Ground Amb. Requested:		# of Ground Amb. Utilized	
HEMS Providers Utilized:			
# of HEMS Aircraft Requested:		# of HEMS Aircraft Utilized:	
Other Transport Resources:			
Incident Commander:	Transportation Unit Leader:		
Triage Unit Leader:	Med. Communications Coord.:		
Treatment 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:
# Of Adult Pts:	# Of Pediatric Pts:		
# Of Pts Transported by EMS:	# Of Pts Refusing Transport:		

HOSPITAL INFORMATION (CF = CONTROL FACILITY)

CF Name:

Initial CF Contact Time:

Initial CF Notification Received From:

Number Of CF Staff Assigned:

CF Pt Dispersal Officer:


Receiving
Facilities
Utilized:

MCI COMMENTS/ISSUES/SUGGESTIONS/OBSERVATIONS (REQUIRED)

Nor-Cal/S-SV Hospital Census & Bed Availability Poll Data Collection Sheet With Definitions

Emergency Department Data	
24 Hour ED Census: Number of ED visits for the previous 24 hour tracking period	
Total ED Beds: Number of beds in the ED where a patient can be placed (includes occupied + available)	
Occupied ED Beds: Number of ED beds currently occupied with a patient	
ED Psychiatric Patients: Number of ED beds occupied with psychiatric/5150 hold patients	
Admits Held in ED: Number of hospital admission patients being held in the ED	
ED Waiting Room Patients: Number of ED patients in the waiting room who have not been assigned to an ED bed	
In Patient Data	
“Available” means licensed, equipped, staffed & physically available for patient care Do not include occupied beds/ORs or equipment already being utilized for patient care in counts	
Adult Med/Surge Available: Number of available Adult Med/Surge beds	
Peds Med/Surge Available: Number of available Pediatric Med/Surge beds	
NegFlow (Airborne Isolation) Available*: Number of available beds with negative airflow providing respiratory isolation	
Adult ICU Available: Number of available Adult ICU beds	
Peds ICU Available: Number of available Pediatric ICU beds	
Psychiatric Available: Number of available psychiatric beds	
OR Available: Number of available operating rooms	
Ventilators: Number of available ventilators	
Decontamination Available (Yes/No): Hospital has chemical/biological/radiological patient decontamination capability	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Note: Available isolation bed counts may represent beds included in other bed type categories

Sierra – Sacramento Valley EMS Agency Program Policy		
Crisis Standard Of Care Procedures		
	Effective: 06/01/2023	Next Review: 01/2026
	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.).

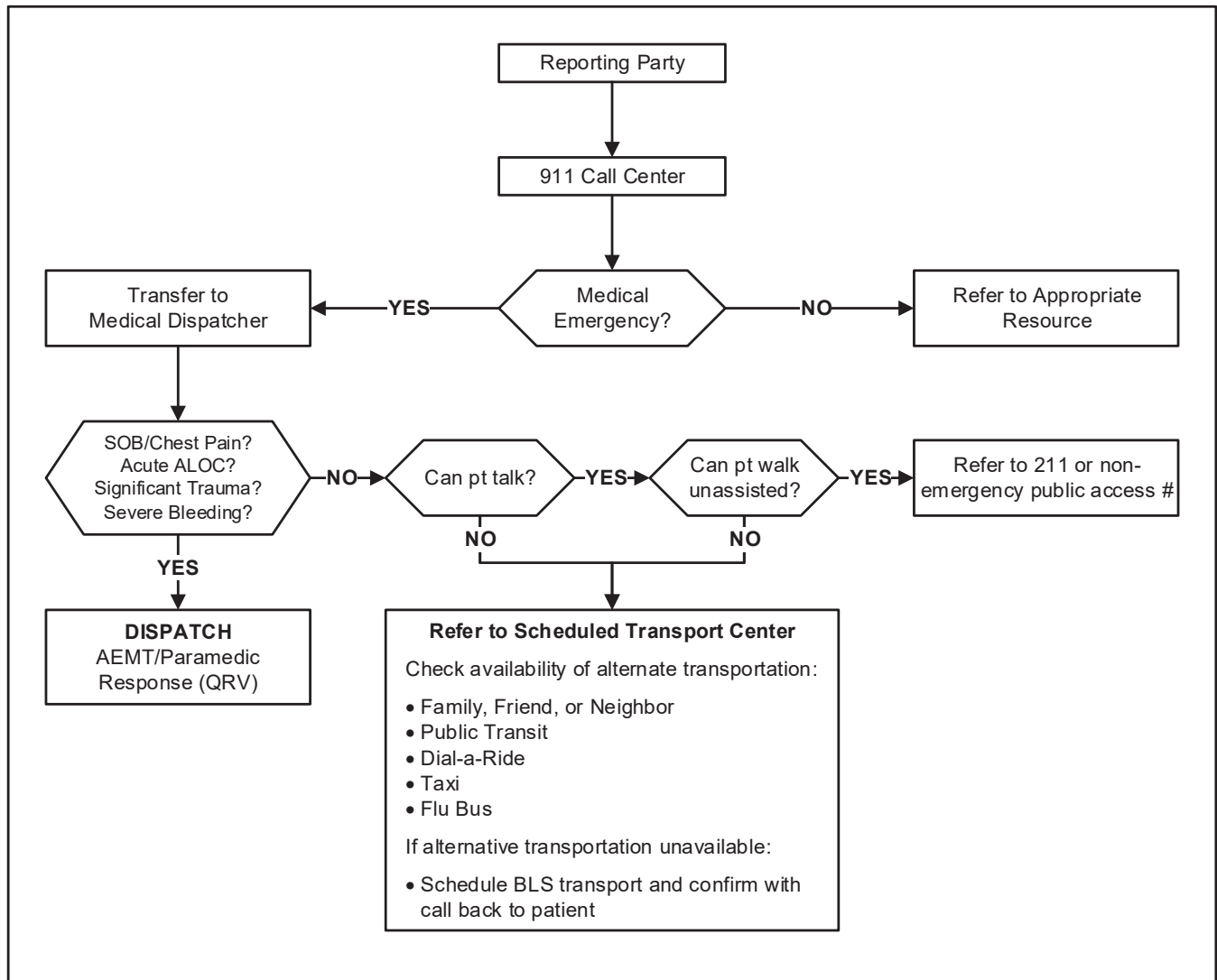
EXAMPLES:

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="text-align: center; margin: 10px 0;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;"><u>RESOURCE</u></td> <td style="text-align: center;"><u>LOCATION</u></td> </tr> </table> </div> #1 _____ #2 _____		<u>RESOURCE</u>
	<u>RESOURCE</u>	<u>LOCATION</u>			
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

PHD = Public Health Department (Primary)					SSV = Sierra-Sacramento EMS Agency (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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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)
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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.

2024 S-SV EMS PLAN

TABLE 8

EMS PROVIDER

RESOURCES DIRECTORY &

AMBULANCE ZONE SUMMARY FORMS

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2024

<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: 2024

<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: 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): Exclusive as of 4/1/2024.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): ALS Emergency/9-1-1 Ground Ambulance Service</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): Exclusivity achieved through a competitive bid process, conducted in 2023 awarded to American Medical Response West, resulting in the execution of an EOA agreement with an initial term of 4/1/2024 – 3/31/2027.</p>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2024

<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: 2024

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Name of Current Provider: Enloe EMS
Area or Subarea (Zone) Name or Title: Glenn County Zone 2
Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of Glenn County, south of CR 33.
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: 2024

<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: 2024

<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: 2024

<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: 2024

<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: 2024

<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: 2024

<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: 2024

<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: 2024

<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: 2024

<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: Placer County Zone 5</p>
<p>Area or Subarea (Zone) Geographic Description: All areas within the geographic boundaries of the Truckee Fire Protection District in Placer 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: 2024

<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 Northstar 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: 2024

Local EMS Agency or County Name: Sierra-Sacramento Valley EMS Agency
Name of Current Provider: Mayers Memorial Hospital
Area or Subarea (Zone) Name or Title: Shasta County Zone 1
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.
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: 2024

<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>

AMBULANCE ZONE SUMMARY FORMS

Reporting Year: 2024

<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: 2024

<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, not restored in 2024 but expected to resume transports in early 2025.</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: 2024

<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: 2024

<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: 2024

<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: 2024

<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: 2024

<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: 2024

<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: 2024

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: 2024

<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: 2024

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

2024 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 1

INTERFACILITY & SPECIAL EVENT

GROUND EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 10461 Old Placerville Road, Ste 110 **Number of Ambulance Vehicles in Fleet:** 34
Sacramento, CA 95827

Phone Number: 916-635-2011 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

4800 Total number of responses
0 Number of emergency responses
4800 Number of non-emergency responses

4800 Total number of transports
0 Number of emergency transports
4800 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** America West Medical Transport Inc. **Response Zone:** N/A

Address: 9090 Union Park Way #117 **Number of Ambulance Vehicles in Fleet:** 5
Elk Grove, CA 95624

Phone Number: 916-890-6194 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** AmWest Ambulance **Response Zone:** _____

Address: 13257 Saticoy Street **Number of Ambulance Vehicles in Fleet:** 7
North Hollywood, CA 91605

Phone Number: 818-859-7999 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 959 Detroit Ave **Number of Ambulance Vehicles in Fleet:** 5
Concord, CA 94518

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

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 **Number of Ambulance Vehicles in Fleet:** 63
Walnut Creek, CA 94596

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

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

1790 Total number of responses
0 Number of emergency responses
1790 Number of non-emergency responses

1790 Total number of transports
0 Number of emergency transports
1790 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** Lifeline Training Center **Response Zone:** N/A

Address: 1074 East Avenue, Suite E **Number of Ambulance Vehicles in Fleet:** 1
Chico, CA 95926

Phone Number: 530-893-5254 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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: 2024

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 **Number of Ambulance Vehicles in Fleet:** 32
Sacramento, CA 95820

Phone Number: 916-564-9040 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

4554 Total number of responses
0 Number of emergency responses
4554 Number of non-emergency responses

4554 Total number of transports
0 Number of emergency transports
4554 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Mountain Medics Inc. **Response Zone:** N/A

Address: 234 Gateway Road **Number of Ambulance Vehicles in Fleet:** N/A
Mt. Shasta, CA 96067

Phone Number: 530-605-5205 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 1815 Stockton Blvd. **Number of Ambulance Vehicles in Fleet:** 33
Sacramento, CA 95816

Phone Number: 916-860-7900 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

4759 Total number of responses
0 Number of emergency responses
4759 Number of non-emergency responses

4759 Total number of transports
0 Number of emergency transports
4759 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: S-SV EMS Region **Provider:** ON SCENE EVENT MEDICAL SERVICES, LLC **Response Zone:** N/A

Address: 8707 Lupin Lane **Number of Ambulance Vehicles in Fleet:** N/A - Special Event/Standby Provider Only
Granite Bay, CA 95746

Phone Number: 916-709-5023 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 7636 Poppy Way **Number of Ambulance Vehicles in Fleet:** N/A - Special Event.Standby Provider Only
Citrus Heights, CA 95610

Phone Number: (530) 521-7456 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 720 Portal Street **Number of Ambulance Vehicles in Fleet:** 32
Cotati, CA 94931

Phone Number: 800-650-4003 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Glenn **Provider:** SideTrax EMS **Response Zone:** N/A

Address: 5250 Hwy 162 **Number of Ambulance Vehicles in Fleet:** N/A
Willows, CA 95988

Phone Number: 530-865-5981 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 3637 Mission Avenue, Building A, Suite A **Number of Ambulance Vehicles in Fleet:** 5
Carmichael, CA 95608

Phone Number: 916-368-2222 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

1029 Total number of responses
0 Number of emergency responses
1029 Number of non-emergency responses

1029 Total number of transports
0 Number of emergency transports
1029 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

2024 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 2

BUTTE COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 333 Huss Dr Ste 100 **Number of Ambulance Vehicles in Fleet:** 24
Chico, CA 95926

Phone Number: 530-879-5512 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 14

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

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

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: 2024

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 **Number of Ambulance Vehicles in Fleet:** N/A
Oroville, CA 95965

Phone Number: 530-538-7111 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 411 Main Street, 3rd Floor **Number of Ambulance Vehicles in Fleet:** N/A
Chico, CA 95928

Phone Number: 530-897-3400 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

_____ Total number 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

2024 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 3

COLUSA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 506 Lucas Street **Number of Ambulance Vehicles in Fleet:** N/A
Arbuckle, CA 95912

Phone Number: 530-476-2231 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 5122 E. Park Road **Number of Ambulance Vehicles in Fleet:** N/A
Stonyford, CA 95979

Phone Number: 530-963-3231 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 1199 Big Tree **Number of Ambulance Vehicles in Fleet:** 0
St Helena, CA 94574

Phone Number: 707-994-2441 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Colusa **Provider:** Enloe EMS stopped service 3/31/24 **Response Zone:** Colusa County Zone 1

Address: 1531 Esplanade **Number of Ambulance Vehicles in Fleet:** 1
Chico, CA 95926

Phone Number: 530-879-5512 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

380 Total number of responses
400 Number of emergency responses
26 Number of non-emergency responses

380 Total number of transports
410 Number of emergency transports
35 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Colusa **Provider:** AMR Colusa began service 4/1/2024 **Response Zone:** Colusa County Zone 1

Address: 6101 Pacific St **Number of Ambulance Vehicles in Fleet:** 2
Rocklin, CA 95765

Phone Number: 916-563-0704 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

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

1100 Total number of responses
1100 Number of emergency responses
100 Number of non-emergency responses

1000 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: 2024

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 **Number of Ambulance Vehicles in Fleet:** N/A
Colusa, CA 95932

Phone Number: 530-458-7721 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 231 Oak Street **Number of Ambulance Vehicles in Fleet:** N/A
Maxwell, CA 95955

Phone Number: 530-438-2320 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 342 Winter Street **Number of Ambulance Vehicles in Fleet:** N/A
Princeton, CA 95970

Phone Number: 530-439-2235 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 235 Market Street **Number of Ambulance Vehicles in Fleet:** N/A
Colusa, CA 95932

Phone Number: 530-458-0239 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 810 E Street **Number of Ambulance Vehicles in Fleet:** N/A
Williams, CA 95987

Phone Number: 530-473-2269 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

2024 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 4

GLENN COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 740 Main Street **Number of Ambulance Vehicles in Fleet:** N/A
Artois, CA 95913

Phone Number: 530-934-5351 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 2555 County Road West **Number of Ambulance Vehicles in Fleet:** N/A
Glenn, CA 95943

Phone Number: 530-934-2593 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 1947 Biggs-Willows Road **Number of Ambulance Vehicles in Fleet:** N/A
Princeton, CA 95970

Phone Number: 530-982-2111 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 810 5th Street **Number of Ambulance Vehicles in Fleet:** N/A
Orland, CA 95963

Phone Number: 530-865-1625 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 445 S Butte Street **Number of Ambulance Vehicles in Fleet:** N/A
Willows, CA 95988

Phone Number: 530-934-3323 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Glenn **Provider:** City of Elk Creek Volunteer Fire Department **Response Zone:** N/A

Address: 3288 Road 308 **Number of Ambulance Vehicles in Fleet:** N/A
Elk Creek, CA 95939

Phone Number: 530-968-5325 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 1516 CA-45 **Number of Ambulance Vehicles in Fleet:** N/A
Glenn, CA 95943

Phone Number: 530-330-9043 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 420 1st Street **Number of Ambulance Vehicles in Fleet:** N/A
Hamilton City, California, 95951

Phone Number: 530-826-3355 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 1709 County Road D **Number of Ambulance Vehicles in Fleet:** N/A
Willows, CA 95988

Phone Number: 530-934-2672 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

Address: 3221 CA-45 **Number of Ambulance Vehicles in Fleet:** N/A
Glenn, CA 95943

Phone Number: 530-570-6510 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Glenn **Provider:** Westside Ambulance Association **Response Zone:** Glenn County Zone 1

Address: 604 Fourth St. **Number of Ambulance Vehicles in Fleet:** 1
Orland, CA 95963

Phone Number: 530-865-5981 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

1600 Total number of responses
1500 Number of emergency responses
70 Number of non-emergency responses

1300 Total number of transports
1300 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: 2024

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 **Number of Ambulance Vehicles in Fleet:** 1
Chico, CA 95926

Phone Number: 530-879-5512 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

2024 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 5

NEVADA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Nevada **Provider:** City of Grass Valley/Nevada City Fire Department **Response Zone:** N/A

Address: 125 E. Main St **Number of Ambulance Vehicles in Fleet:** N/A
Grass Valley, CA 95945

Phone Number: 530-274-4370 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Nevada **Provider:** Higgins Fire Protection District **Response Zone:** N/A

Address: 10106 Combie Road **Number of Ambulance Vehicles in Fleet:** N/A
Auburn, CA 95602

Phone Number: 530-274-4370 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Nevada **Provider:** North San Juan Fire Protection District **Response Zone:** N/A

Address: 13200 Tyler Foote Road **Number of Ambulance Vehicles in Fleet:** N/A
Nevada City, CA 95959

Phone Number: 530-292-9159 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Nevada **Provider:** Ophir Hill Fire Protection District **Response Zone:** N/A

Address: 12668 Colfax Highway **Number of Ambulance Vehicles in Fleet:** N/A
Cedar Ridge, CA 95924

Phone Number: 530-273-8351 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Nevada **Provider:** Peardale Chicago Park Fire Protection District **Response Zone:** N/A

Address: 18934 Colfax Highway **Number of Ambulance Vehicles in Fleet:** N/A
Grass Valley, CA, 95945

Phone Number: 530-273-2503 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Please be aware that in 2024 Rough and Ready FD, Nevada County Consolidated FD and Penn Valley Fire Protection District began the process of merging with an expected completion in 2025.

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Nevada **Provider:** Nevada County Consolidated Fire Department **Response Zone:** N/A

Address: 640 Coyote Street **Number of Ambulance Vehicles in Fleet:** N/A
Nevada City, CA 95959

Phone Number: 530-265-4431 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Nevada **Provider:** Nevada County Consolidated Fire Department **Response Zone:** N/A

Address: 640 Coyote Street **Number of Ambulance Vehicles in Fleet:** N/A
Nevada City, CA 95959

Phone Number: 530-265-4431 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Nevada **Provider:** Nevada County Consolidated Fire Department **Response Zone:** N/A

Address: 640 Coyote Street **Number of Ambulance Vehicles in Fleet:** N/A
Nevada City, CA 95959

Phone Number: 530-265-4431 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Nevada **Provider:** Sierra Nevada Ambulance **Response Zone:** Nevada County Zone 2

Address: 155 Glasson Way **Number of Ambulance Vehicles in Fleet:** 10
Grass Valley, CA 95945

Phone Number: 530-265-2351 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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 type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<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: 2024

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 **Number of Ambulance Vehicles in Fleet:** 6
Truckee, CA 96161

Phone Number: 530-414-6871 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

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

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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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: 2024

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 **Number of Ambulance Vehicles in Fleet:** N/A
Nevada City, CA 95959

Phone Number: 530-265-3166 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

2024 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 6

PLACER COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Placer **Provider:** Alta Fire Protection District **Response Zone:** N/A

Address: 33950 Alta Bonnybrook Road **Number of Ambulance Vehicles in Fleet:** N/A
Alta, CA 95701

Phone Number: 530-397-2205 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Placer **Provider:** AMR Placer **Response Zone:** Placer County Zone 3

Address: 6101 Pacific St **Number of Ambulance Vehicles in Fleet:** 26
Rocklin, CA 95765

Phone Number: 916-563-0704 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 12

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

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

41000 Total number of responses
36000 Number of emergency responses
7500 Number of non-emergency responses

33000 Total number of transports
26000 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: 2024

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 **Number of Ambulance Vehicles in Fleet:** N/A
Auburn, CA 95603

Phone Number: 530-823-4211 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Placer **Provider:** Foresthill Fire Protection District **Response Zone:** Placer County Zone 1

Address: 24320 Main Street **Number of Ambulance Vehicles in Fleet:** 2
Foresthill, CA 95631

Phone Number: 530-389-2287 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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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: 2024

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 **Number of Ambulance Vehicles in Fleet:** N/A
Lincoln, CA 95648

Phone Number: 916-434-2400 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Placer **Provider:** Newcastle Fire Protection District **Response Zone:** N/A

Address: 9211 Cypress Street **Number of Ambulance Vehicles in Fleet:** N/A
Newcastle, CA 95658

Phone Number: 916-663-3323 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Placer **Provider:** North Tahoe Fire Protection District **Response Zone:** Placer County Zone 4 & Zone 6

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

Phone Number: 530-583-6913 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

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

1400 Total number of responses
1200 Number of emergency responses
200 Number of non-emergency responses

1100 Total number of transports
850 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: 2024

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 **Number of Ambulance Vehicles in Fleet:** N/A
Truckee, CA 96161

Phone Number: 530-562-1212 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Placer **Provider:** Olympic Valley Fire Department **Response Zone:** N/A

Address: 305 Olympic Valley Road **Number of Ambulance Vehicles in Fleet:** N/A
Olympic Valley, CA 96146

Phone Number: 530-583-6111 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Placer **Provider:** Palisades Tahoe Ski Patrol **Response Zone:** N/A

Address: 1960 Olympic Valley Road **Number of Ambulance Vehicles in Fleet:** N/A
Olympic Valley, CA 96146

Phone Number: 530-562-1212 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Placer **Provider:** Penryn Fire Protection District **Response Zone:** N/A

Address: 7206 Church Street **Number of Ambulance Vehicles in Fleet:** N/A
Penryn, CA 95663

Phone Number: 916-663-3389 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Placer **Provider:** Placer County Fire Department **Response Zone:** N/A

Address: 13760 Lincoln Way **Number of Ambulance Vehicles in Fleet:** N/A
Auburn, CA 95603

Phone Number: 530-823-4904 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Placer **Provider:** Placer Hills Fire Protection District **Response Zone:** N/A

Address: 16999 Placer Hills Road **Number of Ambulance Vehicles in Fleet:** N/A
Meadow Vista, CA 95722

Phone Number: 530-878-0405 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Placer **Provider:** City of Rocklin Fire Department **Response Zone:** N/A

Address: 4060 Rocklin Road **Number of Ambulance Vehicles in Fleet:** N/A
Rocklin, CA 95677

Phone Number: 916-632-4150 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Placer **Provider:** City of Roseville Fire Department **Response Zone:** N/A

Address: 316 Vernon Street #480 **Number of Ambulance Vehicles in Fleet:** N/A
Roseville, CA 95678

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

<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
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Placer **Provider:** South Placer Fire Protection District **Response Zone:** Placer County Zone 2

Address: 6900 Eureka Road **Number of Ambulance Vehicles in Fleet:** 3
Granite Bay, CA 95746

Phone Number: 916-791-7059 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

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

1900 Total number of responses
1800 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

2024 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 7

SHASTA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Shasta **Provider:** AMR Shasta **Response Zone:** Shasta County Zone 3

Address: 4989 Mountain Lake Blvd **Number of Ambulance Vehicles in Fleet:** 11
Redding, CA 96001

Phone Number: 530-241-2323 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 7

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

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

18500 Total number of responses
17500 Number of emergency responses
1000 Number of non-emergency responses

13300 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: 2024

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 **Number of Ambulance Vehicles in Fleet:** N/A
Anderson, CA 96007

Phone Number: 530-379-6699 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Shasta **Provider:** Burney Fire Protection District **Response Zone:** Shasta County Zone 2

Address: 37072 Main Street **Number of Ambulance Vehicles in Fleet:** 2
Burney, CA 96013

Phone Number: 530-335-2212 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input 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
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Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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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: 2024

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 **Number of Ambulance Vehicles in Fleet:** N/A
Cottonwood, CA 96022

Phone Number: 530-347-4737 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Shasta **Provider:** Fall River Valley Fire Protection District **Response Zone:** _____

Address: 444283 Hwy 299 E. **Number of Ambulance Vehicles in Fleet:** N/A
McArthur, CA 96056

Phone Number: 530-336-5026 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Shasta **Provider:** Happy Valley Fire Protection District **Response Zone:** N/A

Address: 17441 Palm Avenue **Number of Ambulance Vehicles in Fleet:** N/A
Anderson, CA 96007

Phone Number: 530-357-2345 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Shasta **Provider:** Mayers Memorial Healthcare District **Response Zone:** Shasta County Zone 1

Address: 43563 CA-299 **Number of Ambulance Vehicles in Fleet:** 2
Fall River Mills, CA 96028

Phone Number: 530-336-5511 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

700 Total number of responses
500 Number of emergency responses
200 Number of non-emergency responses

600 Total number of transports
400 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: 2024

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 **Number of Ambulance Vehicles in Fleet:** 7
Redding, CA 96001

Phone Number: 530-245-4847 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

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

11000 Total number of responses
10000 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: 2024

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 **Number of Ambulance Vehicles in Fleet:** N/A
Redding, CA 96003

Phone Number: 530-275-3003 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Shasta **Provider:** Old Shasta Fire Department **Response Zone:** N/A

Address: 10644 High Street **Number of Ambulance Vehicles in Fleet:** N/A
Shasta, CA 96087

Phone Number: 530-241-4615 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Shasta **Provider:** City of Redding Fire Department **Response Zone:** N/A

Address: 777 W Cypress Avenue **Number of Ambulance Vehicles in Fleet:** N/A
Redding, CA 96001

Phone Number: 530-225-4141 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Shasta **Provider:** Shasta County Fire Department **Response Zone:** N/A

Address: 875 Cypress Avenue **Number of Ambulance Vehicles in Fleet:** N/A
Redding, CA 96001

Phone Number: 530-224-2460 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Shasta **Provider:** Shasta Lake Fire Protection District **Response Zone:** N/A

Address: 4126 ASHBY Court **Number of Ambulance Vehicles in Fleet:** N/A
Shasta Lake CA 96019

Phone Number: 530-275-7474 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

2024 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 8

SISKIYOU COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Butte Valley Ambulance-Temporarily Closed **Response Zone:** Siskiyou County Zone 1

Address: 104 N Railroad **Number of Ambulance Vehicles in Fleet:** 1
Dorris, CA 96023

Phone Number: 530-397-2105 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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: 2024

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 **Number of Ambulance Vehicles in Fleet:** N/A
Macdoel, CA 96058

Phone Number: 530-398-4332 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Colestine Rural Fire District (Hilt VFD) **Response Zone:** N/A

Address: 1701 Colestin Road **Number of Ambulance Vehicles in Fleet:** N/A
Ashland, OR 97520

Phone Number: 541-488-1768 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Copco Lake Fire Department **Response Zone:** N/A

Address: 27805 Copco Road **Number of Ambulance Vehicles in Fleet:** N/A
Montague, CA 96064

Phone Number: 530-459-0434 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Dorris Fire Department **Response Zone:** N/A

Address: 307 S Main Street **Number of Ambulance Vehicles in Fleet:** N/A
Dorris, CA 96023

Phone Number: 530-397-2121 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Dunsmuir - Castella Fire Department **Response Zone:** N/A

Address: 5915 Dunsmuir Avenue **Number of Ambulance Vehicles in Fleet:** N/A
Dunsmuir, California 96025

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Etna Ambulance **Response Zone:** Siskiyou County Zone 2

Address: 450 Main Street **Number of Ambulance Vehicles in Fleet:** 1
Etna, CA 96027

Phone Number: 530-467-3331 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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: 2024

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 **Number of Ambulance Vehicles in Fleet:** N/A
Etna, CA 96027

Phone Number: 530-467-3295 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Fort Jones Fire Department **Response Zone:** N/A

Address: 31 Newton Street **Number of Ambulance Vehicles in Fleet:** N/A
Fort Jones, CA 96032

Phone Number: 530-468-2261 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Gazelle Volunteer Fire Department **Response Zone:** N/A

Address: 18338 Old Highway 99 South **Number of Ambulance Vehicles in Fleet:** N/A
Gazelle, CA 96034

Phone Number: 530-435-2331 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Grenada Fire Protection District **Response Zone:** N/A

Address: 6055 4th Avenue **Number of Ambulance Vehicles in Fleet:** N/A
Grenada CA 96038

Phone Number: 530-340-5783 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Hammond Ranch Fire Department **Response Zone:** N/A

Address: 8800 North Old Stage Road **Number of Ambulance Vehicles in Fleet:** N/A
Weed, CA 96094

Phone Number: 530-938-4200 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Happy Camp Volunteer Ambulance **Response Zone:** Siskiyou County Zone 3

Address: 26 4th Ave **Number of Ambulance Vehicles in Fleet:** 2
Happy Camp, CA 96039

Phone Number: 530-493-2643 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

74 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: 2024

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 **Number of Ambulance Vehicles in Fleet:** N/A
Hornbrook, CA 96044

Phone Number: 530-475-3064 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Klamath River Volunteer Fire Company **Response Zone:** N/A

Address: 30330 Walker Road **Number of Ambulance Vehicles in Fleet:** N/A
Klamath River, CA 96050-9033

Phone Number: 530-496-3546 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Lake Shastina Fire Department **Response Zone:** N/A

Address: 16309 Everhart Drive **Number of Ambulance Vehicles in Fleet:** N/A
Weed, CA 96094

Phone Number: 530-938-4113 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Mayten Fire Protection District **Response Zone:** N/A

Address: 7427 County Highway A12 **Number of Ambulance Vehicles in Fleet:** N/A
Montague, CA 96064

Phone Number: 530-459-3296 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of McCloud Fire Department **Response Zone:** Siskiyou County Zone 4

Address: 409 Tucci Ave **Number of Ambulance Vehicles in Fleet:** 1
McCloud, CA 96057

Phone Number: 530-964-2017 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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: 2024

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 **Number of Ambulance Vehicles in Fleet:** N/A
Montague, CA 96064

Phone Number: 530-459-5343 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Mt. Shasta Ambulance Service Inc. **Response Zone:** Siskiyou County Zones 5 & 6

Address: 1020 Oak Street **Number of Ambulance Vehicles in Fleet:** 10
Mt Shasta, CA 96067

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 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
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Transporting Agencies

5800 Total number of responses
4900 Number of emergency responses
800 Number of non-emergency responses

4200 Total number of transports
3500 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: 2024

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 **Number of Ambulance Vehicles in Fleet:** N/A
Montague, California, 96064

Phone Number: 530-340-2297 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Mt. Shasta City Fire Department **Response Zone:** N/A

Address: 305 N. Mt Shasta Blvd **Number of Ambulance Vehicles in Fleet:** N/A
Mt Shasta, CA 96067

Phone Number: 530-926-7546 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Orleans Volunteer Fire Department **Response Zone:** N/A

Address: 38162 CA-96 **Number of Ambulance Vehicles in Fleet:** N/A
Orleans, CA 95556

Phone Number: 530-627-3344 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Pleasant Valley Fire Company **Response Zone:** N/A

Address: 2543 Durham Drive **Number of Ambulance Vehicles in Fleet:** N/A
Dorris, California, 96023

Phone Number: 530-397-2205 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Salmon River Volunteer Fire and Rescue **Response Zone:** N/A

Address: 15600 Salmon River Road **Number of Ambulance Vehicles in Fleet:** N/A
Forks of Salmon, CA 96031

Phone Number: 530-462-4605 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Scott Valley Fire Protection District **Response Zone:** N/A

Address: 317 Maple Street **Number of Ambulance Vehicles in Fleet:** N/A
Greenview, CA 96037

Phone Number: 530-468-2170 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Seiad Volunteer Fire Department **Response Zone:** N/A

Address: 44601 CA-96 **Number of Ambulance Vehicles in Fleet:** N/A
Seiad Valley, CA 96086

Phone Number: 530-496-3164 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** CAL FIRE Siskiyou Unit **Response Zone:** N/A

Address: 1890 Fairlane Road **Number of Ambulance Vehicles in Fleet:** N/A
Yreka, CA 96097

Phone Number: 530-842-3516 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** South Yreka Fire District **Response Zone:** N/A

Address: 3420 Easy Street **Number of Ambulance Vehicles in Fleet:** N/A
Yreka, CA 96097

Phone Number: 530-842-1477 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** Tulelake Volunteer Fire Department **Response Zone:** N/A

Address: 1 Ray Oehlerich Way **Number of Ambulance Vehicles in Fleet:** N/A
Tulelake, CA 96134

Phone Number: 530-521-2232 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Weed Fire Department **Response Zone:** N/A

Address: 128 Roseburg Parkway **Number of Ambulance Vehicles in Fleet:** N/A
Weed, CA 96094

Phone Number: (530) 938-5030 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Siskiyou **Provider:** City of Yreka Fire Department **Response Zone:** N/A

Address: 401 West Miner Street **Number of Ambulance Vehicles in Fleet:** N/A
Yreka, CA 96097

Phone Number: 530-841-2383 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

_____ Total number 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

2024 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 9

SUTTER COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Yuba & Sutter **Provider:** Bi-County Ambulance **Response Zone:** Sutter County Zone 1

Address: 1700 Poole Blvd **Number of Ambulance Vehicles in Fleet:** 17
Yuba City, CA 95993

Phone Number: 530-674-2780 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

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

38000 Total number of responses
35000 Number of emergency responses
2600 Number of non-emergency responses

33000 Total number of transports
29000 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: 2024

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 **Number of Ambulance Vehicles in Fleet:** N/A
Meridian, CA 95957

Phone Number: 530-696-2306 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Sutter **Provider:** Pleasant Grove / East Nicolaus Fire Department **Response Zone:** N/A

Address: 3100 Howsley Road **Number of Ambulance Vehicles in Fleet:** N/A
Pleasant Grove, CA 95668

Phone Number: 916-655-3937 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Sutter **Provider:** Sutter County Fire Department **Response Zone:** N/A

Address: 2340 California Street **Number of Ambulance Vehicles in Fleet:** N/A
Sutter, CA 95982

Phone Number: 530-755-0266 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Sutter **Provider:** City of Yuba City Fire Department **Response Zone:** N/A

Address: 824 Clark Ave **Number of Ambulance Vehicles in Fleet:** N/A
Yuba City, CA 95991

Phone Number: 530-822-4686 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

_____ Total number 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

2024 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 10

TEHAMA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Tehama & Glenn **Provider:** Capay Fire Protection District **Response Zone:** _____

Address: 50 4th Ave **Number of Ambulance Vehicles in Fleet:** 0
Orland

Phone Number: 530-865-2070 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Tehama **Provider:** City of Corning Fire Department **Response Zone:** N/A

Address: 814 5th Street **Number of Ambulance Vehicles in Fleet:** N/A
Corning, CA 96021

Phone Number: 530-824-7044 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Tehama **Provider:** Red Bluff City Fire Department **Response Zone:** N/A

Address: 555 Washington Street, Suite C **Number of Ambulance Vehicles in Fleet:** N/A
Red Bluff, CA 96080

Phone Number: 530-527-1126 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Tehama **Provider:** St. Elizabeth Community Hospital Ambulance **Response Zone:** Tehama County Zone 1

Address: 2550 Sister Columba Dr **Number of Ambulance Vehicles in Fleet:** 7
Red Bluff, CA 96080

Phone Number: 530-529-8318 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

10000 Total number of responses
8000 Number of emergency responses
1000 Number of non-emergency responses

6500 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: 2024

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 **Number of Ambulance Vehicles in Fleet:** N/A
Red Bluff, CA 96080

Phone Number: 530-528-5199 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

2024 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 11

YUBA COUNTY

EMERGENCY GROUND

EMS PROVIDERS

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Yuba & Sutter **Provider:** Bi-County Ambulance **Response Zone:** Yuba County Zone 1

Address: 1700 Poole Blvd **Number of Ambulance Vehicles in Fleet:** 17
Yuba City, CA 95993

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

37000 Total number of responses
34000 Number of emergency responses
2600 Number of non-emergency responses

31000 Total number of transports
28000 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: 2024

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 **Number of Ambulance Vehicles in Fleet:** 1
Beale AFB 95903

Phone Number: 530-634-8672 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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: 2024

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 **Number of Ambulance Vehicles in Fleet:** N/A
Camptonville, CA 95922

Phone Number: 530-288-3303 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Yuba **Provider:** Dobbins / Oregon House Fire Protection District **Response Zone:** N/A

Address: 9162 Marysville Road **Number of Ambulance Vehicles in Fleet:** N/A
Oregon House, CA 95962

Phone Number: 530-692-2255 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Yuba **Provider:** Foothill Fire Protection District **Response Zone:** N/A

Address: 16796 Willow Glen Road **Number of Ambulance Vehicles in Fleet:** N/A
Brownsville, CA 95919

Phone Number: 530-675-0633 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Yuba **Provider:** City of Linda Fire Department **Response Zone:** N/A

Address: 1286 Scales Avenue **Number of Ambulance Vehicles in Fleet:** N/A
Marysville, CA 95901

Phone Number: 530-743-1553 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: 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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Yuba **Provider:** City of Marysville Fire Department **Response Zone:** N/A

Address: 107 9th Street **Number of Ambulance Vehicles in Fleet:** N/A
Marysville, CA 95901

Phone Number: 530-741-6622 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Yuba **Provider:** City of Olivehurst Fire Department **Response Zone:** N/A

Address: 1962 9th Avenue **Number of Ambulance Vehicles in Fleet:** N/A
Olivehurst, CA 95961

Phone Number: 530-743-7117 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Yuba **Provider:** Smartsville Fire Protection District **Response Zone:** N/A

Address: 8459 Blue Gravel Road **Number of Ambulance Vehicles in Fleet:** N/A
Smartsville, CA 95977

Phone Number: 530-639-0405 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: Yuba **Provider:** City of Wheatland Fire Department **Response Zone:** N/A

Address: 313 Main Street **Number of Ambulance Vehicles in Fleet:** N/A
Wheatland, CA 95692

Phone Number: 530-633-0861 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

_____ Total number 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

2024 S-SV EMS PLAN

TABLE 8

RESOURCE DIRECTORY

SECTION 12

EMS AIRCRAFT PROVIDERS

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: S-SV EMS Region (Placer County Base) **Provider:** CALSTAR **Response Zone:** N/A

Address: 13750 Lincoln Wy **Number of Ambulance Vehicles in Fleet:** 1
Auburn, CA 95603

Phone Number: 530-887-0569 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

Transporting Agencies

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

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

Air Ambulance Services

400 Total number of responses
89 Number of emergency responses
293 Number of non-emergency responses

410 Total number of transports
97 Number of emergency transports
293 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: S-SV EMS Region (Nevada County Base) **Provider:** CAREFLIGHT **Response Zone:** N/A

Address: 10356 Truckee Airport **Number of Ambulance Vehicles in Fleet:** 1
Truckee, CA 96161

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

101 Total number of responses
34 Number of emergency responses
69 Number of non-emergency responses

102 Total number of transports
36 Number of emergency transports
69 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: S-SV EMS Region (Placer & Shasta Bases) **Provider:** California Highway Patrol (CHP) Air Operations **Response Zone:** N/A

Address: 601 N, 7th Street **Number of Ambulance Vehicles in Fleet:** N/A
Sacramento, CA 95811

Phone Number: 916-843-3300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: 2024

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 **Number of Ambulance Vehicles in Fleet:** 1
Chico, CA 95926

Phone Number: 530-680-2428 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

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

Air Ambulance Services

1000 Total number of responses
238 Number of emergency responses
735 Number of non-emergency responses

1000 Total number of transports
238 Number of emergency transports
735 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: S-SV EMS Region (Shasta County Base) **Provider:** PHI **Response Zone:** N/A

Address: 5900 Old Oregon Trail **Number of Ambulance Vehicles in Fleet:** 2
Redding, CA 96002

Phone Number: 530-221-0646 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2: Added 2nd HEM in 11/2024

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

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

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

Air Ambulance Services

800 Total number of responses
250 Number of emergency responses
650 Number of non-emergency responses

800 Total number of transports
250 Number of emergency transports
650 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

County: S-SV EMS Region (Colusa, Shasta & Yuba Bases) **Provider:** REACH **Response Zone:** N/A

Address: 10034 Missile Way **Number of Ambulance Vehicles in Fleet:** 3
Mather, CA 95655

Phone Number: 530-221-0646 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

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

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

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

Air Ambulance Services

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

2024 S-SV EMS PLAN

TABLE 9

HOSPITAL RESOURCES DIRECTORY

TABLE 9: FACILITIES

County: Butte	Year: 2024	Table 9 Page #: 1 of 17
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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: 2024	Table 9 Page #: 2 of 17
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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: 2024	Table 9 Page #: 3 of 17
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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: 2024	Table 9 Page #: 4 of 17
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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

PCC¹: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP²: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU³: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: 2024	Table 9 Page #: 5 of 17
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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: 2024	Table 9 Page #: 6 of 17
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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

PCC¹: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP²: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU³: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	--

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: 2024	Table 9 Page #: 7 of 17
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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 checked="" type="checkbox"/> Yes <input 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: 2024	Table 9 Page #: 8 of 17
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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: 2024	Table 9 Page #: 9 of 17
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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: 2024	Table 9 Page #: 10 of 17
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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: 2024	Table 9 Page #: 11 of 17
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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: 2024	Table 9 Page #: 12 of 17
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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: 2024	Table 9 Page #: 13 of 17
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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: 2024	Table 9 Page #: 14 of 17
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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: 2024	Table 9 Page #: 15 of 17
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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: 2024	Table 9 Page #: 16 of 17
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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

PCC¹: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	EDAP²: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU³: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: 2024	Table 9 Page #: 17 of 17
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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

2024 S-SV EMS PLAN

TABLE 10

APPROVED EMS TRAINING

PROGRAMS

TABLE 10: APPROVED TRAINING PROGRAMS

County: Butte	Year: 2024	Table 10 Page #: 1 of 13
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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	\$1125	N/A	\$4442
Refresher Program Cost	\$70	N/A	N/A
# Of Annual Students* – Initial	200	N/A	24
# Of Annual Students* – Refresher	10	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: 2024	Table 10 Page #: 2 of 13
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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	23	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: 2024	Table 10 Page #: 3 of 13
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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	06/30/2028	N/A	N/A
Student Eligibility	General Public	N/A	N/A
Initial Program Cost	\$700	N/A	N/A
Refresher Program Cost	N/A	N/A	N/A
# Of Annual Students* – Initial	0	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	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: Nevada/Placer	Year: 2024	Table 10 Page #: 4 of 13
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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	X Yes <input type="checkbox"/> No
Program Approval Expiration	12/31/2025	12/31/2027	11/30/2028
Student Eligibility	General Public	General Public	General Public
Initial Program Cost	\$414	\$437	\$1,564
Refresher Program Cost	\$46	N/A	N/A
# Of Annual Students* – Initial	303	5	0
# Of Annual Students* – Refresher	67	N/A	N/A
# Of Annual Courses – Initial	14	2	0
# Of Annual Course – Refresher	5	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: 2024	Table 10 Page #: 5 of 13
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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	\$1,895	N/A	\$11,625
Refresher Program Cost	N/A	N/A	N/A
# Of Annual Students* – Initial	48	N/A	64
# Of Annual Students* – Refresher	N/A	N/A	N/A
# Of Annual Courses – Initial	4	N/A	5
# 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: 2024	Table 10 Page #: 6 of 13
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EMS TRAINING PROGRAM INFORMATION
Name: Mercy Medical Center Redding
Address: 2175 Rosaline Ave, Redding, CA 96001
Telephone Number: (530) 276-5175

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	12/31/2027	N/A	N/A
Student Eligibility	General Public	N/A	N/A
Initial Program Cost	\$400	N/A	N/A
Refresher Program Cost	N/A	N/A	N/A
# Of Annual Students* – Initial	22	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	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: 2024	Table 10 Page #: 7 of 13
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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	170	N/A	N/A
# Of Annual Students* – Refresher	5	N/A	N/A
# Of Annual Courses – Initial	9	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: Shasta	Year: 2024	Table 10 Page #: 8 of 13
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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: 2024	Table 10 Page #: 9 of 13
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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	43	N/A	25
# Of Annual Students* – Refresher	2	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: Yuba	Year: 2024	Table 10 Page #: 10 of 13
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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	12/31/2028	N/A	N/A
Student Eligibility	General Public	N/A	N/A
Initial Program Cost	\$832	N/A	N/A
Refresher Program Cost	\$500	N/A	N/A
# Of Annual Students* – Initial	73	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: S-SV EMS Region	Year: 2024	Table 10 Page #: 11 of 13
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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	12/31/2026	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	530-345-1921
Glenn Codora Fire Protection District	12/31/2026	Glenn	530-330-9043
Grenada Fire Protection District	12/31/2024	Siskiyou	530-436-2200
Mt. Shasta Fire District	12/31/2027	Siskiyou	530-926-7546
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
Yuba Community College	12/31/2026	Yuba	530-531-7456

***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**

TABLE 10: APPROVED TRAINING PROGRAMS

County: S-SV EMS Region	Year: 2024	Table 10 Page #: 12 of 13
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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	530-938-5530
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
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	12/31/2028	Placer	916-660-8300
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: 2024	Table 10 Page #: 13 of 13
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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**

Sierra – Sacramento Valley EMS Agency Program Policy

EMT Training Program Approval/Requirements

	Effective: 07/01/2017	Next Review: As Needed	1002
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish the EMT training program approval process and ongoing requirements of an S-SV EMS approved EMT training program.

AUTHORITY:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9, Chapter 2

POLICY:

- A. The purpose of an EMT training program shall be to prepare individuals to render prehospital basic life support at the scene of an emergency, during transport of the sick and injured, or during interfacility transfer within an organized EMS system.
- B. S-SV EMS is responsible for approving EMT training programs within the S-SV EMS region, and monitoring the performance of approved EMT training programs to ensure compliance with state law, regulations, guidelines and S-SV EMS policies.
- C. EMT training may be offered only by approved training programs. Eligibility for program approval shall be limited to:
 - 1. Accredited universities and colleges including junior and community colleges, school districts, and private post-secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.
 - 2. Medical training units of a branch of the Armed Forces including the Coast Guard of the United States.
 - 3. Licensed general acute care hospitals which meet the following criteria:
 - Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Division 5; and
 - Provide continuing education to other health care professionals.

4. Agencies of government including public safety agencies.

5. LEMSAs

D. EMT Training Program Approval Procedure:

1. Eligible entities may submit an EMT training program application to S-SV EMS.
2. S-SV EMS shall review/verify that the EMT training program application contains all of the following prior to approving an EMT training program:
 - A statement verifying usage of the U.S. Department of Transportation (DOT) National EMS Education Standards (DOT HS 811 077A, January 2009).
 - A statement verifying CPR training equivalent to the current American Heart Association's Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care at the Healthcare Provider level is a prerequisite for admission to an EMT basic course.
 - Samples of written and skills examinations used for periodic testing.
 - A final skills competency examination.
 - A final written examination.
 - The name and qualifications of the program director, program clinical coordinator, and principal instructor(s).
 - Provisions for clinical experience, as specified in this policy.
 - Provisions for course completion by challenge, including a challenge examination (if different from final examination).
 - Provisions for a 24 hour refresher course required for recertification.
 - A statement verifying usage of the United States DOT's EMT Refresher National Standard Curriculum, DOT HS 808 624, September 1996.
 - The location at which the courses are to be offered and their proposed dates.

E. Didactic and Skills Laboratory:

An approved EMT training program shall assure that no more than ten (10) students are assigned to one (1) principal instructor/teaching assistant during skills practice/laboratory sessions.

F. Clinical Experience for EMT:

Each approved EMT training program shall have written agreement(s) with one or more general acute care hospital(s) and/or operational ambulance provider(s) or rescue vehicle provider(s) for the clinical portion of the EMT training course. The written agreement(s) shall specify the roles and responsibilities of the training program and the clinical provider(s) for supplying the supervised clinical experience for the EMT student(s). Supervision for the clinical experience shall be provided by an

individual who meets the qualifications of a principal instructor or teaching assistant. No more than three (3) students will be assigned to one (1) qualified supervisor during the supervised clinical experience.

G. EMT Training Program Notification:

1. Program approval or disapproval shall be made in writing by S-SV EMS to the requesting entity within a reasonable period of time after receipt of all required application documentation. This time period shall not exceed three (3) months.
2. S-SV EMS will establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.
3. The EMT training program approval effective date shall be the day the approval is issued. The approval shall be valid for four (4) years ending on the last day of the month in which it was issued and may be renewed every four (4) years subject to the procedure for program approval specified in this policy.
4. S-SV EMS will notify the California EMS Authority concurrently with the training program of approval, renewal of approval, or disapproval of the training program, and include the effective date. This notification is in addition to the name and address of training program, name of the program director, phone number of the contact person, frequency and cost for both basic and refresher courses, student eligibility, and program approval/expiration date of program approval.

H. Teaching Staff:

1. Each EMT training program shall provide for the functions of administrative direction, medical quality coordination, and actual program instruction. Nothing in this section precludes the same individual from being responsible for more than one of the following functions if so qualified by the provisions of this section.
2. Each EMT training program shall have an approved program director who shall be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction. Duties of the program director, in coordination with the program clinical coordinator, shall include but not be limited to:
 - Administering the training program.
 - Approving course content.
 - Approving all written examinations and the final skills examination.
 - Coordinating all clinical and field activities related to the course.
 - Approving the principal instructor(s) and teaching assistants.
 - Signing all course completion records.

- Assuring that all aspects of the EMT training program are in compliance with this policy and other related laws/regulations.
3. Each EMT training program shall have an approved program clinical coordinator who shall be either a Physician, Registered Nurse, Physician Assistant, or a Paramedic currently licensed in California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years. Duties of the program clinical coordinator shall include, but not be limited to:
 - Responsibility for the overall quality of medical content of the program;
 - Approval of the qualifications of the principal instructor(s) and teaching assistant(s).
 4. Each EMT training program shall have a principal instructor(s), who may also be the program clinical coordinator or program director, who shall be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction and shall meet the following qualifications:
 - Be a Physician, Registered Nurse, Physician Assistant, or a Paramedic currently licensed in California; or,
 - Be an Advanced EMT or EMT who is currently certified in California.
 - Have at least two (2) years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five (5) years.
 - Be approved by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is assigned.
 5. Each EMT training program may have teaching assistant(s) who shall be qualified by training and experience to assist with teaching of the course and shall be approved by the program director in coordination with the program clinical coordinator as qualified to assist in teaching the topics to which the assistant is to be assigned. A teaching assistant shall be supervised by a principal instructor, the program director and/or the program clinical coordinator.
- I. EMT Training Program Review and Reporting:
1. All program materials specified in this policy shall be subject to periodic review by S-SV EMS representatives.
 2. All programs shall be subject to periodic on-site evaluation by S-SV EMS representatives.
 3. Any entity conducting a training program shall notify S-SV EMS in writing, in advance when possible, and in all cases within thirty (30) calendar days of any

change in, program director, program clinical coordinator, principal instructor, change of address, phone number, and contact person.

4. Student records shall be kept for a period of not less than four (4) years.

J. Withdrawal of EMT Training Program Approval:

1. Failure to comply with the provisions of this policy/California regulations may result in S-SV EMS denial, probation, suspension or revocation of program approval.

2. The requirements for training program noncompliance notification and actions are as follows:

- S-SV EMS shall provide notification of noncompliance to the EMT training program provider found in violation. The notification shall be in writing and sent by certified mail to the EMT training program course director.
- Within 15 working days from receipt of the noncompliance notification, the EMT training program shall submit in writing, by certified mail, to S-SV EMS one of the following:
 - Evidence of compliance, or
 - A plan to comply within 60 calendar days from the day of receipt of the notification of noncompliance.
- Within 15 working days from receipt of the EMT training program's response, or within 30 calendar days from the noncompliance notification mailing date if no response is received from the EMT training program, S-SV EMS shall issue a decision letter by certified mail to the California EMS Authority and the EMT training program. The letter shall identify the decision of S-SV EMS to take one (1) or more of the following actions:
 - Accept the evidence of compliance provided.
 - Accept the plan for meeting compliance.
 - Place the training program on probation.
 - Suspend or revoke the training program approval.
- The decision letter shall also include, but not be limited to, the following:
 - Date of decision by S-SV EMS;
 - Specific provisions found noncompliant by S-SV EMS if applicable;
 - The probation or suspension effective and ending date, if applicable;
 - The terms and conditions of the probation or suspension, if applicable; and
 - The revocation effective date, if applicable.
- If the EMT training program found noncompliant does not respond to the S-SV EMS issued notice of noncompliance, as indicated in this section, S-SV EMS may uphold the noncompliance finding and initiate a probation, suspension, or revocation action as described in this section.
- S-SV EMS shall establish the probation, suspension, or revocation effective dates no sooner than 60 days after the date of the decision letter, as described in this section.

K. Components of an Approved Program:

1. An approved EMT training program shall consist of all of the following:
 - The EMT course, including clinical experience;
 - Periodic and a final written and skills competency examinations to include all skills covered by course content listed in this policy and applicable regulations;
 - A challenge examination; and
 - A refresher course required for renewal or reinstatement.
2. S-SV EMS may approve a training program that offers only refresher course(s).

L. EMT Training Program Required Course Hours:

1. The EMT course shall consist of not less than 170 hours, divided into:
 - A minimum of 146 hours of didactic instruction and skills laboratory; and
 - A minimum of 24 hours of supervised clinical experience. The clinical experience shall include a minimum of 10 documented patient contacts wherein a patient assessment and other EMT skills are performed and evaluated.
 - High fidelity simulation, when available, may replace up to three (3) documented patient contacts.
2. The minimum hours shall not include the examinations for EMT certification.

M. Required Course Content:

1. The content of an EMT course shall meet the objectives contained in the U.S. Department of Transportation (DOT) National EMS Education Standards (DOT HS 811 077A, January 2009), to result in the EMT being competent in the EMT basic scope of practice specified in California Code of Regulations, Title 22, Division 9, Chapter 2, Section 100063. The U.S. DOT National EMS Education Standards (DOT HS 811 077A, January 2009) can be accessed through the U.S. DOT National Highway Traffic Safety Administration at the following website address: <http://ems.gov/pdf/811077a.pdf>
2. Training in the use of hemostatic dressings shall result in the EMT being competent in the use of the dressing. Included in the training shall be the following topics/skills:
 - Review of basic methods of bleeding control to include but not be limited to direct pressure, pressure bandages, tourniquets, and hemostatic dressings;
 - Review treatment of open chest wall injuries;
 - Types of hemostatic dressings; and
 - Importance of maintaining normal body temperature.

3. Training in the administration of naloxone shall result in the EMT being competent in the administration of naloxone and managing a patient of a suspected narcotic overdose and shall include the following topics/skills:
 - Common causative agents.
 - Assessment findings.
 - Management to include, but not be limited to:
 - Need for appropriate PPE and scene safety awareness.
 - Profile of Naloxone to include, but not be limited to:
 - Indications.
 - Contraindications.
 - Side/adverse effects.
 - Routes of administration.
 - Dosages.
 - Mechanisms of drug action.
 - Calculating drug dosages.
 - Medical asepsis.
 - Disposal of contaminated items and sharps.
 - Medication administration.

4. Training in the administration of epinephrine for suspected anaphylaxis and/or severe asthma shall result in the EMT being competent in the use and administration of epinephrine by auto-injector and managing a patient of a suspected anaphylactic reaction and/or experiencing severe asthma symptoms. Included in the training shall be the following topics/skills:
 - Common causative agents.
 - Assessment findings.
 - Management to include, but not be limited to:
 - Need for appropriate PPE and scene safety awareness.
 - Profile of epinephrine to include, but not be limited to:
 - Indications.
 - Contraindications.
 - Side/adverse effects.
 - Mechanisms of drug action.
 - Administration by auto-injector.
 - Medical asepsis.
 - Disposal of contaminated items and sharps.

5. Training in the use of finger stick blood glucose testing shall result in the EMT being competent in the use of a glucometer and managing a patient with a diabetic emergency. Included in the training shall be the following topics/skills:
 - Blood glucose determination.

- Assess blood glucose level.
 - Indications.
 - Decreased level of consciousness in the suspected diabetic.
 - Decreased level of consciousness of unknown origin.
 - Procedure for use of finger stick blood glucometer.
 - Medical asepsis.
 - Refer to manufacturer's instructions for device being used.
 - Assess blood glucose level.
 - Disposal of sharps.
 - Limitations.
 - Lack of calibration.
 - Interpretation of results.
 - Patient assessment.
 - Managing a patient before and after finger stick glucose testing.
6. In addition to the above, the content of the EMT training course shall include a minimum of four (4) hours of tactical casualty care (TCC) principles applied to violent circumstances with at least the following topics and skills, and shall be competency based:
- History and Background of Tactical Casualty Care:
 - Demonstrate knowledge of tactical casualty care.
 - History of active shooter and domestic terrorism incidents.
 - Define roles and responsibilities of first responders including Law Enforcement, Fire and EMS.
 - Review of local active shooter policies.
 - Scope of practice and authorized skills and procedures by level of training, certification, and licensure.
 - Terminology and definitions.
 - Demonstrate knowledge of terminology.
 - Hot zone/warm zone/cold zone.
 - Casualty collection point.
 - Rescue task force.
 - Cover/concealment.
 - Coordination Command and Control.
 - Demonstrate knowledge of Incident Command and how agencies are integrated into tactical operations.
 - Demonstrate knowledge of team command, control and communication.
 - Incident Command System (ICS)/National Incident Management System (NIMS).
 - Mutual Aid considerations.
 - Unified Command.
 - Communications, including radio interoperability.
 - Command post.

- Staging areas.
 - Ingress/egress.
 - Managing priorities.
- Tactical and Rescue Operations.
 - Demonstrate knowledge of tactical and rescue operations.
 - Tactical Operations – Law Enforcement.
 - The priority is to mitigate the threat.
 - Contact Team.
 - Rescue Team.
 - Rescue Operations – Law Enforcement/EMS/Fire.
 - The priority is to provide life-saving interventions to injured parties.
 - Formation of Rescue Task Force (RTF).
 - Casualty collection points.
- Basic Tactical Casualty Care and Evacuation.
 - Demonstrate appropriate casualty care at your scope of practice and certification.
 - Demonstrate knowledge of the components of the Individual First Aid Kit (IFAK) and/or medical kit.
 - Understand the priorities of Tactical Casualty Care.
 - Demonstrate competency through practical testing of the following medical treatment skills:
 - Bleeding control.
 - Apply Tourniquet.
 - Self-Application.
 - Application on others.
 - Apply Direct Pressure.
 - Apply Pressure Dressing.
 - Apply Hemostatic Dressing with Wound Packing.
 - Airway and Respiratory management.
 - Perform Chin Lift/Jaw Thrust Maneuver.
 - Recovery position.
 - Position of comfort.
 - Airway adjuncts.
 - Chest/torso wounds.
 - Apply Chest Seals, vented preferred.
 - Demonstrate competency in patient movement and evacuation.
 - Drags and lifts.
 - Carries.
 - Demonstrate knowledge of local multi-casualty/mass casualty incident protocols.
 - Triage procedures (START or SALT).
 - CCP – Triage, Treatment and Transport.
- Threat Assessment.
 - Demonstrate knowledge in threat assessment.

- Understand and demonstrate knowledge of situational awareness.
 - Pre-assessment of community risks and threats.
 - Pre-incident planning and coordination.
 - Medical resources available.
7. EMT training programs in operation prior to July 1, 2017 shall submit evidence to S-SV EMS of compliance with this section of the policy no later than June 30, 2018.

N. Required Testing:

Each component of an approved program shall include periodic and final competency-based examinations to test the knowledge/skills specified in this policy. Satisfactory performance in these written and skills examinations shall be demonstrated for successful completion of the course. Satisfactory performance shall be determined by pre-established standards developed and/or approved by S-SV EMS.

O. EMT Training Program Course Completion Record:

1. An approved EMT training program shall issue a tamper resistant course completion record to each person who has successfully completed the EMT course, refresher course, or challenge examination.
2. The course completion record shall contain the following:
 - The name of the individual.
 - The date of course completion.
 - The type of EMT course completed (initial, refresher, or challenge), and the number of hours completed.
 - The EMT approving authority (S-SV EMS).
 - The signature of the program director.
 - The name and location of the training program issuing the record.
 - The following statement in bold print: **“This is not an EMT certificate”**.
3. This course completion record is valid to apply for certification for a maximum of two (2) years from the course completion date and shall be recognized statewide.
4. The name and address of each person receiving a course completion record and the date of course completion shall be reported in writing to S-SV EMS within 15 working days of course completion.

P. EMT Training Program Course Completion Challenge Process:


1. An individual may obtain an EMT course completion record from an approved EMT training program by successfully passing by pre-established standards, developed

and/or approved by S-SV EMS, a course challenge examination if s/he meets one of the following eligibility requirements:

- The individual is currently licensed in the United States as a Physician, Registered Nurse, Physician Assistant, Vocational Nurse, or Licensed Practical Nurse.
 - The individual provides documented evidence of having successfully completed an emergency medical service training program of the Armed Forces of the United States within the preceding two (2) years that meets the U.S. DOT National EMS Education Standards (DOT HS 811 077A, January 2009). Upon review of documentation, S-SV EMS may also allow an individual to challenge if the individual was active in the last two (2) years in a prehospital emergency medical classification of the Armed Services of the United States, which does not have formal recertification requirements. These individuals may be required to take a refresher course or complete CE courses as a condition of certification.
2. The course challenge examination shall consist of a competency-based written and skills examination to test knowledge of the topics and skills prescribed in this policy and applicable regulations.
 3. An approved EMT training program shall offer an EMT challenge examination no less than once each time the EMT course is given (unless otherwise specified by S-SV EMS).
 4. An eligible individual shall be permitted to take the EMT course challenge examination only one (1) time.
 5. An individual who fails to achieve a passing score on the EMT course challenge examination shall successfully complete an EMT course to receive an EMT course completion record.

Sierra – Sacramento Valley EMS Agency Program Policy

AEMT Training Program Approval/Requirements

	Effective: 12/01/2012	Next Review: As Needed	1003
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish the Advanced Emergency Medical Technician (AEMT) training program approval process and ongoing requirements of an S-SV EMS approved AEMT training program.

AUTHORITY:

- A. California Health and Safety Code, Division 2.5, § 1797.107, 1797.171, and 1797.173.
- B. California Code of Regulations, Title 22, Division 9, Chapter 3.

POLICY:

- A. S-SV EMS has the primary responsibility for approving and monitoring the performance of AEMT Training Programs located within the S-SV EMS region, to ensure their compliance with state law, regulations, guidelines and local policy.
- B. AEMT training may be offered only by approved training programs. Eligibility for program approval shall be limited to the following institutions:
 - 1. Accredited universities and colleges including junior and community colleges, and private post-secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau for Private Postsecondary Education.
 - 2. Medical training units of a branch of the Armed Forces or Coast Guard of the United States.
 - 3. Agencies of government.
 - 4. Licensed general acute care hospitals which meet the following criteria:
 - Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Division 5; and,
 - Provide continuing education to other health care professionals.

C. AEMT Training Program Requirements:

1. AEMT Training Program Teaching Staff:

- Each program shall have an approved program medical director who shall be a physician currently licensed in the State of California, who has two (2) years academic or clinical experience in emergency medicine in the last five (5) years, and who is qualified by education or experience in methods of instruction. Duties of the program medical director shall include, but not be limited to:
 - Approval of all course content.
 - Approval of content of all written and skills examination.
 - Approval of provision for hospital clinical and field internship experiences.
 - Approval of principal instructor(s) qualifications.
 - Each program shall have an approved course director who shall be a Physician, Registered Nurse, Physician Assistant or Paramedic currently licensed in the State of California, or an individual who holds a baccalaureate degree or equivalent in a related health field or equivalent.
 - The course director shall have a minimum of one (1) year experience in an administrative or management level position and have a minimum two (2) years academic or clinical experience in prehospital care education within the last five (5) years.
 - The approved course director shall be qualified by education and experience in methods, materials, and evaluation of instruction which shall be documented by at least forty (40) hours in teaching methodology. The courses include, but are not limited to the following examples:
 - State Fire Marshal Instructor 1A and 1B,
 - National Fire Academy's Instructional Methodology,
 - Training programs that meet the United States Department of Transportation/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.
 - Duties of the course director shall include, but not be limited to:
 - Administration of the training program.
 - In coordination with the program medical director, approve the principal instructor, teaching assistants, field preceptors, clinical and internship assignments, and coordinate the development of curriculum.
 - Ensure training program compliance with Title 22 regulations, S-SV EMS Agency policies and other related laws.
 - Sign all course completion records.
 - Each program shall have a principal instructor(s) who may also be the program medical director or course director, who shall:
 - Be a Physician, Registered Nurse, or a Physician Assistant currently licensed in the State of California; or,
 - Be a Paramedic or an AEMT currently licensed or certified in California.
-

- Have two (2) years academic or clinical experience in emergency medicine within the last five (5) years.
- Be approved by the course director in coordination with the program medical director as qualified to teach those sections of the course to which he/she is assigned.
- Be responsible for areas including, but not limited to, curriculum development, course coordination, and instruction.
- Be qualified by education and experience in methods, materials, and evaluation of instruction, which shall be documented by at least forty (40) hours in teaching methodology. The courses include, but are not limited to the following examples:
 - State Fire Marshal Instructor 1A and 1B,
 - National Fire Academy's Instructional Methodology,
 - Training programs that meet the United States Department of Transportation/National Highway Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors such as the National Association of EMS Educators Course.
- Each program may have a teaching assistant'(s) who shall be an individual(s) qualified by training and experience to assist with the teaching of the course and shall be approved by the course director in coordination with the program medical director as qualified to assist in teaching the topics to which the assistant is to be assigned. A teaching assistant shall be directly supervised by a principal instructor, the course director, and/or the program medical director.
- Each program shall have a field preceptor(s) who shall:
 - Be a Physician, Registered Nurse, or Physician Assistant currently licensed in the State of California; or
 - Be a Paramedic or an AEMT currently licensed or certified in the State of California; and
 - Have two (2) years academic or clinical experience in emergency medicine within the last five (5) years.
 - Be approved by the course director in coordination with the program medical director to provide training and evaluation of an AEMT trainee during field internship with an authorized service provider.
 - Be under the supervision of a principal instructor, the course director and/or program medical director.
- Each program shall have a hospital clinical preceptor(s) who shall:
 - Be a Physician, Registered Nurse, or Physician Assistant who is currently licensed in the State of California.
 - Have two (2) years academic or clinical experience in emergency medicine within the last five (5) years.
 - Be approved by the course director in coordination with the program medical director to provide evaluation of an Advanced EMT trainee during the clinical training.

2. Didactic and Skills Laboratory:

- An approved AEMT training program shall insure that no more than six (6) trainees assigned to one (1) instructor/teaching assistant during the skills practice/laboratory sessions.

3. Hospital Clinical Training:

- An approved AEMT training program shall provide for and monitor a supervised clinical experience at a hospital(s) which is licensed as a general acute care hospital. The clinical setting may be expanded to include areas commensurate with the skills experience needed. Such settings may include surgicenters, clinics, jails or any other areas deemed appropriate by S-SV EMS.
- Training programs in nonhospital institutions shall enter into a written agreement(s) with a licensed general acute care hospital(s) which holds a permit to operate a Basic or Comprehensive Emergency Medical Service for the purpose of providing this supervised clinical experience as well as a clinical preceptor(s) to instruct and evaluate the student.
- AEMT clinical training hospital(s) shall provide clinical experience, supervised by a clinical preceptor(s) approved by the training program medical director. Hospitals providing clinical training and experience shall be approved by the program medical director, and shall provide for continuous assessment of student performance. No more than two (2) trainees will be assigned to one (1) preceptor during the supervised hospital clinical experience at any one time.
- The clinical preceptor may assign the trainee to another health professional for selected clinical experience. Clinical experience shall be monitored by the training program staff and shall include direct patient care responsibilities including the administration of additional drugs which are designed to result in the competencies specified in this policy. Clinical assignments shall include, but not be limited to: emergency, surgical, cardiac, obstetric, and pediatric patients.
- The AEMT training program shall establish criteria to be used by clinical preceptors to evaluate trainees. Verification of successful performance in the prehospital setting shall be required prior to course completion or certification.

4. Field Internship:

- An approved AEMT training program shall provide for and monitor a field internship with a designated AEMT or paramedic service provider(s) approved by the training program medical director.
- The AEMT training program shall enter into a written agreement with an AEMT or paramedic service provider(s) to provide for this field internship, as well as for a field preceptor(s) to directly supervise, instruct and evaluate students. The field internship shall include direct patient care responsibilities which, when

combined with the other parts of the training program, shall result in the AEMT competencies specified in this policy.

- The field internship shall be medically supervised and monitored in accordance with S-SV EMS policies.
- No more than one (1) AEMT trainee shall be assigned to an AEMT or paramedic response vehicle during the field internship.
- The AEMT training program shall establish evaluation criteria to be used by field preceptors to evaluate trainees.

D. Procedure for AEMT Training Program Approval:

1. Eligible organizations may submit a completed S-SV EMS AEMT Training Program application to S-SV EMS. A completed application shall consist of the following:
 - A statement verifying that the course content is equivalent to the U.S. Department of Transportation (DOT) National EMS Education Standards (DOT HS 811 077A, January 2009).
 - A course outline.
 - Performance objectives for each skill.
 - The name and qualifications of the training program course director, program medical director, and principal instructors.
 - Provisions for supervised hospital clinical training, including standardized forms for evaluating AEMT trainees.
 - Provisions for supervised field internship, including standardized forms for evaluating AEMT trainees.
 - The location at which the course(s) are to be offered and their proposed dates.
 - Provisions for course completion by challenge, including a challenge examination (if different from the final examination).
 - Samples of written and skills examinations used for periodic testing.
 - A final skills competency examination.
 - A final written examination.
 - Evidence that the program provides adequate facilities, equipment, examination security, student record keeping, clinical training and field internship training.
2. Program approval or disapproval shall be made in writing by S-SV EMS to the requesting training program within a reasonable period of time after receipt of all required documentation. This time period shall not exceed three (3) months.
 - S-SV EMS shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.
 - Program approval shall be for four (4) years following the effective date of program approval and may be renewed every four (4) years subject to the procedure for program approval specified in this policy.

3. Program approval or disapproval shall be made in writing by S-SV EMS to the requesting training program within a reasonable period of time after receipt of all required documentation. This time period shall not exceed three (3) months.

E. AEMT Training Program Review and Reporting:

1. All program materials specified in this policy shall be subject to periodic review by S-SV EMS representatives.
2. All programs shall be subject to periodic on-site evaluation by the S-SV EMS representatives.
3. Any person or agency conducting a training program shall notify S-SV EMS, in writing, in advance when possible, and in all cases within thirty (30) calendar days of any change in course content, hours of instruction, course director, program medical director, principal instructor(s), course locations and proposed dates, provisions for hospital clinical experience, or field internship.

F. Denial or Withdrawal of AEMT Training Program Approval:

1. Noncompliance with any criteria required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision, may result in denial, probation, suspension or revocation of program approval by S-SV EMS.
2. Notification of noncompliance and action to place on probation, suspend, or revoke shall be done as follows:
 - S-SV EMS shall notify the approved AEMT training program course director in writing, by certified mail, of the provisions of this policy with which the AEMT training program is not in compliance.
 - Within 15 working days of receipt of the notification of noncompliance, the approved AEMT training program shall submit in writing, to S-SV EMS, one of the following:
 - Evidence of compliance with the provisions of this policy, or
 - A plan for meeting compliance with the provisions of this policy within 60 calendar days from the day of receipt of the notification of noncompliance.
 - Within 15 working days of receipt of the response from the approved AEMT training program, or within 30 calendar days from the mailing date of the noncompliance notification if no response is received from the approved AEMT training program, S-SV EMS shall notify the Authority and the approved AEMT training program in writing, by certified mail, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, place on probation, suspend or revoke the AEMT training program approval.

- If S-SV EMS decides to suspend or revoke the AEMT training program approval or place the AEMT training program on probation the notification specified in this section shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting of the probation or suspension or the effective date of the revocation, which may not be less than 60 calendar days from the date of S-SV EMS's letter of decision to the Authority and the AEMT training program.

G. AEMT Student Eligibility:

To be eligible to enter an AEMT training program, an individual shall meet the following requirements:

1. Possess a high school diploma or general education equivalent; and
2. Possess a current EMT certificate in the State of California; and
3. Possess a current healthcare provider level CPR) card.

H. AEMT Training Program Required Course Hours:

1. The AEMT training program shall consist of not less than one-hundred and sixty (160) hours. These training hours shall be divided into:
 - A minimum of eighty (80) hours of didactic instruction and skills laboratory;
 - The hospital clinical training shall consist of no less than forty (40) hours and field internship shall consist of no less than forty (40) hours.
2. The trainee shall have a minimum of 15 ALS patient contacts during the field internship. An ALS patient contact shall be defined as the student performance, on a patient, of one or more of the skills listed in the S-SV EMS Advanced EMT Scope of Practice Policy (802).
 - Each ALS patient contact shall be documented in writing on a standard form and shall be signed by the training program medical director as verification of the fact that the ALS contact met the criteria set forth in this section.
3. The trainee shall demonstrate competency in all skills listed in the S-SV EMS Advanced EMT Scope of Practice Policy (802).
4. During the field internship, the student shall demonstrate competency as the team leader while on-scene delivering patient care at least five (5) times.
5. Competency and success in the skills listed in this section shall be evaluated and documented by the field preceptor.

6. The minimum hours shall not include the following:

- Course material designed to teach or test EMT knowledge/skills including CPR.
- Examination for student eligibility or AEMT certification.
- The teaching of any material not prescribed in this policy.

I. AEMT Training Program Required Course Content

The AEMT course content shall meet the objectives contained in the U.S. DOT National EMS Education Standards (DOT HS 811 077A, January 2009) to result in the AEMT being competent in the AEMT basic scope of practice listed in the S-SV EMS Advanced EMT Scope of Practice Policy (802).

J. AEMT Training Program Required Testing:


An approved AEMT training program shall include periodic examinations and final comprehensive competency-based examinations to test the knowledge and skills specified in this policy. Successful performance in the clinical and field setting shall be required prior to course completion.

K. AEMT Training Program Course Completion Record:

1. An approved AEMT training program shall issue a course completion record to each person who has successfully completed the AEMT training program. The course completion record shall contain the following:
 - The name of the individual.
 - The date of the course completion.
 - The type of course completed (AEMT) and the number of hours completed.
 - The following statement: "The individual named on this record has successfully completed an approved Advanced EMT course".
 - The name of the Training Program Approving Authority (S-SV EMS).
 - The signature of the course director.
 - The name and location of the training program issuing the record.
 - The following statement in bold print: "**THIS IS NOT AN ADVANCED EMT CERTIFICATE**".
 - The following statement: "This course completion record is valid to apply for certification for a maximum of two (2) years from the course completion date and shall be recognized statewide."
2. The name and address of each person receiving a course completion record and the date on which the record was issued shall be reported in writing to S-SV EMS within fifteen 15 days of course completion.

Sierra – Sacramento Valley EMS Agency Program Policy

EMR Training Program Approval/Requirements

	Effective: 06/01/2014	Next Review: As Needed	1004
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish the Emergency Medical Responder (EMR) training program approval process and ongoing requirements of an S-SV EMS approved EMR training program.

AUTHORITY:

- A. California Health and Safety Code, Division 2.5, § 1797.204, 1797.210, 1797.212.
- B. California Code of Regulations, Title 22, Division 9, Chapter 1.5.

POLICY:

- A. S-SV EMS has the primary responsibility for approving and monitoring EMR training programs located within the S-SV EMS region to ensure their compliance with state law, regulations, local policy, and national standards/guidelines.
- B. Eligible individuals/organizations (not including statewide public safety agencies) intending to conduct an EMR training course in the S-SV EMS region shall obtain S-SV EMS approval prior to beginning instruction.
- C. The following shall be met in order to be eligible for S-SV EMS EMR training program approval:
 - 1. Course content shall meet or exceed the EMR Training Standards and Instructional Guidelines established by the United States National Highway Traffic Safety Administration (NHTSA).
 - 2. Each training program shall have an approved Principle Instructor who meets the following minimum requirements:
 - Currently certified or licensed in California, at a minimum, as an EMT.
 - Have at least one (1) year of EMS experience, at a minimum, as an EMT.
 - Qualified by education and experience in methods, materials and evaluation of instruction, which shall be documented by at least 40 hours in teaching

methodology. Following, but not limited to, are examples of courses that meet the required instruction in teaching methodology:

- California State Fire Marshal (CSFM) "Fire Instructor 1A and 1B"; or
- National Fire Academy (NFA) "Fire Service Instructional Methodology" course; or
- A training program that meets the U.S. DOT/NHTSA 2002 Guidelines for Educating EMS Instructors, such as the EMS Educator Course of the National Association of EMS Educators.
- Individuals with equivalent experience may be provisionally approved for up to two (2) years by S-SV EMS pending completion of the above specified requirements. Individuals with equivalent experience who teach in geographic areas where training resources are limited and who do not meet the above principle instructor requirements may be approved upon review of experience and demonstration of capabilities.

3. In addition to the approved principle instructor, each training program may also utilize teaching assistants who meet the following minimum requirements:
 - Currently certified or licensed in California, at a minimum, as an EMR.
 - Have at least one (1) year of EMS experience, at a minimum, as an EMR.
 - Have any combination of knowledge, skills and experience in teaching the course subject matter.
4. S-SV EMS shall be notified, in writing, within thirty (30) calendar days of any change in name, address or telephone number of training program staff.
5. Classroom space, including any breakout skills rooms will be adequate in size and number for the amount of students being instructed.
6. The training program shall ensure there will be at least one (1) principle instructor or teaching assistant for each 10 students during skills practice/laboratory sessions.
7. Each principal instructor or teaching assistant shall have access to all training equipment.
8. The training program will utilize a final written and skills examination approved by S-SV EMS.
9. The training program will provide the following documents, approved by S-SV EMS, to candidates who successfully complete the EMR training course:
 - EMR Course Completion Certificate.
 - S-SV EMS EMR Certification application instructions.

10. The following course records shall be maintained for a minimum of four (4) years and be made available to inspection by S-SV EMS representatives upon request:

- Complete outlines for each course given, including a brief overview, instructional objectives, comprehensive topical outline, method of evaluation and a record of participant performance.
- Record of times, places, and dates each course is given.
- A roster of all students who participated in the EMR training course including information regarding whether the candidate passed or failed and any remediation that was provided.

11. Individual classes or activities shall be open for scheduled or unscheduled visits by S-SV EMS representatives.

D. Eligible individuals/organizations interested in obtaining program approval shall submit a completed EMR Training Program Provider Application to S-SV EMS. A completed initial/renewal application shall include the following:


1. A statement verifying that the program meets or exceeds the NHTSA Educational Standards and Instructional Guidelines which can be located at: <http://www.ems.gov/pdf/811077a.pdf> & <http://www.ems.gov/pdf/811077b.pdf>
2. Samples of written and skills examinations used for student testing, including the proposed final written and skills examination.
3. The name and qualifications (resume) of the proposed Principal Instructor and any proposed Teaching Assistants.
4. The location at which the courses are to be offered and their proposed dates.
5. A statement verifying that appropriate equipment and adequate classroom space is available for the classes to be taught.
6. The applicable initial or renewal program approval fee.

E. S-SV EMS shall notify the applicant within seven (7) working days of receiving the request that the request has been received and shall specify what information, if any, is missing.

F. S-SV EMS shall provide written notification of program approval or disapproval within 30 calendar days of receipt of the application.

G. Program approval shall be granted for a four (4) year period.

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- H. The training program shall submit an application for renewal to S-SV EMS at least 60 calendar days before the expiration date of their EMR training program approval in order to maintain continuous approval.
- I. All EMR training program requirements as specified in this policy shall be met and maintained for program renewal.
- J. EMR Training Program Provider Disapproval:
1. Noncompliance with any criteria required for EMR training program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of this policy may result in denial, probation, suspension, or revocation of EMR training program approval by S-SV EMS.
 2. Notification of noncompliance and action to place on probation, suspend, or revoke shall be carried out as follows:
 - S-SV EMS shall notify the approved EMR training program principal instructor in writing, by certified mail or in person, of the provision of this policy with which the EMR training program provider is not in compliance.
 - Within 15 days of receipt of the notification of noncompliance, the approved EMR training program shall submit in writing, by certified mail or in person, to S-SV EMS, one of the following:
 - Evidence of compliance with the provisions of this policy, or
 - A plan for meeting compliance with the provisions of this policy within 60 calendar days from the date of receipt of the notification of noncompliance.
 - Within 15 calendar days of receipt of the response from the EMR training program, or within 30 calendar days from the mailing date of the noncompliance notification if no response is received from the EMR training program, S-SV EMS shall notify the EMR training program in writing, by certified mail or in person, of the decision to accept the evidence of compliance, accept the plan for meeting compliance, or place on probation, suspend or revoke the EMR training program approval.
 - If S-SV EMS decides to place on probation, suspend or revoke EMR training program approval, the notification shall include the beginning and ending dates of the probation or suspension and the terms and conditions for lifting of the probation or suspension or the effective date of the revocation, which may not be less than 60 calendar days from the date of S-SV EMS's letter of decision to the EMR training program.
 - Nothing in this policy shall preclude the initial applicant, or previously approved EMR training program, from appealing, to the S-SV EMS JPA Board, a decision by S-SV EMS staff to deny approval or take action against an EMR training program.
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Sierra – Sacramento Valley EMS Agency Program Policy			
Paramedic Training Program Approval/Requirements			
	Effective: 04/01/2020	Next Review: As Needed	1005
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish the approval process and ongoing requirements for paramedic and/or Critical Care Paramedic (CCP) training programs located in the S-SV EMS region.

AUTHORITY:

- A. HSC, Division 2.5.
- B. CCR, Title 22, Division 9, Chapter 4.

POLICY:

- A. Any paramedic and/or CCP training program located in the S-SV EMS region, with the exception of those conducted by a qualified statewide public safety agency and that have received California EMS Authority approval, shall be approved by S-SV EMS.
- B. An approved paramedic training program shall obtain/maintain accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), in order to operate.
 - 1. An approved paramedic training program shall:
 - Receive a Letter of Review (LoR) from CoAEMSP prior to starting classes.
 - Submit their application, fee, and Initial Self-Study Report (ISSR) to CoAEMSP for accreditation within six (6) months of the first class' graduation.
 - Receive and maintain CAAHEP accreditation no later than two (2) years from the date of the ISSR submission to COAEMSP for accreditation.
 - Provide the following information, in writing, to all their training program applicants prior to the applicants' enrollment in the training program:
 - The date the paramedic training program must submit their CAAHEP Request for Accreditation Services (RAS) form and ISSR, or the date their application for accreditation renewal was sent to CoAEMSP.
 - The date by which the paramedic training program must be initially accredited, or the date its accreditation must be renewed by CAAHEP.

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2. Failure of the paramedic training program to maintain its LoR, submit its RAS form and ISSR to CoAEMSP, or obtain/maintain its CAAHEP accreditation as specified in this policy, shall result in withdrawal of program approval.
 3. Students graduating from a paramedic training program that fails to apply for, receive, or maintain CAAHEP accreditation as specified in this policy, are not eligible for state licensure as a paramedic.
 4. Paramedic training programs shall submit to S-SV EMS all documents submitted to, and received from, CoAEMSP and CAAHEP for obtaining/maintaining accreditation.
- C. Approved paramedic training programs shall participate in the S-SV EMS Emergency Medical Services Quality Improvement Program (EMSQIP).
- D. Eligibility for paramedic training program approval shall be limited to the following institutions:
1. Accredited universities, colleges, including junior and community colleges, and private post-secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau for Private Postsecondary Education.
 2. Medical training units of the United States Armed Forces or Coast Guard.
 3. Licensed general acute care hospitals which meet the following criteria:
 - Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of CCR, Title 22, Division 5; and
 - Provide continuing education (CE) to other health care professionals; and
 - Are accredited by a Centers for Medicare and Medicaid Services accreditation organization with deeming authority.
 4. Agencies of government.
- E. Paramedic and CCP Training Program Requirements:
1. Training Program Teaching Staff:
 - Each training program shall have a program medical director who is a physician currently licensed in the State of California, has experience in emergency medicine, and has education or experience in methods of instruction. Duties of the program medical director shall include the following:
 - Review and approve educational content of the program curriculum, including training objectives for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy.

- Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.
- Approval of hospital clinical and field internship experience provisions.
- Approval of the principal instructor.
- Each training program shall have a program director who is either a California licensed physician, a registered nurse who has a baccalaureate degree, or a paramedic who has a baccalaureate degree, or an individual who holds a baccalaureate degree in a related health field or in education. The program director shall be qualified by education and experience in methods, materials, and evaluation of instruction, and shall have a minimum of one (1) year experience in an administrative or management level position, and have a minimum of three (3) years academic or clinical experience in prehospital care education. Duties of the program director shall include the following:
 - Administration, organization and supervision of the educational program.
 - In coordination with the program medical director, approve the principal instructor, teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and approve all methods of evaluation.
 - Ensure training program compliance with applicable laws/regulations.
 - Sign all course completion records.
 - Ensure field and hospital clinical preceptors are trained according to the curriculum specified in this policy.
- Each paramedic training program shall have a principal instructor, who is responsible for areas including, but not limited to, curriculum development, course coordination and instruction, and who shall meet the following criteria:
 - Be a physician, registered nurse, physician assistant, or paramedic, currently licensed in the State of California.
 - Be knowledgeable in the course content of the January 2009 United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education Standards (DOT HS 811 077E).
 - Have six years (6) of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree.
 - Be qualified by education and experience with at least at least 40 hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.
 - The principal instructor may also be the program medical director or program director.
- Each CCP training program shall have a principal instructor who is either licensed in California as a physician with knowledge in the subject matter, a registered nurse knowledgeable in the subject matter, or a paramedic with current CCP certification or a flight paramedic (FP) certification from the International Board of Specialty Certification (IBSC) Board for Critical Care Transport Paramedic Certification (BCCTPC).

- Instructors of tactical casualty care (TCC) topics shall be qualified by education and experience in TCC methods, materials and evaluation of instruction.
- Each training program may have teaching assistants who have training and experience to assist with teaching the course. The teaching assistants shall be supervised by the principal instructor, the program director and/or the program medical director.
- Each training program may have a clinical coordinator who is either a physician, registered nurse, physician assistant, or a paramedic currently licensed in California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care. Duties of the program clinical coordinator shall include, but not be limited to, the following:
 - The coordination and scheduling of students with qualified clinical preceptors in approved clinical settings as specified in this policy.
 - Ensuring adequate clinical resources exist for student exposure to the minimum number and type of patient contacts established by the program as required for continued CAAHEP accreditation.
 - The tracking of student internship evaluation and terminal competency documents.
- Each paramedic training program shall have an adequate number of field preceptors who meet the following criteria:
 - Be licensed as a paramedic.
 - Be working in the field as a licensed paramedic for the last two (2) years.
 - Be under the supervision of the principal instructor, the program director and/or the program medical director.
 - Have completed a field preceptor training program approved by S-SV EMS, in accordance with current CAAHEP Standards and Guidelines. Training shall include curriculum that will result in preceptor competency in the evaluation of paramedic students during the internship phase of the training program and the completion of the following:
 - Conduct a daily field evaluation of students.
 - Conduct cumulative and final field evaluations of all students.
 - Rate students for evaluation using written field criteria.
 - Identify ALS contacts and requirements for graduation.
 - Identify the importance of documenting student performance.
 - Review the field preceptor requirements contained in this policy.
 - Assess student behaviors using cognitive, psychomotor, and affective domains.
 - Create a positive and supportive learning environment.
 - Measure students against the standards of entry level paramedics.
 - Identify appropriate student progress.
 - Counsel the student who is not progressing.
 - Identify training program support services available to the student and the preceptor.
 - Provide guidance and procedures to address student injuries or exposure to illness, communicable disease or hazardous material.

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- Each training program shall have an adequate number of hospital clinical preceptors who meet the following criteria:
 - Be a physician, registered nurse or physician assistant currently licensed in the State of California.
 - Have worked in emergency medical care services or areas of medical specialization for the last two (2) years.
 - Be under the supervision of the principal instructor, the program director, and/or the program medical director.
 - Receive training in the evaluation of paramedic students in clinical settings. Instructional tools may include, but need not be limited to, educational brochures, orientation, training programs, or training videos. Training shall include the following components of instruction:
 - Evaluate a student's ability to safely administer medications and perform assessments.
 - Document a student's performance.
 - Review clinical preceptor requirements contained in this policy.
 - Assess student behaviors using cognitive, psychomotor, and affective domains.
 - Create a positive and supportive learning environment.
 - Identify appropriate student progress.
 - Counsel the student who is not progressing.
 - Provide guidance and procedures for addressing student injuries or exposure to illness, communicable disease or hazardous material.
2. Didactic and Skills Laboratory:
- A paramedic training program and/or CCP training program shall assure that no more than six (6) students are assigned to one instructor/teaching assistant during skills practice/laboratory.
3. Hospital Clinical Education and Training for Paramedic:
- A paramedic training program shall provide for and monitor a supervised clinical experience at a hospital, licensed as a general acute care hospital and holds a permit to operate a basic or comprehensive emergency medical service. The clinical setting may be expanded to include areas commensurate with the skills experience needed. Such settings may include surgicenters, clinics, jails or any other areas deemed appropriate by S-SV EMS. The maximum number of hours in the expanded clinical setting shall not exceed 40 hours of the total clinical hours specified in this policy.
 - Hospital clinical training, for an approved CCP training program, shall consist of no less than 94 hours in the following areas:
 - Labor & Delivery (8 hours).
 - Neonatal Intensive Care (16 hours).
 - Pediatric Intensive Care (16 hours).

- Adult Cardiac Care (16 hours).
 - Adult Intensive Care (24 hours).
 - Adult Respiratory Care (6 hours).
 - Emergency/Trauma Care (8 hours).
 - An approved paramedic and/or CCP training program shall not enroll any more students than they can commit to providing a clinical internship to begin no later than 30 days after a student's completion of the didactic and skills instruction portion of the program. The training program director and a student may mutually agree to a later date for the clinical internship to begin in the event of special circumstances. This agreement shall be in writing.
 - Paramedic and/or CCP training programs in nonhospital institutions shall enter into written agreements with licensed general acute care hospitals that hold a permit to operate a basic or comprehensive emergency medical service for the purpose of providing supervised clinical experience.
 - Paramedic clinical training hospitals and other expanded settings shall provide clinical experience, supervised by a clinical preceptor. The clinical preceptor may assign the student to another health professional for selected clinical experience. No more than two (2) students shall be assigned to one (1) preceptor or health professional during the supervised clinical experience. The clinical experience shall be monitored by the training program staff and shall include direct patient care responsibilities, which may include the administration of any additional medications, approved by the S-SV EMS Medical Director, to result in competency. Clinical assignments shall include, but are not to be limited to, emergency, cardiac, surgical, obstetric, and pediatric patients.
4. Field Internship Education and Training for Paramedic:
- A field internship shall provide emergency medical care training and experience to paramedic students under continuous supervision, instruction, and evaluation by an authorized preceptor, and shall promote student competency in medical procedures, techniques, and administration of medications as specified in CCR, Title 22, Division 9, Chapter 4, § 100146 in the prehospital emergency setting within an organized EMS system.
 - An approved paramedic training program shall enter into written agreements with paramedic service providers to provide field internship services to students as specified in this policy.
 - The medical director of the LEMSAs where the internship is located shall have medical control over the paramedic intern.
 - The assignment of a student to a field preceptor shall be a collaborative effort between the training program and the provider agency.
 - The assignment of a student to a field preceptor shall be limited to duties associated with the student's training or the student training program.

- If the paramedic service provider is located outside the S-SV EMS region, the paramedic training program shall do the following:
 - Ensure the student receives an orientation in collaboration with the LEMSA where the field internship will occur. The orientation shall include that LEMSA's local policies, procedures, and treatment protocols.
 - Report to the LEMSA where the field internship will occur, the name of the paramedic intern, the name of the field internship provider, and the name of the preceptor.
 - Ensure the field preceptor has the required experience and training specified in this policy.
- The paramedic training program shall enroll only the number of students it is able to place in field internships within 90 days of completion of their hospital clinical education and training phase of the training program. The training program director and student may agree to start the field internship at a later date in the event of special circumstances. This agreement shall be in writing.
- The internship, regardless of the location, shall be monitored by the training program staff, in collaboration with the assigned field preceptor.
- Training program staff shall, upon receiving input from the assigned field preceptor, document the progress of the student. Documentation shall include the identification of student deficiencies and strengths and any training program obstacles encountered by, or with the student.
- Training program staff shall provide documentation reflecting student progress to the student at least twice during the student's internship.
- No more than one (1) trainee, of any level, shall be assigned to a response vehicle at any one time during the paramedic student's field internship.

5. Training Program Required Course Content:

- The paramedic course content shall meet the objectives contained in the January 2009 U.S. DOT National EMS Education Standards (DOT HS 811 077E – available at: <http://www.nhtsa.gov/>), and be consistent with the paramedic basic scope of practice specified in CCR, Title 22, Division 9, Chapter 4, § 100146(a). In addition, the course content shall include a minimum of four (4) hours of tactical casualty care (TCC) principals as specified in CCR, Title 22, Division 9, Chapter 4, § 100155(b).
- The content of the CCP course shall include all items specified in CCR, Title 22, Division 9, Chapter 4, § 100155(c).

6. Training Program Required Course Hours:

- The total paramedic training program shall consist of not less than 1094 hours. These training hours shall be divided into:
 - A minimum 454 hours of didactic instruction and skills laboratories that shall include not less than four (4) hours of training in tactical casualty care.

- The hospital clinical training shall consist of no less than 160 hours.
- The field internship shall consist of no less than 480 hours.
 - The student shall have a minimum of 40 documented ALS patient contacts during the field internship. An ALS patient contact shall be defined as the student performance of one or more ALS skills, except cardiac monitoring and CPR, on a patient.
 - For at least half of the ALS patient contacts, the paramedic student shall be required to provide the full continuum of care of the patient, beginning with the initial contact with the patient upon arrival at the scene through transfer of care to hospital personnel.
 - The student shall have a minimum of 20 documented experiences performing the role of team lead during the field internship. A team lead shall be defined as a student who, with minimal to no prompting by the preceptor, successfully takes charge of EMS operations in the field including, at least, the following:
 - Lead coordination of field personnel,
 - Formulation of field impression,
 - Comprehensively assessing patient conditions and acuity,
 - Directing and implementing patient treatment,
 - Determining patient disposition, and
 - Leading the packaging and movement of the patient.
 - When available, up to 10 of the required ALS patient contacts may be satisfied through the use of high-fidelity adult simulation patient contacts.
 - Students shall document patient contacts utilizing an EHR system under supervision of the preceptor.
- The minimum hours shall not include the following:
 - Course material designed to teach or test exclusively EMT knowledge or skills including CPR.
 - Examination for student eligibility.
 - The teaching of any material not prescribed in CCR, Title 22, Division 9, Chapter 4, § 100155.
 - Examination for paramedic licensure.
- The total CCP training program shall consist of not less than 202 hours. These training hours shall be divided into:
 - A minimum of 108 hours of didactic and skills laboratories.
 - No less than 94 hours of hospital clinical training as specified in this policy.

7. Training Program Required Testing:

- Approved paramedic and CCP training programs shall include a minimum of two (2) formative examinations and one (1) final comprehensive competency-based examinations to test the knowledge and skills specified in this policy.
- Documentation of successful student clinical and field internship performance shall be required prior to course completion.

8. Paramedic Training Program Course Completion Record:

- A tamper resistant course completion record shall be issued to each student who has successfully completed the paramedic and/or CCP training program. The course completion record shall be issued no later than 10 working days from the date of the student successfully completes the paramedic and/or CCP training program. The course completion record shall contain the following:
 - The name of the individual.
 - The date of completion.
 - The following statement:
 - "The individual named on this record has successfully completed an approved paramedic training program", or
 - "The individual named on this record has successfully completed an approved Critical Care Paramedic training program.
 - The name of the paramedic and/or CCP training program approving authority.
 - The signature of the program director.
 - The name and location of the training program issuing the record.
 - The following statement in bold print: "This is not a paramedic license."
 - For paramedic training, a list of the approved local optional scope of practice procedures and/or medications taught in the course.
 - For CCP training, a list of the approved procedures and medications taught in the course.

F. Procedure for Paramedic Training Program Approval:

1. Eligible training institutions shall submit a completed Paramedic Training Application to S-SV EMS.
2. S-SV EMS shall receive and review the following documentation prior to program approval:
 - An attestation statement verifying that the course content meets the requirements as specified in this policy.
 - An outline of course objectives.
 - Performance objectives for each skill.
 - The names and qualifications of the training program director, program medical director, and principal instructor.
 - Provisions for supervised hospital clinical training, including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.
 - Provisions for supervised field internship, including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.
 - The location at which the courses are to be offered and their proposed dates.

- Written agreements between the paramedic training program and hospitals and other clinical settings, if applicable, for student placement for clinical education and training.
 - Written contracts or agreements between the paramedic training program and EMS provider agencies for student placement for field internship training.
 - A copy of a CoAEMSP LoR issued to the training institution applying for approval, or documentation of current CAAHEP accreditation.
 - Samples of written and skills examinations administered by the training program for periodic testing.
 - Samples of a final written examination(s) administered by the training program.
 - Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.
3. S-SV EMS shall submit to the California EMS Authority an outline of program objectives and eligibility on each training program being proposed for approval in order to allow the California EMS Authority to make the determination required by HSC § 1797.173. Upon request by the California EMS Authority, any or all materials submitted by the training program shall be submitted to the California EMS Authority.
 4. Paramedic training programs will be approved by meeting all requirements specified in this policy. Notification of program approval or deficiencies with the application shall be made in writing by S-SV EMS to the requesting training program in a time period not to exceed ninety (90) days.
 5. S-SV EMS shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements. Paramedic training program approval shall be valid for four (4) years, ending on the last day of the month in which it was issued, and may be renewed every four (4) years subject to the procedure for program approval specified in this policy.

G. Paramedic Training Program Review and Reporting:

1. All program materials shall be subject to periodic review by S-SV EMS, and shall also be made available for review upon request by the EMS Authority.
2. All programs shall be subject to on-site evaluation by S-SV EMS and may also be evaluated by the EMS Authority.
3. Any entity conducting a training program shall provide written notification of changes to S-SV EMS of course objectives, hours of instruction, program director, program medical director, principal instructor, provisions for hospital clinical experience, or field internship. Written notification shall be provided in advance, when possible, and no later than thirty (30) days after a change(s) has been identified.

H. Denial or Withdrawal of Paramedic Training Program Approval:

1. Failure to comply with any criteria required for training program approval, may result in denial, probation, suspension or revocation of training program approval.
2. The requirements for training program noncompliance notification and actions are as follows:
 - S-SV EMS shall provide written notification of noncompliance to the paramedic training program provider found in violation. The notification shall be in writing and sent by certified mail to the paramedic training program director.
 - Within 15 days from receipt of the noncompliance notification, the training program shall submit in writing, by certified mail, to S-SV EMS one (1) of the following:
 - Evidence of compliance with the criteria for training program approval, or
 - A plan to comply with the criteria for training program approval within 60 days from the day of receipt of the notification of noncompliance.
 - Within 15 days from receipt of the training program's response, or within 30 days from the mailing date of the noncompliance notification, if no response is received from the training program, S-SV EMS shall issue a decision letter by certified mail to the California EMS Authority and the training program. The letter shall identify S-SV EMS's decision to take one or more of the following actions:
 - Accept the evidence of compliance provided.
 - Accept the plan for meeting compliance provided.
 - Place the training program on probation.
 - Suspend or revoke the training program approval.
 - The decision letter shall also include, but need not be limited to, the following information:
 - Date of S-SV EMS's decision.
 - Specific provisions found noncompliant by S-SV EMS, if applicable.
 - The probation or suspension effective and ending date, if applicable.
 - The terms and conditions of the probation or suspension, if applicable.
 - The revocation effective date, if applicable.
 - S-SV EMS shall establish the probation, suspension, or revocation effective dates no sooner than 60 days after the date of the decision letter as described in this section.

2024 S-SV EMS PLAN
TABLE 11
DISPATCH AGENCIES

TABLE 11: DISPATCH AGENCY

County: Butte	Year: 2024	Table 11 Page #: 1 of 13
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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: 2024	Table 11 Page #: 2 of 13
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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	

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: 2024	Table 11 Page #: 3 of 13
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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: 2024	Table 11 Page #: 4 of 13
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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: 2024	Table 11 Page #: 5 of 13
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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: Dave Bookout
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: Nevada County Regional Dispatch	
Address: 950 Maidu Ave, Suite 280, Nevada City, CA 95959	
Telephone Number: (530) 265-1471	Primary Contact: Tamara Holdcraft
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 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: Placer	Year: 2024	Table 11 Page #: 6 of 13
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Dispatch Center Name: American Medical Response Sacramento Dispatch	
Address: 1041 Fee Drive, Sacramento, CA 95815	
Telephone Number: (800) 913-9112	Primary Contact: Gabe Cruz
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: Dave Bookout
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: 2024	Table 11 Page #: 7 of 13
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Dispatch Center Name: Placer County Sheriff's Office Dispatch	
Address: 2929 Richardson Drive, Auburn, CA 95603	
Telephone Number: (530) 889-7800	Primary Contact: Michael Cucuas
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: 2024	Table 11 Page #: 8 of 13
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Dispatch Center Name: CAL FIRE Redding Emergency Command Center (ECC)	
Address: 875 Cypress Avenue, Redding, CA 96001	
Telephone Number: (530) 225-2418	Primary Contact: Brandon Lanning
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: 2024	Table 11 Page #: 9 of 13
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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	

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: 2024	Table 11 Page #: 10 of 13
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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: 2024	Table 11 Page #: 11 of 13
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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: 2024	Table 11 Page #: 12 of 13
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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	
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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: Dave Bookout
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: Misty Widener
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: 2024	Table 11 Page #: 13 of 13
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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
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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	

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	



2024 STEMI Critical Care System Plan Update

Sierra-Sacramento Valley
EMS Agency

Updated: January 2025

S-SV EMS Agency Background

The Sierra-Sacramento Valley Emergency Medical Services Agency (S-SV EMS) was founded in 1975 and is a regional multi-county Joint Powers Agency that serves as the local EMS Agency for the counties of Placer, Nevada, Sutter, Glenn, Yuba, Colusa, Butte, Shasta, Siskiyou, and Tehama. S-SV EMS has been delegated planning, development and implementation authority for all EMS components including regional STEMI system planning. The S-SV EMS region covers approximately 21,000 square miles and has an approximate population of 1.3 million residents.

The service area is diverse, and includes both remote rural areas, and large population centers. Within the S-SV EMS region, EMS services are provided by both public and private providers. Hospitals providing STEMI services within the S-SV EMS region are well distributed into both rural and urban areas, and well serve the needs of STEMI patients. The S-SV EMS region is currently served by the following EMS system resources:

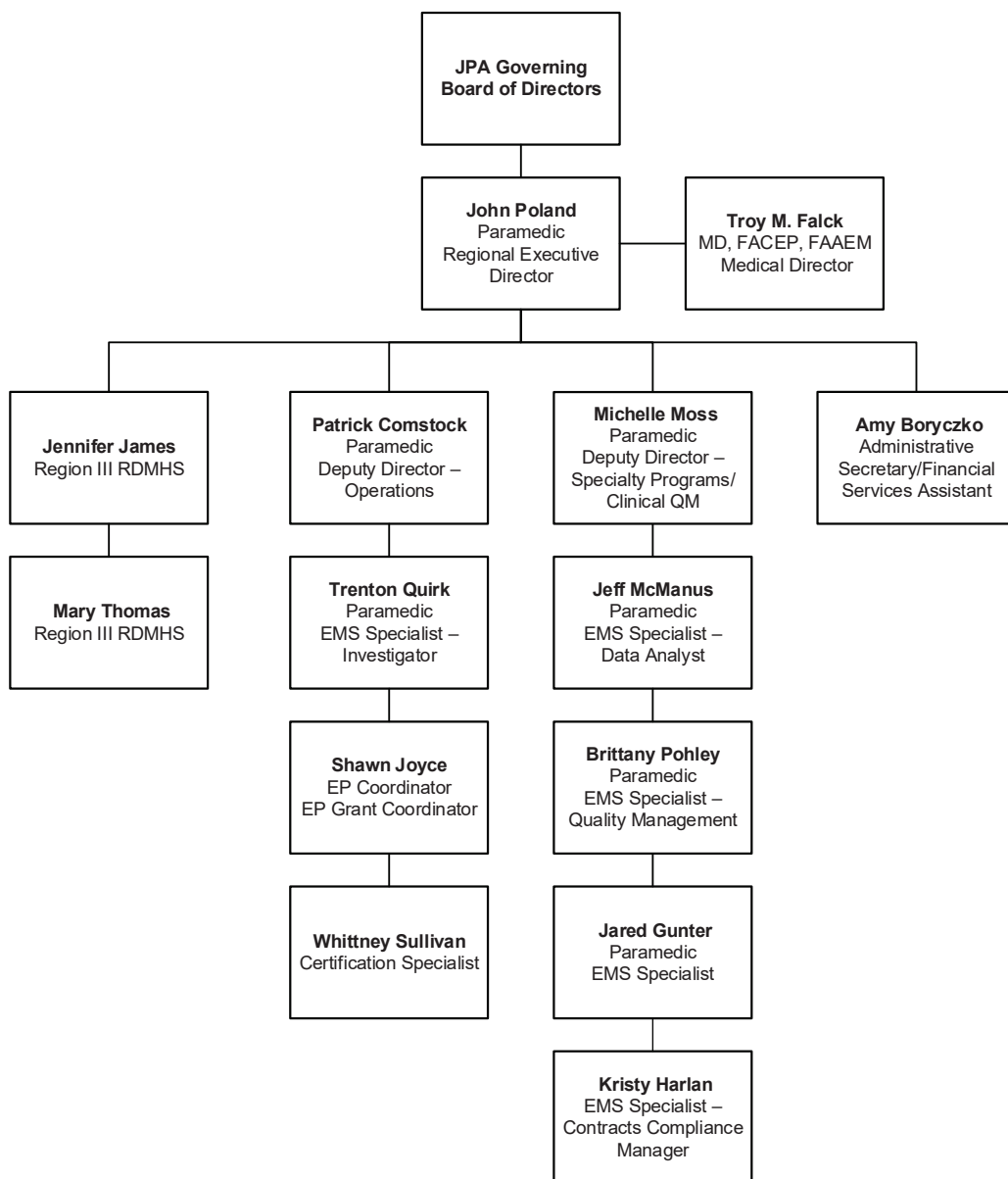
- 96 BLS first responder agencies
- 9 ALS first responder agencies
- 30 BLS/ALS ground ambulance providers
- 8 EMS aircraft providers (6 air ambulance and 2 ALS rescue aircraft providers)
- 17 acute care hospitals, 6 of which are S-SV EMS designated STEMI Receiving Centers

The S-SV EMS STEMI system is continually reviewed/evaluated for quality performance through the following S-SV EMS committees:

- S-SV EMS Regional STEMI Quality Improvement Committee
- S-SV EMS Regional EMS Aircraft Committee
- S-SV EMS Regional Emergency Medical Advisory Committee

S-SV EMS Agency Personnel and Organizational Chart

Michelle Moss, Deputy Director – Specialty Programs/Clinical Quality Management, is primarily responsible for managing/monitoring the S-SV EMS STEMI System. Troy Falck, MD, Medical Director, and John Poland, Regional Executive Director, assist in providing clinical and administrative oversight of the S-SV EMS STEMI System and Jeff McManus, EMS Specialist - Data Analyst and other S-SV EMS staff assist with various S-SV EMS STEMI System related duties as necessary/appropriate. In addition, George Fehrenbacher, MD, Sutter Roseville Medical Center Interventional Cardiologist serves as the S-SV EMS STEMI QI Committee Chairperson,



S-SV EMS STEMI System Changes

There were no significant changes to the S-SV EMS STEMI system in 2024.

Number and Designation of Designated STEMI Receiving Centers

As of January 2025, there are 6 designated STEMI Receiving Centers within the S-SV EMS region. As an agency, we have worked diligently to assist these centers with obtaining and reporting quality data. We have developed an internal assessment tool for ongoing performance evaluation and quality improvement of our STEMI system. The following facilities are currently designated as STEMI Receiving Centers (SRCs) by the S-SV EMS Agency:

Facility	Location	SRC Contract Expiration
Adventist Health +Rideout	Marysville, CA	12/31/2027
Enloe Medical Center	Chico, CA	12/31/2027
Kaiser Roseville Medical Center	Roseville, CA	12/31/2027
Mercy Medical Center Redding	Redding, CA	12/31/2027
Shasta Regional Medical Center	Redding, CA	12/31/2027
Sutter Roseville Medical Center	Roseville, CA	12/31/2027

S-SV EMS STEMI System Data Collection

S-SV EMS has been collecting comprehensive STEMI patient data from the regional SRCs since 2010. S-SV EMS has been utilizing the AHA GWTG-CAD registry for SRC reporting since January 2020. All S-SV EMS designated SRCs are users within the system and S-SV EMS accesses the data as a super-user.

S-SV EMS STEMI System Public Education

All S-SV EMS designated SRCs are required to provide public education about STEMI warning signs and the importance of early utilization of the 911 system. This public education information is reported by the SRCs to S-SV EMS on an annual basis. In addition, multiple EMS prehospital agencies provide EMS public education in various settings on an ongoing basis (health fairs and other similar events). This public education information is reported by

EMS prehospital provider agencies to S-SV EMS as part of their annual EMSQIP reports/updates.

S-SV EMS STEMI System Quality Improvement

The S-SV EMS Regional STEMI QI Committee meets twice per year. A comprehensive review of STEMI patient data and case reviews are discussed during these meetings, as well as reviews of S-SV EMS policies and protocols which direct care and management of STEMI patients in the S-SV EMS region. The S-SV EMS region 2024 SRC reporting metrics are included on the following page.

S-SV EMS STEMI System Policies/Protocols

The following S-SV EMS policies/protocols are currently utilized to direct the prehospital care and management of STEMI patients in the S-SV EMS Region:

- Chest Discomfort/Suspected Acute Coronary Syndrome (ACS) (C-6)
- 12-Lead EKG Procedure (PR-1)
- STEMI Receiving Center Designation Criteria, Requirements & Responsibilities (506)
- Rapid Re-Triage & Interfacility Transport of STEMI, Stroke & Trauma Patients (510)

Copies of these current policies/protocols are included on the following pages.

S-SV EMS STEMI System 2024 SRC Reporting Metrics

SRC		
#	Measure	Population
1	STEMI Patient volume by SRC (EMS, WI, IFT)	All patients with a cardiac diagnosis of: Confirmed AMI - STEMI
2	Average ED time (EMS/WI)	All patients with a cardiac diagnosis of : Confirmed AMI-STEMI.
3	Average FMC to PCI (EMS/WI)	All patients with a cardiac diagnosis of: Confirmed AMI - STEMI, AND STEMI or STEMI Equivalent on First ECG, AND no EMS transports >45 minutes, AND PCI was performed, AND no lytics prior to PCI, AND no Non-System reasons for delay
4	Average Time from EMS Pre-Alert to Cath Lab Activation	All patients who are transported directly to the SRC by EMS, AND have STEMI or STEMI on EMS EKG.
5	% EMS First Medical Contact to PCI <= 90 minutes or <= 120 minutes if transport is > 45 minutes	All patients for whom PCI is the primary reperfusion strategy AND who have STEMI or STEMI equivalent first noted on first ECG, AND who arrive at the SRC via ambulance, AND essential calculation data not missing, AND time from FMC to first device activation is not > 12 hours. EXCLUDES TRANSFERS AND PATIENTS RECEIVING LYTICS.
EMS		
#	Measure	Population
1	Median FMC to 12 lead, by provider	All patients who are transported from scene to SRC by EMS, AND 1st 12 Lead is performed prior to arrival at SRC. EXCLUDES TRANSFERS
2	Median time from FMC to destination alert for STEMI patients	All patients who are transported from scene to SRC by EMS, AND 1st 12 Lead is performed prior to arrival at SRC, AND prehospital EKG indicates STEMI or STEMI equivalent. EXCLUDES TRANSFERS
3	Median Scene time, by provider	
4	Over-Under triage, by provider	All patients with a STEMI indicated on PCR by way of Primary/Secondary Impression, STEMI alert or STEMI on ECG prior to hospital arrival. EXCLUDES TRANSFERS.
IFT		
#	Measure	Population
1	Transfer patient volume	All AHA-GWTG patients who were transferred from a SRH.
2	Average door to 12 lead, by SRH	
3	# Receiving thrombolytics at SRH	All AHA-GWTG patients who were transferred from a SRH and received thrombolytics.
4	Average time to thrombolytics, by SRH	
5	Average SRH arrive to transfer time, by SRH	All AHA-GWTG patients who were transferred from a SRH.
6	Average SRH arrive to PCI	All AHA-GWTG patients who received primary PCI.



Chest Discomfort/Suspected Acute Coronary Syndrome (ACS)

Approval: Troy M. Falck, MD – Medical Director

Effective: 06/01/2024

Approval: John Poland – Executive Director

Next Review: 01/2027

- Common symptoms associated with ACS include, but are not limited to:
 - Dyspnea/SOB
 - Palpitations
 - Diaphoresis
 - Nausea/vomiting
 - Lightheadedness/near-syncope/syncope
 - Upper abdominal pain or heartburn unrelated to meals
 - Discomfort in the throat or abdomen may occur in pts with diabetes, women & elderly pts
- Fleeting or sharp chest pain that increases with inspiration & lying supine is unlikely to be ACS related.
- Pt assessment, treatment & transport destination determination should occur concurrently.

BLS

- Assess V/S, including SpO₂
- O₂ at appropriate rate if hypoxemic (SpO₂ <94%), short of breath, or signs of heart failure or shock
- P-Q-R-S-T

Aspirin

- 160 - 325 mg chewable PO (anticoagulant use is not a contraindication to administration)

ALS

- Cardiac monitor
- 12-lead EKG as soon as possible (prior to nitroglycerin administration)
 - Criteria for ST Elevation Myocardial Infarction (STEMI):
 1. Machine readout: 'Meets ST Elevation MI Criteria', 'Acute MI', 'STEMI' (or equivalent)
 2. ST elevation in 2 or more contiguous leads
 - For pts with suspected ACS, serial 12-lead EKGs should be obtained if the pt's clinical status changes or if EKG changes are noted on the monitor, and every 15 mins if transport times are long

- IV/IO at appropriate time during treatment
 - Administer 250 mL NS fluid boluses to maintain SBP >90
 - Do not administer fluid if signs of heart failure

If discomfort persists following initial 12-lead acquisition:

Nitroglycerin

- 0.4 mg SL (tablet or spray), repeat every 5 mins if discomfort persists
- Do not administer if SBP <100,
- Use with caution for pts with suspected inferior MI (establish vascular access prior to administration)
- Consult with base/modified base hospital prior to administration if pt takes erectile dysfunction or pulmonary hypertension medication

SEE PAGE 2 FOR ADDITIONAL ALS TREATMENT & PT DESTINATION



Chest Discomfort/Suspected Acute Coronary Syndrome (ACS)

ADDITIONAL ALS TREATMENT & PT DESTINATION

If discomfort persists following one or more EMS administered nitroglycerine doses:

Fentanyl

- 25 mcg slow IV/IO
- May repeat every 5 mins if discomfort persists (maximum cumulative dose: 200 mcg)

ⓘ Do not administer fentanyl to pts with any of the following contraindications:

- Systolic BP <100
- Hypoxia or RR <12
- ALOC or evidence of head injury

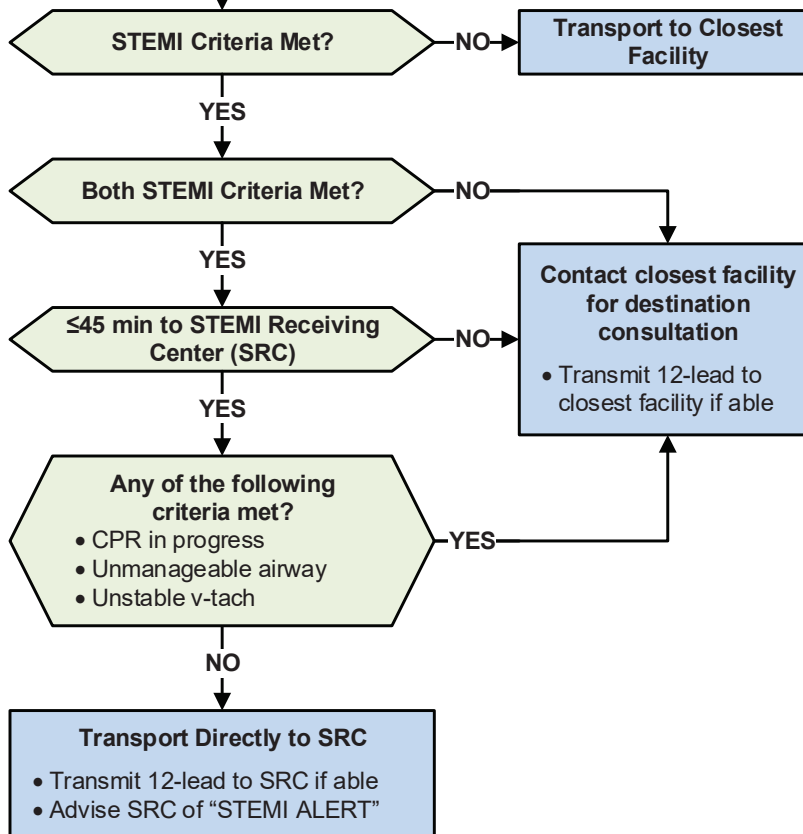
For current or potential nausea/vomiting:

Zofran (Ondansetron)

- 4 - 8 mg slow IV/IO, IM or ODT
- May be administered concurrently with fentanyl to reduce potential nausea/vomiting

STEMI Pt Notes

- When possible, any 12-lead meeting STEMI criteria shall be transmitted within 10 mins of first STEMI positive 12-lead.
- Scene time for STEMI pts should be ≤10 mins.
- When possible, obtain & relay to the receiving hospital the name/contact information of an individual who can make decisions on behalf of the pt.
- Always relay pertinent medical directives (DNR, POLST, etc.) to the receiving hospital.





12-Lead EKG

Approval: Troy M. Falck, MD – Medical Director

Effective: 12/01/2024

Approval: John Poland – Executive Director

Next Review: 07/2027

INDICATIONS

12-lead EKG procedures shall be performed on pts who present with one or more of the following:

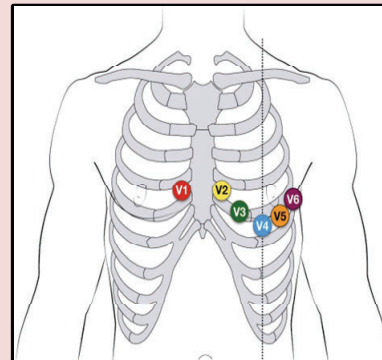
- Sign/symptoms suggestive of acute coronary syndrome (ACS) such as:
 - Non-traumatic chest or upper abdominal discomfort
 - Syncope/near-syncope
 - Acute generalized weakness
 - Dyspnea
- Cardiac dysrhythmias on 4-lead EKG
- ROSC following cardiac arrest

PRE-PROCEDURE

- Assess vital signs including SpO₂
- Administer O₂ as indicated by clinical condition


PROCEDURE

- Prepare EKG monitor and connect 12-lead cables
- Utilize packaged electrodes designed for single pt use (not bulk)
- Prep skin as necessary (e.g. wiping with 4x4 gauze, shaving)
- Enter, at a minimum, pt's age, gender, and last name/first initial into the cardiac monitor
- Apply chest leads using the landmarks indicated on the diagram
- While acquiring the 12-lead EKG:
 - Position pt away from 60hz RF noise (light switches, smartphones, LED lights, etc.)
 - Position pt supine, or semi-fowler with their arms at their side and legs uncrossed
 - Instruct pt to breath normally and remain still
 - Don't converse with or touch pt during acquisition
- Interpret the EKG findings
- If isoelectric line has significant artifact or machine reads "poor data quality" (or equivalent), attempt to reacquire a clean 12-lead EKG if pt condition allows



POST-PROCEDURE

- 12-lead EKG's meeting STEMI criteria shall be transmitted to the appropriate facility (closest hospital or STEMI Receiving Center depending on incident specific circumstances) as soon as possible if transmission capabilities are available
- For pts with suspected ACS, serial 12-lead EKGs should be obtained if the pt's clinical status changes or if EKG changes are noted on the cardiac monitor, and every 15 minutes if transport times are long
- Copies of 12-lead EKGs shall be provided to the receiving hospital physician upon EMS arrival, left at the receiving hospital at time of pt delivery, and attached to the EMS pt care report (PCR)

Sierra – Sacramento Valley EMS Agency Program Policy			
STEMI Receiving Center Designation Criteria, Requirements & Responsibilities			
	Effective: 06/01/2022	Next Review: 01/2025	506
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish STEMI receiving center (SRC) designation criteria, requirements and responsibilities.

AUTHORITY:

- A. California Health and Safety Code, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170 and 1798.172.
- B. California Code of Regulations, Title 13, § 1105 (c).
- C. California Code of Regulations, Title 22, Division 9, Chapter 7.1.

DEFINITIONS:

- A. **Percutaneous Coronary Intervention (PCI)** – A procedure used to open or widen a narrowed or blocked coronary artery to restore blood flow supplying the heart, usually done on an emergency basis for a STEMI patient.
- B. **Primary PCI** – Urgent balloon angioplasty (with or without stenting), without the previous administration of fibrinolytic therapy or platelet glycoprotein IIb/IIIa inhibitors, to open the infarct-related artery during an acute myocardial infarction with ST-segment elevation.
- C. **ST-Elevation Myocardial Infarction (STEMI)** – A clinical syndrome defined by symptoms of myocardial infarction in association with ST-segment elevation on EKG.
- D. **STEMI Receiving Center (SRC)** – A licensed general acute care facility that has emergency interventional cardiac catheterization capabilities, meets the minimum STEMI care requirements contained in California Code of Regulations (Title 22, Division 9, Chapter 7.1, § 100270.124), and is designated as a SRC by S-SV EMS.
- E. **STEMI Referring Hospital (SRH)** – A licensed general acute care facility that does not have emergency interventional cardiac catheterization capabilities, and transfers STEMI patients to SRCs for PCI services when necessary.

STEMI Receiving Center Designation Criteria, Requirements & Responsibilities	506
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POLICY:

- A. Criteria for assessment, identification, treatment and transport of prehospital suspected STEMI patients shall be based on S-SV EMS Chest Pain/Suspected Symptoms of Cardiac Origin Protocol (C-6).
- B. The following shall be met for a hospital to be designated as a SRC by S-SV EMS:
1. Be licensed by the California Department of Public Health Services as a general acute care hospital.
 2. Have a special permit for basic or comprehensive emergency medical service pursuant to the provisions of California Code of Regulations Title 22, Division 5.
 3. Be accredited by a Centers for Medicare and Medicaid Services approved deeming authority.
 4. Have a cardiac catheterization laboratory (cath lab) license.
 5. Have intra-aortic balloon pump capability.
 6. Have cardiovascular surgical services available on site. If cardiovascular surgical services are not available on site, the SRC must have a rapid transfer plan and written agreement in place with a facility that provides cardiovascular surgical services. The expectation is that for emergency cases, the patient will arrive at the cardiac surgical hospital within one (1) hour of the decision to operate.
 7. Be available for treatment of STEMI patients twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year.
 8. Have a communication system for notification of a prehospital suspected STEMI patient, including 12-lead EKG receiving capabilities.
 9. Have established protocols for triage, diagnosis, and cath lab activation following notification of a prehospital suspected STEMI patient.
 10. Maintain a STEMI team call roster (including a cardiologist with PCI privileges and other appropriate cath lab team members).
 11. Have a single call activation system to activate the cath lab team directly.
 12. Ensure the cath lab team is available within 30 minutes of call activation.
 13. Have written protocols in place for the identification of STEMI patients.

STEMI Receiving Center Designation Criteria, Requirements & Responsibilities	506
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14. Have a process in place for the treatment and triage of simultaneously arriving STEMI patients.
15. Agree to accept all prehospital suspected STEMI patients according to applicable S-SV EMS policies/protocols.
16. Agree to accept all STEMI patients from adjacent SRHs, and have transfer plans/agreements in place to ensure rapid transport of these patients to the SRC.
17. Perform a minimum of 36 Primary PCI and 200 total PCI procedures annually.
18. Have the following STEMI Program oversight staff:
 - One STEMI Program Medical Director who is a physician board certified/eligible in interventional cardiology with active PCI privileges at the SRC, and one STEMI Program Medical Co-Director who is a physician board certified/eligible in emergency medicine with active privileges to practice in the emergency department at the SRC.
 - STEMI Program Medical Director/Co-Medical Director responsibilities:
 - Oversight of STEMI program patient care.
 - Participation in development of STEMI Program clinical practice guidelines/protocols.
 - Coordination of STEMI program staff and services.
 - Authority/accountability for STEMI Program quality and performance improvement.
 - Establish and monitor STEMI Program quality control.
 - Regular participation in S-SV EMS Regional STEMI QI Committee activity.
 - One STEMI Program Manager who is an RN trained/certified in critical care nursing and affiliated with the cardiac catheterization laboratory at the SRC, and one STEMI Program Co-Manager who is an RN trained/certified in critical care nursing and affiliated with the emergency department at the SRC.
 - STEMI Program Manager/Co-Manager responsibilities:
 - Support the STEMI Program Medical Director/Co-Medical Director functions.
 - Acts as the STEMI Program EMS liaison.
 - Assures EMS-SRC STEMI data sharing.
 - Manages EMS-SRC STEMI QI activities.
 - Authority/accountability for STEMI Program quality and performance improvement.
 - Regular participation in S-SV EMS Regional STEMI QI Committee activity.


STEMI Receiving Center Designation Criteria, Requirements & Responsibilities	506
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19. Have job descriptions and an organizational structure clarifying the relationship between the STEMI medical directors, STEMI program manager, and the STEMI team and hospital administration.
20. Have a quality improvement (QI) process in place to track and improve treatment (acutely and at discharge) with American College of Cardiology (ACC) and American Heart Association (AHA) guidelines-based Class 1 therapies. At a minimum, this process will evaluate performance in meeting the following AHA/ACC STEMI Receiving Center Achievement Measures:
 - Fibrinolysis within 30 minutes of ED arrival, if administered.
 - SRC Arrival to PCI ≤ 90 minutes for patients arriving by non-EMS modes of transport.
 - EMS First Medical Contact (FMC) to PCI ≤ 90 minutes, or ≤ 120 minutes when transport time is prolonged (≥ 45 minutes).
21. Have a QI process in place to provide ongoing feedback to adjacent SRHs on patients transferred for STEMI services. At a minimum, this QI process shall evaluate and provide SRH feedback of the following:
 - SRH STEMI patient door-to-first ECG time (goal < 10 minutes).
 - SRH STEMI patient door-to-transfer time (goal < 30 minutes).
 - SRH STEMI patient door-to-fibrinolysis time, if applicable (goal < 30 minutes).
 - Operational issues related to STEMI patient transfer delays.
 - Proportion of STEMI patients receiving fibrinolysis prior to transport when the system cannot achieve times consistent with ACC/AHA guidelines for primary PCI.
 - Proportion of STEMI-eligible patients receiving any reperfusion (PCI or fibrinolysis) therapy.
22. Conduct regularly scheduled multidisciplinary team meetings to evaluate outcomes and quality improvement data. Operational issues should be reviewed, problems identified, and solutions implemented.
23. Provide CE opportunities, minimum of four (4) hours per year, for EMS personnel in areas of 12-lead EKG acquisition and interpretation, as well as assessment and management of STEMI patients.
24. Provide public education about STEMI warning signs and the importance of early utilization of the 9-1-1 system.
25. Comply with all data collection, QI and performance standards as defined in S-SV EMS SRC contracts.

- C. SRC diversion of STEMI patients shall only occur during times of an internal disaster or when the cath lab is otherwise unavailable.
1. Notification shall be made to the following entities at least 24 hours prior to any planned event, or as soon as possible for any unplanned event, resulting in the cath lab being unavailable:
 - S-SV EMS.
 - SRC emergency department – to include a status posting on EMResource indicating that the cath lab is unavailable.
 - Appropriate adjacent SRC(s).
 - Appropriate prehospital provider agencies.
 2. All appropriate entities shall be notified as soon as possible when the cath lab is subsequently available.
 3. An S-SV EMS ambulance patient diversion form describing such events shall be submitted to S-SV EMS by the end of the next business day.

PROCEDURE:

- A. The SRC applicant shall be designated after satisfactory review of written documentation and an initial site survey conducted by S-SV EMS representatives or designees and completion of a contract between the hospital and S-SV EMS.
- B. Designated SRCs shall have verification reviews by S-SV EMS representatives or designees conducted every three (3) years.
- C. Failure to comply with the criteria and performance standards outlined in this policy and/or SRC contracts may result in probation, suspension or rescission of SRC designation. Compliance will be solely determined by S-SV EMS.

Sierra – Sacramento Valley EMS Agency Program Policy		
Rapid Re-Triage & Interfacility Transport Of STEMI, Stroke & Trauma Patients		
	Effective: 12/1/2023	Next Review: 7/2026
	Approval: Troy M. Falck, MD – Medical Director	510
	Approval: John Poland – Executive Director	SIGNATURE ON FILE

PURPOSE:

To establish the procedures for rapid re-triage and interfacility transport (IFT) of acute STEMI, stroke, and trauma patients whose clinical condition requires a higher level of care than can be provided at the sending facility. This process involves direct ED to ED transfer of patients that have not been admitted to the hospital.

AUTHORITY:

- A. HSC, Division 2.5, Chapter 2, § 1797.67 and 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170, and 1798.172.
- B. CCR, Title 22, Division 9, Chapter 7, 7.1 & 7.2

DEFINITIONS:

- A. **STEMI Patient Rapid Re-Triage** – The rapid evaluation, resuscitation, and transfer of a STEMI patient from a STEMI Referral Hospital (SRH) to a STEMI Receiving Center (SRC).
- B. **Stroke Patient Rapid Re-Triage** – The rapid evaluation, resuscitation, and transfer of an acute stroke patient from a non-stroke facility to a stroke receiving center.
- C. **Trauma Patient Rapid Re-Triage** – The rapid evaluation, resuscitation, and transfer of a seriously injured patient from a non-trauma facility, or a lower-level Trauma Center, to a Trauma Center that can provide a higher level of trauma care.

POLICY:

- A. STEMI patients from a hospital within the S-SV EMS region shall be accepted for transfer by a SRC unless the SRC is on STEMI diversion or internal disaster.
- B. Acute stroke patients requiring a higher level of care than can be provided at the sending facility, should be accepted for transfer by a stroke receiving center unless the stroke receiving center is on stroke diversion or internal disaster.

Rapid Re-Triage & Interfacility Transport Of STEMI, Stroke & Trauma Patients	510
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- C. Trauma patients from a hospital within the S-SV EMS region meeting 'Emergency' ("Red Box") or 'Urgent' transfer re-triage criteria shall be accepted for transfer unless the Trauma Center is on trauma diversion or internal disaster.

RAPID RE-TRIAGE AND IFT PROCEDURES:

A. STEMI Patients:

1. A 12-lead EKG should be obtained within ten minutes of patient arrival at a SRH.
2. Immediately after a STEMI is identified, contact the SRC to arrange transfer. Contact the SRC interventional cardiologist as needed.
3. If SRH arrival to PCI at the SRC is anticipated to be >90 minutes, administration of lytic agents should be considered in patients that meet thrombolytic eligibility criteria. Contact the SRC early to discuss coordination of care. The goal for door to thrombolytics is <30 minutes.
4. Patients with an SRH identified STEMI should be transferred within 45 minutes utilizing the most appropriate transport resources based on patient condition and needs.

B. Acute Stroke Patients:

1. Evaluate patients with signs/symptoms of an acute stroke as soon as possible.
2. Acute stroke patients requiring a higher level of clinical care than can be provided at the sending facility should be transferred as soon as possible.
3. Contact the closest most appropriate stroke receiving center to discuss patient status and request transfer. If transfer is accepted, arrange for appropriate transport resources based on patient condition and needs.

C. Trauma Patients:

1. Rapid re-triage and transfer of trauma patients shall be based on the North Regional Trauma Coordinating Committee Guidelines for Transfer to a Trauma Center Criteria (incorporated into this policy for reference).
2. Emergency Transfer ("Red Box") Trauma Patients:
 - The goal is to transfer patients meeting any 'Emergency Transfer' ("Red Box") Trauma Re-Triage Criteria within one (1) hour of arrival at the sending facility.

Rapid Re-Triage & Interfacility Transport Of STEMI, Stroke & Trauma Patients	510
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- Contact the closest appropriate Trauma Center as soon as possible and identify the patient as meeting “Red Box” criteria.

3. Urgent Transfer Trauma Patients:

- The goal is to transfer patients meeting any ‘Urgent Transfer’ criteria within four (4) hours of arrival at the transferring facility.
- Contact the closest most appropriate Trauma Center to discuss patient status and request transfer. If transfer is accepted, arrange for appropriate transport resources based on the patient’s condition and needs.

D. IFT Procedures:

1. Unless medically necessary, avoid using medication drips that are not in the paramedic scope of practice to avoid transfer delays.
2. If patient care has been initiated that exceeds the paramedic scope of practice, the sending hospital may consider sending a nurse or other qualified medical staff with the ground ambulance. Air ambulances or nurse staffed ground critical care transport (CCT) units may also be utilized if necessary and their response time is appropriate.
3. The patient should be ready for transport and records/staff should be prepared and available for EMS transport personnel upon arrival at the sending facility. Availability of records should not delay the transport of patients in need of emergency transfer. If complete documentation is not sent with the ambulance, it should be faxed/electronically transmitted to the receiving hospital in sufficient time that it will arrive prior to the patient if possible.
4. For patients requiring emergency transfer, contracted advanced life support (ALS) transport providers should be utilized when agreements are in place and the transport unit is available within ten (10) minutes of the initial request. The jurisdictional ALS transport provider may be requested via 9-1-1 when the contracted ALS provider is not readily available.

Guidelines for Transfer to a Trauma Center
North Regional Trauma Coordinating Committee

Emergency Transfer: *Call the Trauma Center for immediate consult and/or acceptance. Avoid unnecessary studies that would delay the transfer. The goal is transfer within 1 hour of arrival.*

- Systolic blood pressure <90 mm Hg
- Labile blood pressure despite 2L of IV fluids or requiring blood products to maintain blood pressure
- GCS ≤8 or lateralizing signs
- Penetrating injuries to head, neck, chest or abdomen
- Fracture/dislocation with loss of distal pulses &/or ischemia
- Pelvic ring disruption or unstable pelvic fracture
- Vascular injuries with active arterial bleeding

URGENT TRANSFER: *Call the Trauma Center and initiate transfer as soon as any of the following are identified. Avoid unnecessary studies. The goal is transfer within 4 hours of arrival.*

Physiologic	Extremity Injuries
<ul style="list-style-type: none"> • For a child, labile blood pressure despite 20 ml/kg of fluid resuscitation • Patients requiring blood products to maintain their blood pressure <p>Note:</p> <ol style="list-style-type: none"> 1. For pediatric patients, systolic blood pressure <70 plus 2 times the age should suggest hypotension 2. Systolic blood pressure <110 may represent shock in patients >65 years of age 	<ul style="list-style-type: none"> • Amputation of extremity proximal to wrist or ankle • Open long-bone fractures • Two or more long-bone fracture sites* • Crush injury/mangled extremity <p>*A radius/ulna fracture or tibia/fibula fracture are considered one site</p>
Neck & Thoracic Injuries	Neurological Injuries
<ul style="list-style-type: none"> • Tracheobronchial injury • Esophageal trauma • Great vessel injury • Major chest wall injury with ≥3 rib fractures &/or pulmonary contusion • Pneumothorax or hemothorax with respiratory failure • Radiographic evidence of aortic injury • Known or suspected cardiac injury 	<ul style="list-style-type: none"> • GCS deteriorating by 2 points during observation • Open or depressed skull fracture • Acute spinal cord injury • Spinal fractures, unstable or potentially unstable • Neurologic deficit
Abdominal Injuries	Pelvic/Urogenital
<ul style="list-style-type: none"> • Evisceration • Free air, fluid or solid organ injury on diagnostic testing 	<ul style="list-style-type: none"> • Bladder rupture
Burn Injuries	Co-Morbid Factors
<ul style="list-style-type: none"> • Second or third-degree thermal or chemical burns involving >10% of total body surface area in patients <15 years or >55 years of age • Second or third-degree thermal or chemical burns involving the face, eyes, ears, hands, feet, genitalia, perineum, and major joints • Third-degree burns >5% of the body surface area in any age group • Electrical burns, including lightning injury • Burn injury with inhalation injury 	<ul style="list-style-type: none"> • Adults >55 years of age with significant trauma • Significant torso injury with advanced co-morbid disease (cardiac or respiratory disease, insulin-dependent diabetes, morbid obesity, immunosuppression or End Stage Renal Disease requiring dialysis) • Patients taking anti-coagulant medication or platelet inhibitors • Children <14 years of age with significant trauma • Traumatic injury and pregnancy >20 weeks gestation

Note: All transfers must be in accordance with both state and federal EMTALA laws

Reference: American College of Surgeons, Committee on Trauma, Interfacility Transfer of Injured Patients: Guidelines for Rural Communities, 2002



2024 Stroke Critical Care System Plan Update

Sierra-Sacramento Valley
EMS Agency

S-SV EMS Agency Background

The Sierra-Sacramento Valley Emergency Medical Services (S-SV EMS) Agency was founded in 1975 and is a regional multi-county Joint Powers Agency that serves as the local EMS Agency for the counties of Placer, Nevada, Sutter, Glenn, Yuba, Colusa, Butte, Shasta, Siskiyou, and Tehama. S-SV EMS has been delegated planning, development and implementation authority for all EMS components including regional STEMI system planning. The S-SV EMS region covers approximately 21,000 square miles and has an approximate population of 1.3 million residents.

The service area is diverse, and includes both remote rural areas, and large population centers. Within the S-SV EMS region, EMS services are provided by both public and private providers. Hospitals providing stroke services within the S-SV EMS region are well distributed into both rural and urban areas, and well serve the needs of stroke patients. The S-SV EMS region is currently served by the following EMS system resources:

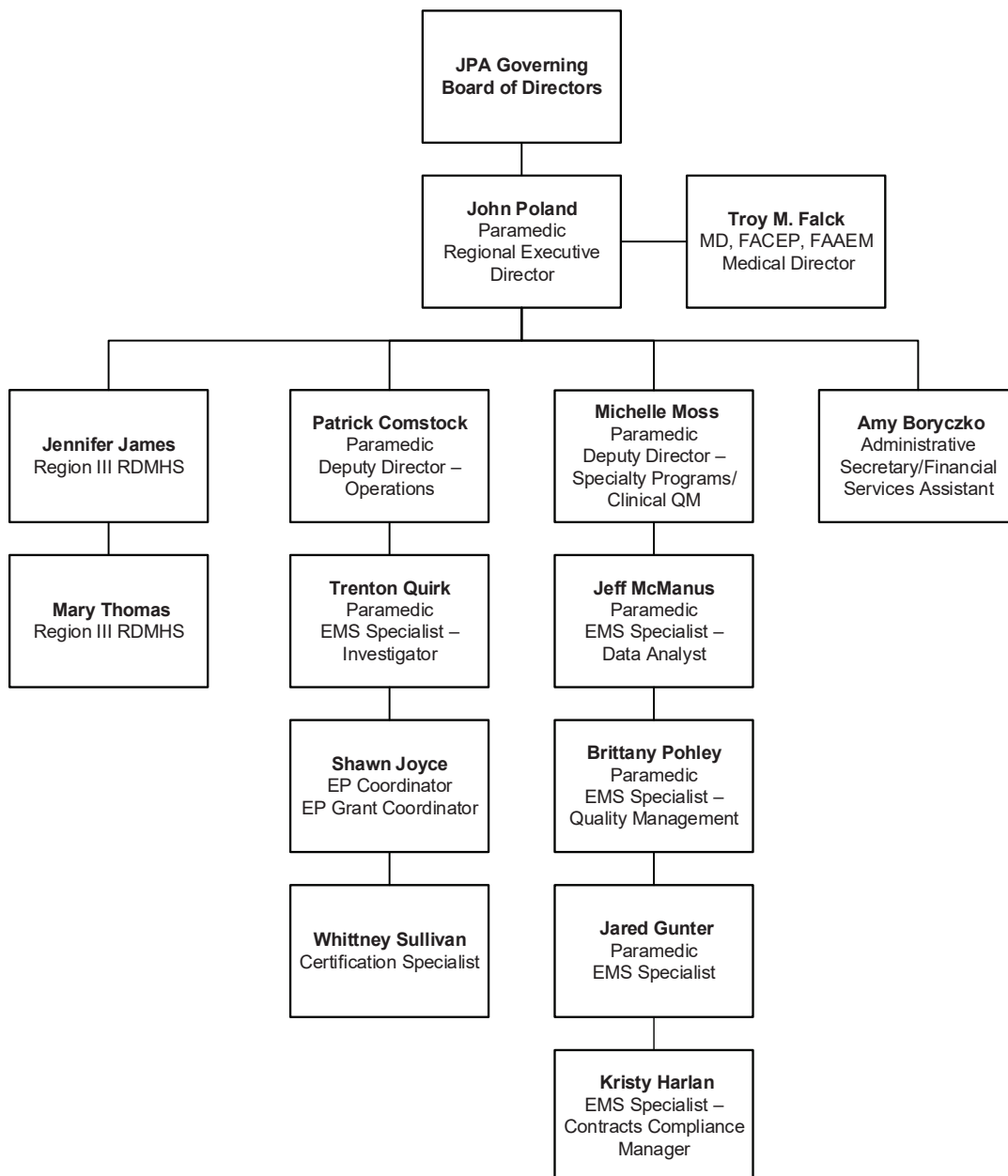
- 96 BLS first responder agencies
- 9 ALS first responder agencies
- 30 BLS/ALS ground ambulance providers
- 8 EMS aircraft providers (6 air ambulance and 2 ALS rescue aircraft providers)
- 17 acute care hospitals, 12 of which are S-SV EMS designated Stroke Receiving Centers

The S-SV EMS Stroke System is continually reviewed/evaluated for quality performance through the following S-SV EMS committees:

- S-SV EMS Regional Stroke Quality Improvement Committee
- S-SV EMS Regional EMS Aircraft Committee
- S-SV EMS Regional Emergency Medical Advisory Committee

S-SV EMS Agency Personnel and Organizational Chart

Michelle Moss, Deputy Director – Specialty Programs/Clinical Quality Management, is primarily responsible for managing/monitoring the S-SV EMS Stroke System. Troy Falck, MD, Medical Director, and John Poland, Regional Executive Director, assist in providing clinical and administrative oversight of the S-SV EMS Stroke System and Jeff McManus, EMS Specialist - Data Analyst and other S-SV EMS staff assist with various S-SV EMS Stroke System related duties as necessary/appropriate.



S-SV EMS Stroke System Changes

In 2024 there were no significant changes to the S-SV EMS stroke system.

Number and Designation of Designated Stroke Receiving Centers

As of January 2025, there are 12 designated Stroke Receiving Centers within the S-SV EMS region (10 – Primary Stroke Receiving Centers and 2 – Thrombectomy Capable Stroke Receiving Centers). The following facilities are currently designated as Stroke Receiving Centers by the S-SV EMS Agency:

Facility Name	County	Designation Type	Agreement Exp.
Enloe Medical Center	Butte	Primary Stroke Center	10/31/2026
Oroville Hospital	Butte	Primary Stroke Center	10/31/2026
Sierra Nevada Memorial Hospital	Nevada	Primary Stroke Center	10/31/2026
Kaiser Roseville Medical Center	Placer	Primary Stroke Center	10/31/2026
Sutter Auburn Faith Hospital	Placer	Primary Stroke Center	10/31/2026
Sutter Roseville Medical Center	Placer	Thrombectomy Center	10/31/2026
Mercy Medical Center Redding	Shasta	Thrombectomy Center	10/31/2026
Shasta Regional Medical Center	Shasta	Primary Stroke Center	10/31/2026
Fairchild Medical Center	Siskiyou	Primary Stroke Center	10/31/2026
Mercy Medical Center Mt. Shasta	Siskiyou	Primary Stroke Center	10/31/2026
St. Elizabeth Community Hospital	Tehama	Primary Stroke Center	10/31/2026
Adventist Health +Rideout	Yuba	Primary Stroke Center	10/31/2026

S-SV EMS Stroke System Data Collection

Pursuant to California Health & Safety Code (Division 2.5, § 1797.227) as well as current S-SV EMS policies and provider agreements, all ALS/LALS non-transport and BLS/LALS/ALS transport prehospital personnel are required to complete CEMSIS and NEMSIS complaint electronic patient care records for all incidents where they arrive at scene of a request for EMS assistance. Further, this electronic patient care record data is required to be submitted to S-SV EMS on an ongoing basis. S-SV EMS currently utilizes an ImageTrend EMS database, established through a contractual agreement with the CALCEMSIS.

In June 2022, S-SV EMS executed a contractual agreement with the American Heart Association (AHA) to utilize their Get With The Guidelines (GWTG) stroke patient data registry tool. All S-SV EMS designated Stroke Receiving Centers are users within the system and S-SV EMS accesses the data as a super-user.

Stroke Critical Care System Neighboring Jurisdiction Integration

Due to the geographical size and location of the S-SV EMS region, EMS patients with a primary impression of Stroke/CVA/TIA are regularly transported to hospitals in neighboring jurisdictions, including Sacramento County (CA), Reno (NV), Medford (OR) and Klamath Falls (OR). S-SV EMS accepts stroke receiving center designation from surrounding LEMSAs and EMS organizations in the states of Nevada and Oregon for EMS identified stroke patient destination purposes. S-SV EMS receives electronic EMS patient care record data on all patients who originate in the S-SV EMS region. Other California LEMSAs are also required to submit hospital data to the California EMS data system to ensure that these patients are captured. S-SV EMS does not routinely receive hospital outcome patient data for patients transported to facilities in the states of Nevada and Oregon. However, even with this limitation we believe it is in the best interest of patient care to continue to transport these specialty patients to the nearest designated specialty receiving facilities in neighboring areas.

S-SV EMS Stroke System Quality Improvement

S-SV EMS staff continually monitor and review prehospital and hospital stroke patient data. Stroke patient data and case reviews are regularly discussed during S-SV EMS regional EMS and specialty care committee meetings, and S-SV EMS staff regularly participate in other regional and facility specific stroke committee meetings. S-SV EMS staff and staff from S-SV EMS designated Stroke Receiving Centers also provide regular education and QA/QI feedback to EMS system participants throughout the S-SV EMS region.

S-SV EMS STEMI System Public Education

All S-SV EMS designated stroke receiving centers are required to provide stroke public education, which is reported to S-SV EMS on an annual basis. In addition, multiple EMS prehospital provider agencies provided stroke public education in various settings on an ongoing basis (health fairs and other similar events), which is reported by to S-SV EMS as part of their annual EMSQIP reports/updates.

S-SV EMS STEMI System Policies/Protocols

The following S-SV EMS policies/protocols are currently utilized to direct the prehospital care and management of stroke patients in the S-SV EMS Region:

- Suspected Stroke (N-3)
- Stroke Receiving Center Designation Criteria, Requirements & Responsibilities (507)
- Rapid Re-Triage & Interfacility Transport of STEMI, Stroke & Trauma Patients (510)

Copies of these current policies/protocols are included on the following pages.



Suspected Stroke

Approval: Troy M. Falck, MD – Medical Director

Effective: 12/01/2024

Approval: John Poland – Executive Director

Next Review: 10/2027

Cincinnati Prehospital Stroke Scale (CPSS)

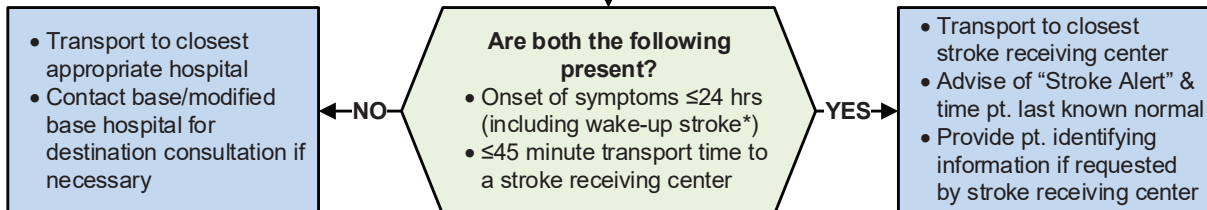
Component	Normal Result	Abnormal Result
Facial Droop (Ask pt to show teeth or smile)	Both sides of face move equally	One side of face does not move as well as the other side
Arm Drift (Ask pt to close eyes & hold both arms out with palms up)	Both arms move the same, or both arms do not move	One arm does not move, or one arm drifts down compared with the other
Speech (Ask pt to say “you can’t teach an old dog new tricks”)	Pt uses correct words with no slurring	Pt slurs words, uses the wrong words, or is unable to speak

BLS

- Assess V/S, including SpO₂
 - O₂ at appropriate rate if hypoxemic (SpO₂ <94%) or short of breath
 - Perform CPSS assessment
- Suspect stroke for any of the following:**
- New onset symptoms with abnormal CPSS
 - New onset altered state (GCS <14) with unidentifiable etiology
 - CPSS is normal, but patient/bystander report stroke symptoms within previous 24 hrs
- If stroke suspected:**
- Determine time of onset of symptoms (pt last known normal)
 - When possible, obtain and relay to the receiving hospital the name/contact information of the individual who can verify the time of onset of symptoms (pt last known normal)
 - Check blood glucose (if glucometer available)
 - Transport as soon as possible (scene time should be ≤10 mins)

ALS

- Consider advanced airway if GCS ≤8 or need for airway protection
- Cardiac monitor, consider 12-lead EKG (do not delay transport to perform 12-lead EKG)
- Obtain blood draw if requested by stroke receiving center
- IV/IO NS TKO (may bolus up to 1000 mL)



*Wake-up stroke definition: Pt awakens with stroke symptoms that were not present prior to falling asleep

Sierra – Sacramento Valley EMS Agency Program Policy			
Stroke Receiving Center Designation Criteria, Requirements & Responsibilities			
	Effective: 06/01/2023	Next Review: 05/2026	507
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To describe the S-SV EMS stroke critical care system and define stroke receiving center designation criteria, requirements, and responsibilities.

AUTHORITY:

- A. HSC, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170 and 1798.172.
- B. CCR, Title 13, § 1105 (c).
- C. CCR, Title 22, Division 9, Chapter 7.2.

DEFINITIONS:

- A. **Acute Stroke Patient** – An EMS patient who meets assessment criteria for a suspected stroke in accordance with S-SV EMS Suspected Stroke Protocol (N-3).
- B. **Comprehensive Stroke Center** – An acute care hospital with specific abilities to receive, diagnose and treat all stroke cases and provide the highest level of care for stroke patients.
- C. **EMS Receiving Hospital** – An acute care hospital authorized by S-SV EMS to receive ambulance transported patients, which is not designated for stroke critical care services but is able to provide a minimum level of care for stroke patients in the emergency department.
- D. **Primary Stroke Center** – An acute care hospital that treats acute stroke patients and identifies patients who may benefit from transfer to a higher level of care when clinically warranted.
- E. **Stroke** – A condition of impaired blood flow to a patient's brain resulting in brain dysfunction, most commonly through vascular occlusion or hemorrhage.

- F. **Stroke Critical Care System** – A subspecialty care component of the EMS system developed by a local EMS agency (LEMSA). This critical care system links prehospital and hospital care to deliver optimal treatment to the population of stroke patients.
- G. **Stroke Receiving Center** – An acute care hospital which meets all requirements contained in California Code of Regulations (Title 22, Division 9, Chapter 7.2) for the applicable level of stroke receiving center designation, obtains/maintains Joint Commission Accreditation as a 'Primary Stroke Center', 'Thrombectomy Capable Stroke Center', or 'Comprehensive Stroke Center' (unless waived by S-SV EMS for valid reasons), and enters into a written agreement with S-SV EMS designating them as a stroke receiving center.
- H. **Thrombectomy-Capable Stroke Center** – A primary stroke center with the ability to perform mechanical thrombectomy for the ischemic stroke patient when clinically warranted.

POLICY:

- A. Criteria for assessment, identification, treatment, and transport of EMS suspected acute stroke patients shall be based on S-SV EMS Suspected Stroke Protocol (N-3).
- B. No health care facility located in the S-SV EMS jurisdictional region shall advertise in any manner or otherwise hold itself out to be affiliated with a stroke critical care system or a stroke center unless they have been designated as such by S-SV EMS in accordance with this policy and California Code of Regulations, Title 22, Division 9, Chapter 7.2.
- C. The following shall be met for a hospital to be designated as a stroke receiving center by S-SV EMS:
 - 1. Be licensed by the California Department of Public Health Services as a general acute care hospital.
 - 2. Have a special permit for basic or comprehensive emergency medical service pursuant to the provisions of California Code of Regulations Title 22, Division 5.
 - 3. Be accredited by a Centers for Medicare and Medicaid Services approved deeming authority.
 - 4. Meet all requirements contained in California Code of Regulations (Title 22, Division 9, Chapter 7.2) for the applicable level of stroke receiving center designation.


Stroke Receiving Center Designation Criteria, Requirements & Responsibilities	507
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5. Be available for treatment of acute stroke patients twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year.
6. Have a communication system for notification of an EMS suspected stroke patient.
7. Have established protocols for triage and diagnosis following notification of an EMS suspected acute stroke patient.
8. Agree to accept all EMS suspected acute stroke patients according to applicable S-SV EMS policies/protocols.
9. Agree to accept the transfer of all acute stroke patients whose clinical condition requires a higher level of care than can be provided at the sending facility, unless the stroke receiving center is on diversion or internal disaster.
10. Submit all required stroke patient data to the S-SV EMS selected stroke registry.
 - The hospital stroke patient care elements shall be consistent with the U.S. Centers for Disease Control and Prevention, Paul Coverdell National Acute Stroke Program Resource Guide, dated October 24, 2016:
<https://emsa.ca.gov/wp-content/uploads/sites/71/2019/02/USCDCP-Paul-Coverdell-Nation-Acute-Stroke-Prog-Resource-Guide-10-24-16.pdf>
11. Actively participate in the S-SV EMS regional stroke critical care system quality improvement (QI) process which shall include, at a minimum:
 - Evaluation of program structure, process, and outcome.
 - Review of stroke-related deaths, major complications, and transfers.
 - A multidisciplinary Stroke Quality Improvement Committee, including both prehospital and hospital members.
 - Participation in the QI process by all designated stroke centers and prehospital providers involved in the stroke critical care system.
 - Evaluation of regional integration of stroke patient movement.
 - Participation in the stroke data management system.
 - Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure-protected review of selected stroke cases.
12. Provide CE opportunities, minimum of four (4) hours per year, for EMS personnel in areas of assessment and management of acute stroke patients.
13. Provide public education about stroke warning signs and the importance of early utilization of the 9-1-1 system.
14. Pay the initial/annual S-SV EMS stroke receiving center designation fees.

- D. Diversion of EMS suspected acute stroke patients shall only occur during times of an incapacitating internal disaster or when the CT scanner is otherwise unavailable.
1. Notification shall be made to the following entities at least 24 hours prior to any planned event resulting in the CT scanner being unavailable:
 - Stroke receiving center emergency department – to include a status posting on EMResource indicating that the CT scanner is unavailable.
 - Appropriate adjacent stroke receiving center(s).
 - Appropriate prehospital provider agencies.
 2. All entities listed in this section shall also be notified as soon as possible in the case of an unplanned event causing the CT scanner to be unavailable as well as when the CT scanner is subsequently available.
 3. An S-SV EMS ambulance patient diversion form describing such events shall be submitted to S-SV EMS by the end of the next business day.

PROCEDURE:

- A. The stroke receiving center applicant shall be designated after satisfactory review conducted by S-SV EMS representatives or designees and completion of a written agreement between the hospital and S-SV EMS.
- B. Designated stroke receiving centers shall have verification reviews by S-SV EMS representatives or designees conducted every three (3) years.
- C. Failure to comply with the criteria and performance standards outlined in this policy and/or individual stroke receiving center written agreements may result in probation, suspension or rescission of stroke receiving center designation. Compliance will be solely determined by S-SV EMS.

Sierra – Sacramento Valley EMS Agency Program Policy			
Rapid Re-Triage & Interfacility Transport Of STEMI, Stroke & Trauma Patients			
	Effective: 12/1/2023	Next Review: 7/2026	510
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish the procedures for rapid re-triage and interfacility transport (IFT) of acute STEMI, stroke, and trauma patients whose clinical condition requires a higher level of care than can be provided at the sending facility. This process involves direct ED to ED transfer of patients that have not been admitted to the hospital.

AUTHORITY:

- A. HSC, Division 2.5, Chapter 2, § 1797.67 and 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170, and 1798.172.
- B. CCR, Title 22, Division 9, Chapter 7, 7.1 & 7.2

DEFINITIONS:

- A. **STEMI Patient Rapid Re-Triage** – The rapid evaluation, resuscitation, and transfer of a STEMI patient from a STEMI Referral Hospital (SRH) to a STEMI Receiving Center (SRC).
- B. **Stroke Patient Rapid Re-Triage** – The rapid evaluation, resuscitation, and transfer of an acute stroke patient from a non-stroke facility to a stroke receiving center.
- C. **Trauma Patient Rapid Re-Triage** – The rapid evaluation, resuscitation, and transfer of a seriously injured patient from a non-trauma facility, or a lower-level Trauma Center, to a Trauma Center that can provide a higher level of trauma care.

POLICY:

- A. STEMI patients from a hospital within the S-SV EMS region shall be accepted for transfer by a SRC unless the SRC is on STEMI diversion or internal disaster.
- B. Acute stroke patients requiring a higher level of care than can be provided at the sending facility, should be accepted for transfer by a stroke receiving center unless the stroke receiving center is on stroke diversion or internal disaster.

Rapid Re-Triage & Interfacility Transport Of STEMI, Stroke & Trauma Patients	510
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- C. Trauma patients from a hospital within the S-SV EMS region meeting 'Emergency' ("Red Box") or 'Urgent' transfer re-triage criteria shall be accepted for transfer unless the Trauma Center is on trauma diversion or internal disaster.

RAPID RE-TRIAGE AND IFT PROCEDURES:

A. STEMI Patients:

1. A 12-lead EKG should be obtained within ten minutes of patient arrival at a SRH.
2. Immediately after a STEMI is identified, contact the SRC to arrange transfer. Contact the SRC interventional cardiologist as needed.
3. If SRH arrival to PCI at the SRC is anticipated to be >90 minutes, administration of lytic agents should be considered in patients that meet thrombolytic eligibility criteria. Contact the SRC early to discuss coordination of care. The goal for door to thrombolytics is <30 minutes.
4. Patients with an SRH identified STEMI should be transferred within 45 minutes utilizing the most appropriate transport resources based on patient condition and needs.

B. Acute Stroke Patients:

1. Evaluate patients with signs/symptoms of an acute stroke as soon as possible.
2. Acute stroke patients requiring a higher level of clinical care than can be provided at the sending facility should be transferred as soon as possible.
3. Contact the closest most appropriate stroke receiving center to discuss patient status and request transfer. If transfer is accepted, arrange for appropriate transport resources based on patient condition and needs.

C. Trauma Patients:

1. Rapid re-triage and transfer of trauma patients shall be based on the North Regional Trauma Coordinating Committee Guidelines for Transfer to a Trauma Center Criteria (incorporated into this policy for reference).
2. Emergency Transfer ("Red Box") Trauma Patients:
 - The goal is to transfer patients meeting any 'Emergency Transfer' ("Red Box") Trauma Re-Triage Criteria within one (1) hour of arrival at the sending facility.

Rapid Re-Triage & Interfacility Transport Of STEMI, Stroke & Trauma Patients	510
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- Contact the closest appropriate Trauma Center as soon as possible and identify the patient as meeting “Red Box” criteria.

3. Urgent Transfer Trauma Patients:

- The goal is to transfer patients meeting any ‘Urgent Transfer’ criteria within four (4) hours of arrival at the transferring facility.
- Contact the closest most appropriate Trauma Center to discuss patient status and request transfer. If transfer is accepted, arrange for appropriate transport resources based on the patient’s condition and needs.

D. IFT Procedures:

1. Unless medically necessary, avoid using medication drips that are not in the paramedic scope of practice to avoid transfer delays.
2. If patient care has been initiated that exceeds the paramedic scope of practice, the sending hospital may consider sending a nurse or other qualified medical staff with the ground ambulance. Air ambulances or nurse staffed ground critical care transport (CCT) units may also be utilized if necessary and their response time is appropriate.
3. The patient should be ready for transport and records/staff should be prepared and available for EMS transport personnel upon arrival at the sending facility. Availability of records should not delay the transport of patients in need of emergency transfer. If complete documentation is not sent with the ambulance, it should be faxed/electronically transmitted to the receiving hospital in sufficient time that it will arrive prior to the patient if possible.
4. For patients requiring emergency transfer, contracted advanced life support (ALS) transport providers should be utilized when agreements are in place and the transport unit is available within ten (10) minutes of the initial request. The jurisdictional ALS transport provider may be requested via 9-1-1 when the contracted ALS provider is not readily available.

Guidelines for Transfer to a Trauma Center
North Regional Trauma Coordinating Committee

Emergency Transfer: Call the Trauma Center for immediate consult and/or acceptance. Avoid unnecessary studies that would delay the transfer. The goal is transfer within 1 hour of arrival.

- Systolic blood pressure <90 mm Hg
- Labile blood pressure despite 2L of IV fluids or requiring blood products to maintain blood pressure
- GCS ≤8 or lateralizing signs
- Penetrating injuries to head, neck, chest or abdomen
- Fracture/dislocation with loss of distal pulses &/or ischemia
- Pelvic ring disruption or unstable pelvic fracture
- Vascular injuries with active arterial bleeding

URGENT TRANSFER: Call the Trauma Center and initiate transfer as soon as any of the following are identified. Avoid unnecessary studies. The goal is transfer within 4 hours of arrival.

Physiologic	Extremity Injuries
<ul style="list-style-type: none"> • For a child, labile blood pressure despite 20 ml/kg of fluid resuscitation • Patients requiring blood products to maintain their blood pressure <p>Note:</p> <ol style="list-style-type: none"> 1. For pediatric patients, systolic blood pressure <70 plus 2 times the age should suggest hypotension 2. Systolic blood pressure <110 may represent shock in patients >65 years of age 	<ul style="list-style-type: none"> • Amputation of extremity proximal to wrist or ankle • Open long-bone fractures • Two or more long-bone fracture sites* • Crush injury/mangled extremity <p>*A radius/ulna fracture or tibia/fibula fracture are considered one site</p>
Neck & Thoracic Injuries	Neurological Injuries
<ul style="list-style-type: none"> • Tracheobronchial injury • Esophageal trauma • Great vessel injury • Major chest wall injury with ≥3 rib fractures &/or pulmonary contusion • Pneumothorax or hemothorax with respiratory failure • Radiographic evidence of aortic injury • Known or suspected cardiac injury 	<ul style="list-style-type: none"> • GCS deteriorating by 2 points during observation • Open or depressed skull fracture • Acute spinal cord injury • Spinal fractures, unstable or potentially unstable • Neurologic deficit
Abdominal Injuries	Pelvic/Urogenital
<ul style="list-style-type: none"> • Evisceration • Free air, fluid or solid organ injury on diagnostic testing 	<ul style="list-style-type: none"> • Bladder rupture
Burn Injuries	Co-Morbid Factors
<ul style="list-style-type: none"> • Second or third-degree thermal or chemical burns involving >10% of total body surface area in patients <15 years or >55 years of age • Second or third-degree thermal or chemical burns involving the face, eyes, ears, hands, feet, genitalia, perineum, and major joints • Third-degree burns >5% of the body surface area in any age group • Electrical burns, including lightning injury • Burn injury with inhalation injury 	<ul style="list-style-type: none"> • Adults >55 years of age with significant trauma • Significant torso injury with advanced co-morbid disease (cardiac or respiratory disease, insulin-dependent diabetes, morbid obesity, immunosuppression or End Stage Renal Disease requiring dialysis) • Patients taking anti-coagulant medication or platelet inhibitors • Children <14 years of age with significant trauma • Traumatic injury and pregnancy >20 weeks gestation

Note: All transfers must be in accordance with both state and federal EMTALA laws

Reference: American College of Surgeons, Committee on Trauma, Interfacility Transfer of Injured Patients: Guidelines for Rural Communities, 2002



2024 Trauma System Plan Update

Sierra-Sacramento Valley
EMS Agency

Updated: January 2025

S-SV EMS Agency Background

The Sierra-Sacramento Valley Emergency Medical Services (S-SV EMS) Agency was founded in 1975 and is a regional multi-county Joint Powers Agency that serves as the local EMS Agency for the counties of Placer, Nevada, Sutter, Glenn, Yuba, Colusa, Butte, Shasta, Siskiyou, and Tehama. S-SV EMS has been delegated planning, development and implementation authority for all EMS components including regional trauma system planning. The S-SV EMS region covers approximately 21,000 square miles, and has an approximate population of 1.3 million residents.

The service area is diverse, and includes both remote rural areas, and large population centers. Within the S-SV EMS region, EMS services are provided by public and private providers. Hospitals providing trauma services within the S-SV EMS region are well distributed into both rural and urban areas, and serve well the needs of injured adult and pediatric patients. The S-SV EMS region is currently served by the following EMS system resources:

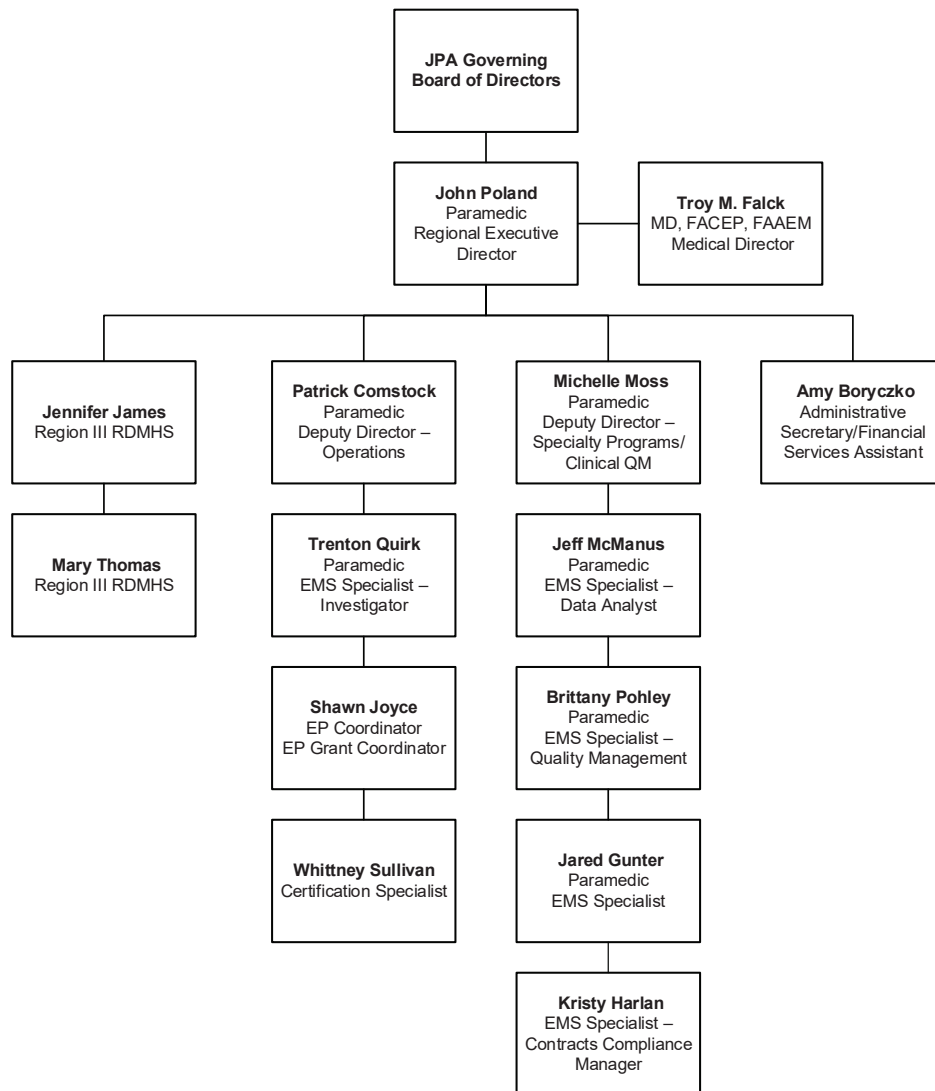
- 96 BLS first responder agencies
- 9 ALS first responder agencies
- 30 BLS/ALS ground ambulance providers
- 8 EMS aircraft providers (6 air ambulance and 2 ALS rescue aircraft providers)
- 17 acute care hospitals, 8 of which are S-SV EMS designated trauma centers

The S-SV EMS trauma system is continually reviewed/evaluated for quality performance through the following S-SV EMS committees:

- S-SV EMS Regional Trauma Quality Improvement Committee
- S-SV EMS Regional EMS Aircraft Advisory Committee
- S-SV EMS Regional Emergency Medical Advisory Committee
- California North Regional Trauma Coordinating Committee

S-SV EMS Agency Personnel and Organizational Chart

Michelle Moss, Deputy Director – Specialty Programs/Clinical Quality Management, is primarily responsible for managing/monitoring the S-SV EMS Trauma System. Troy Falck, MD, Medical Director, and John Poland, Regional Executive Director, assist in providing clinical and administrative oversight of the S-SV EMS Trauma System and Jeff McManus, EMS Specialist - Data Analyst and other S-SV EMS staff assist with various S-SV EMS Trauma System related duties as necessary/appropriate. In addition, Jon Perlstein, MD, Sutter Roseville Medical Center Trauma Medical Director serves as the S-SV EMS Trauma QI Committee Chairperson, and Ellen Cooper, MD, Tahoe Forest Hospital District Trauma Medical Director serves as the committee’s co-chair.



S-SV EMS Trauma System Changes

In 2024, one (4) ACS re-verification visits were completed. Enloe Medical Center received a provisional re-verification requiring a focused re-verification visit by 03/14/2025. Mercy Medical Center Redding received a provisional re-verification requiring the submission of additional information by 08/31/2025. Adventist Health +Rideout and St. Elizabeth Hospital were successfully re-verified.

Number and Designation Level of S-SV EMS Designated Trauma Centers

As of January 2025, all S-SV EMS designated Level II and Level III trauma centers are ACS verified. Fairchild Medical Center continues to function as an S-SV EMS designated Level IV trauma center.

Facility	Level	S-SV EMS Designation Expiration	ACS Consult Completed	ACS Verification Completed	Next ACS Verification Due
Enloe Med. Center	II	2027	2012	2024	2025
Mercy Med. Center Redding	II	2025	2021	2024	2025
Sutter Roseville Med. Center	II	2026	1994	2019	2026
Adventist Health +Rideout	III	2026	2014	2024	2027
Mercy Med. Center Mt. Shasta	III	2026	2010	2022	2025
St. Elizabeth Hospital	III	2025	2014	2024	2027
Fairchild Med. Center	IV	2026	N/A	N/A	N/A
Tahoe Forest Hospital District	IV	2026	2022	2023	2026

S-SV EMS Trauma System Performance Improvement

The trauma system performance improvement is ongoing, and continuous in the S-SV EMS region. The S-SV EMS Regional Trauma QI Committee met twice in 2024 and continued its focus on trauma transfer times as well as other trauma system related matters.

S-SV EMS Trauma System Policies/Protocols

The following S-SV EMS policies/protocols direct the prehospital care and management of trauma patients in the S-SV EMS Region:

- General Trauma Management (T-1)
- Suspected Moderate/Severe Traumatic Brain Injury (TBI) (T-3)
- Pediatric Suspected Moderate/Severe Traumatic Brain Injury (TBI) (T-3P)
- Hemorrhage (T-4)
- Burns (T-5)
- Traumatic Pulseless Arrest (T-6)
- Pleural Decompression (PR-3)
- Trauma Center Designation Criteria, Requirements & Responsibilities (509)
- Rapid Re-Triage & Interfacility Transport of STEMI, Stroke & Trauma Patients (510)

All the above referenced S-SV EMS policies/protocols are attached to the end of this document.



General Trauma Management

Approval: Troy M. Falck, MD – Medical Director

Effective: 06/01/2024

Approval: John Poland – Executive Director

Next Review: 01/2027

- Limit on scene procedures for pts meeting Field Trauma Triage Criteria to:
 - Pt assessment
 - Airway management
 - Hemorrhage control
 - Immobilization/splinting
 - SMR
- Transport pts with known/apparent third trimester pregnancy in left-lateral position.
- Notify receiving hospital of a 'Trauma Alert' as soon as possible for pts meeting Field Trauma Triage Criteria.

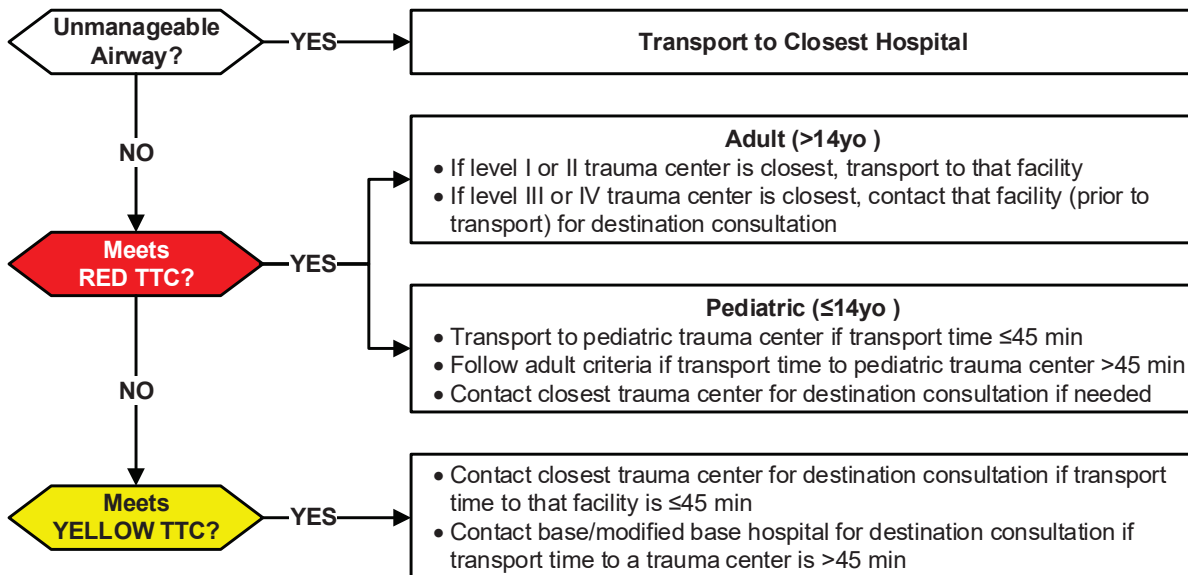
BLS

- Assess & support ABCs
- Assess V/S, including SpO₂
- O₂ at appropriate rate if hypoxemic (SpO₂ <94%) or short of breath
- Control hemorrhage & immobilize/splint injuries as needed
- Initiate spinal motion restriction (SMR) if indicated (see page 3)
- Maintain body temperature, keep warm

ALS

- Consider advanced airway if indicated
- Consider EtCO₂ monitoring if indicated (see protocol T-3 or T-3P)
- Consider application of a pelvic binder if indicated (see page 2)
- Cardiac monitor
- Establish vascular access if indicated (see page 2)
- Consider pain management if indicated (see protocol M-8 or M-8P)

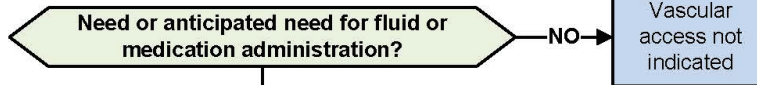
Field Trauma Triage Criteria (TTC) Pt Destination (see page 4 for TTC details)





General Trauma Management

Vascular Access



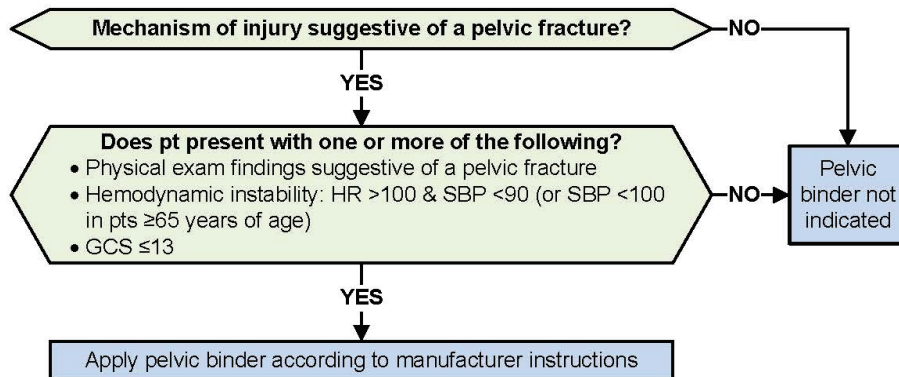
IV/IO – NS or LR

- Initiate vascular access on all pts meeting Field Trauma Triage Criteria
- Initiate second vascular access on adult pts presenting with hypotension (SBP <90 for pts <65 years of age, or SBP <100 for pts ≥65 years of age), or if thoracic/abdominal pain is present
- Fluid resuscitation guidelines:
 - Adult pts:
 - Administer 500 mL fluid boluses for signs of hypoperfusion/shock
 - Reassess hemodynamic parameters, respiratory status and lung sounds after each fluid bolus
 - Titrate fluid boluses to SBP of ≥90 for pts <65 years of age, or ≥100 for pts ≥65 years of age
 - Pediatric pts:
 - Administer 20 mL/kg fluid boluses for signs of hypoperfusion/shock
 - Reassess hemodynamic parameters, respiratory status and lung sounds after each bolus
 - Titrate fluid boluses to age appropriate SBP (max: 60 mL/kg)

Commercial Pelvic Binder

Approved Commercial Pelvic Binders: 1) T-POD Pelvic Stabilization Device, 2) SAM Pelvic Sling 2

- Utilization of a commercial pelvic binder is optional, and only approved for AEMT/paramedic personnel. ALS/LALS provider agencies must ensure that their personnel are appropriately trained on the application/use of the device, as misplacement of pelvic binders can significantly decrease the ability of the binder to reduce pelvic ring fractures.
- Physical exam findings which may indicate the presence of a pelvic ring fracture include, but are not limited to:
 - Crepitus when applying compression to the iliac crests
 - Perineal or genital swelling
 - Testicular/groin pain
 - Blood at the urethral meatus
 - Rectal, vaginal or perineal lacerations/bleeding
- When stabilizing a suspected pelvic ring fracture, care must be taken not to over-reduce the fracture. Over-reduction can be assessed by examining the position of the legs, greater trochanters and knees with the pt supine. The goal is to achieve normal anatomic position of the pelvis, so the lower legs should be symmetrical after stabilization.
- When clinically indicated and logistically feasible, the pelvic binder should be placed prior to extrication/movement.
- Pelvic binders should be placed directly to skin. Once applied, pelvic binders should not be removed.
- If possible, avoid log-rolling pts with a suspected pelvic fracture.

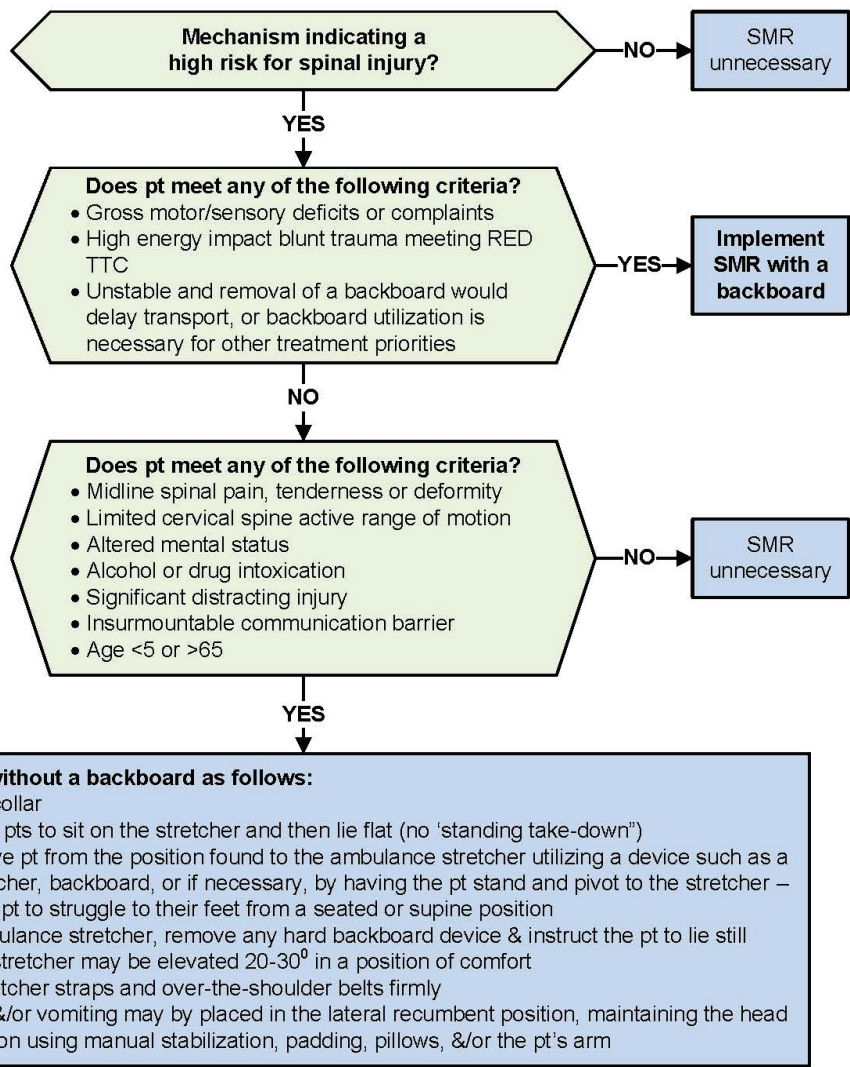




General Trauma Management

Spinal Motion Restriction (SMR)

- A backboard shall not be utilized for pts with penetrating trauma to the head, neck or torso without evidence of spinal injury
- Helmet removal guidelines:
 - For pts who meet criteria for SMR with a backboard, football helmets should only be removed if they prevent adequate SMR or under the following circumstances:
 - If the helmet and chin strap fail to hold the head securely or prevent adequate airway control.
 - If the facemask cannot be removed.
 - Football helmets should be carefully removed to allow for appropriate SMR of pts who do not meet criteria for backboard utilization.
 - All other types of helmets (bicycle, motorcycle, etc.) should be carefully removed to allow for appropriate SMR.





General Trauma Management

Field Trauma Triage Criteria (TTC)

RED TTC (High Risk for Serious Injury)	
Injury Patterns	Mental Status/Vital Signs
<ul style="list-style-type: none"> • Penetrating injuries to head, neck, torso, &/or proximal extremities • Skull deformity, suspected skull fracture • Suspected spinal injury with new motor/sensory loss • Chest wall instability, deformity, or suspected flail chest • Suspected pelvic fracture • Suspected fracture of two or more proximal long bones in a pt of any age, or one or more proximal long bone fracture in a pt ≤14 or ≥65 years of age • Suspected open proximal long bone fracture • Crushed, degloved, mangled, or pulseless extremity • Amputation proximal to wrist or ankle • Continued, uncontrolled bleeding despite EMS hemorrhage control measures 	<p><u>MENTAL STATUS</u></p> <ul style="list-style-type: none"> • <65 years of age: <ul style="list-style-type: none"> ○ GCS ≤13 • ≥65 years of age: <ul style="list-style-type: none"> ○ GCS <15 (or decreased from baseline) with evidence/suspicion of a head strike <p><u>RESPIRATORY STATUS</u></p> <ul style="list-style-type: none"> • All pt ages: <ul style="list-style-type: none"> ○ RR <10 or >29 breaths/min ○ Resp. distress or need for resp. support ○ Room-air SpO₂ <90% <p><u>CIRCULATORY STATUS</u></p> <ul style="list-style-type: none"> • 0-9 years of age: <ul style="list-style-type: none"> • SBP <70mm Hg + (2 x age years) • 10-64 years of age: <ul style="list-style-type: none"> • SBP <90 mmHg OR HR>SBP • ≥65 years of age: <ul style="list-style-type: none"> • SBP <100 mmHG OR HR>SBP

YELLOW TTC (Moderate Risk for Serious Injury)	
Mechanism of Injury	EMS Judgement
<ul style="list-style-type: none"> • High-Risk Auto Crash <ul style="list-style-type: none"> ○ Partial or complete ejection ○ Significant intrusion (including roof) <ul style="list-style-type: none"> - >12 inches occupant site; or - >18 inches any site; or - Need for extrication for entrapped pt ○ Death in passenger compartment ○ Child (0-9 years of age) unrestrained or in unsecured child safety seat ○ Vehicle telemetry data consistent with severe injury • Rider separated from transport vehicle with significant impact (motorcycle, ATV, horse, etc.) • Pedestrian/bicycle rider thrown, run over, or with significant impact • Fall from height >10 feet (all ages) 	<p>EMS personnel should consider the following risk factors, and contact the closest trauma center or base/modified base hospital for destination consultation (see page 1), if transport to a trauma center is believed to be in the pt's best interest:</p> <ul style="list-style-type: none"> • Low-level falls in young children (≤5 years of age) or older adults (≥65 years of age) with significant head impact • Anticoagulant use • Suspicion of child abuse • Special, high-resource healthcare needs • Pregnancy >20 weeks • Burns in conjunction with trauma



Suspected Moderate/Severe Traumatic Brain Injury (TBI)

Approval: Troy M. Falck, MD – Medical Director

Effective: 06/01/2024

Approval: John Poland – Executive Director

Next Review: 01/2027

Prehospital Identification of Moderate/Severe TBI

- Any pt with a mechanism of injury consistent with a potential for a brain injury, and one or more of the following:
 - <65 years of age with a GCS \leq 13, or \geq 65 years of age with a GCS <15 (or decrease from baseline)
 - Post-traumatic seizures
 - Multi-system trauma requiring advanced airway placement

For any patient with a suspected moderate/severe TBI, avoid/treat the three TBI “H-Bombs”:

- 1) Hyperventilation, 2) Hypoxia, 3) Hypotension

BLS

- Assess V/S, including continuous SpO₂ monitoring and pupil exam: Reassess V/S every 3-5 min if possible
- High-flow O₂ (regardless of SpO₂ reading)
- If continued hypoxia (SpO₂ <94%) or inadequate ventilatory effort, proceed through the following in a stepwise manner
 - Reposition airway
 - Initiate positive pressure ventilation with appropriate airway adjunct if necessary (use of a pressure-controlled BVM &/or ventilation rate timer is recommended if available)
- Avoid hyperventilation (ventilate at a rate of 10 breaths/min)
- Maintain normothermia
- Consider the concurrent need for appropriate immobilization/spinal motion restriction

ALS

- Continuous cardiac & EtCO₂ monitoring
- IV/IO NS TKO: For SBP <110 bolus 1000 mL N/S, then titrate additional fluids to maintain SBP \geq 110
- Check blood glucose

Blood glucose \leq 60 mg/dl?

YES

Dextrose 10%

- 5 ml/kg (0.5 gm/kg) IV/IO
- Max: 100 mL (10 gm)

OR

Glucagon

- <24 kg: 0.5 mg IM
- \geq 24 kg: 1 mg IM

NO

For persistent hypoxia &/or inadequate ventilatory effort:

- Supraglottic airway or endotracheal intubation
- Target EtCO₂: 35-39 mmHg

- Transport to appropriate destination & notify receiving facility of a “Trauma Alert” as soon as possible (if applicable)
- Monitor & reassess



Pediatric Suspected Moderate/Severe Traumatic Brain Injury (TBI)

Approval: Troy M. Falck, MD – Medical Director

Effective: 06/01/2024

Approval: John Poland – Executive Director

Next Review: 04/2027

Prehospital Identification of Moderate/Severe TBI

- Any pt with a mechanism of injury consistent with a potential for a brain injury, and one or more of the following:
 - GCS <13 (in infants: any decreased responsiveness, deterioration of mental status, irritation or agitation)
 - Post-trauma seizures, whether continuing or not
 - Multi-system trauma requiring advanced airway placement

For any patient with a suspected moderate/severe TBI, avoid/treat the three TBI “H-Bombs”:

- 1) Hyperventilation, 2) Hypoxia, 3) Hypotension

BLS

- Assess V/S, including continuous SpO₂ monitoring and pupil exam: Reassess V/S every 3-5 min if possible
- High-flow O₂ (regardless of SpO₂ reading)
- If continued hypoxia (SpO₂ <94%) or inadequate ventilatory effort, proceed through the following in a stepwise manner:
 - Reposition airway
 - Initiate positive pressure ventilation with appropriate airway adjunct if necessary (use of a pressure-controlled BVM &/or ventilation rate timer is recommended if available)
- Avoid hyperventilation
 - Infant (0-24mo) ventilation rate: 25 breaths/min
 - Pediatric (2-14yo) ventilation rate: 20 breaths/min
- Maintain normothermia
- Consider the concurrent need for appropriate immobilization/spinal motion restriction

ALS

- Continuous cardiac & EtCO₂ monitoring
- IV/IO NS TKO: For hypotension, bolus 20 mL/kg, repeat bolus until hypotension resolves
- Check blood glucose

Blood glucose ≤60 mg/dl?

YES

- Dextrose 10%**
- 5 ml/kg (0.5 gm/kg) IV/IO
 - Max: 100 mL (10 gm)
- OR**
- Glucagon**
- <24 kg: 0.5 mg IM
 - ≥24 kg: 1 mg IM

NO

For persistent hypoxia &/or inadequate ventilatory effort:

- Supraglottic airway
- Target EtCO₂: 35-39 mmHg

- Transport to appropriate destination & notify receiving facility of a “Trauma Alert” as soon as possible (if applicable)
- Monitor & reassess



Hemorrhage

Approval: Troy M. Falck, MD – Medical Director

Effective: 12/01/2024

Approval: John Poland – Executive Director

Next Review: 10/2027

Approved Commercial Tourniquet Devices:

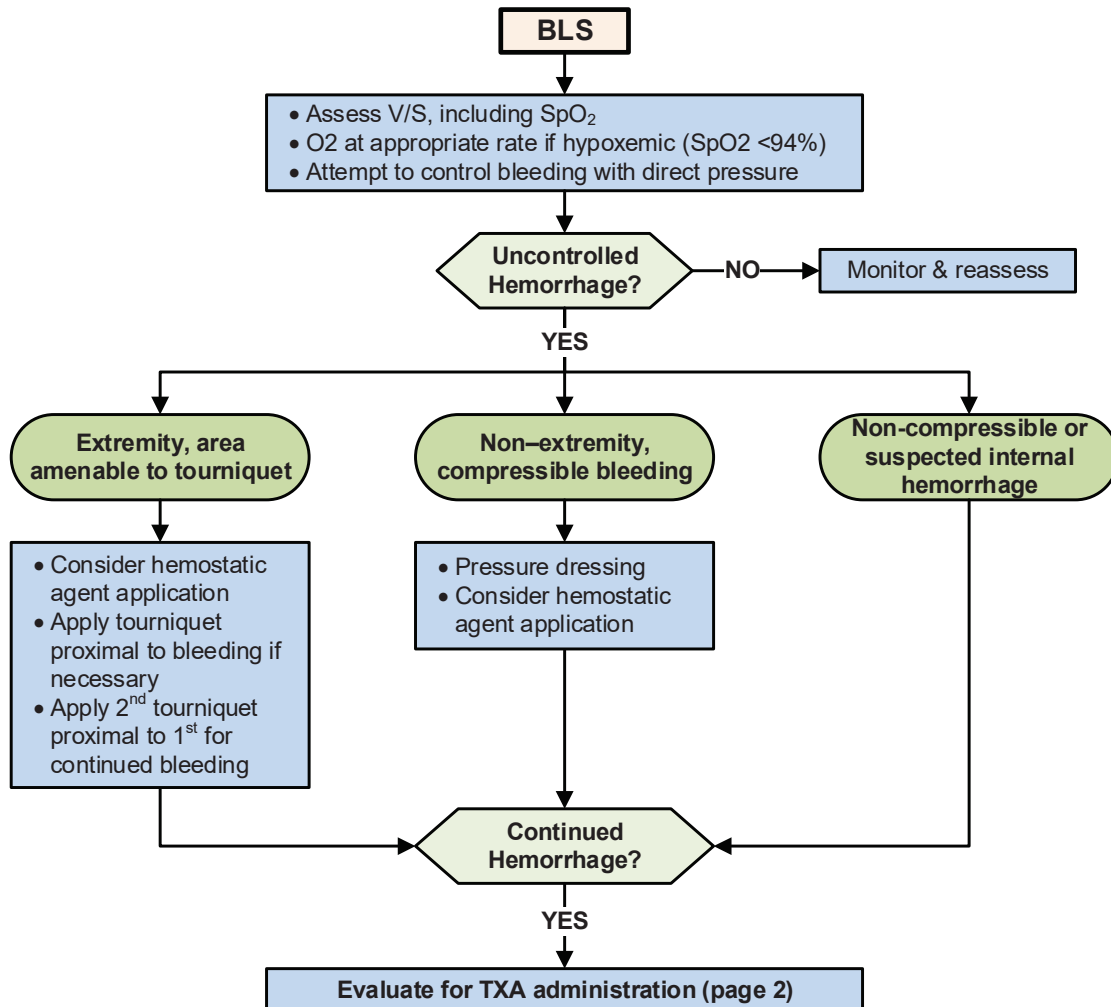
- Combat Application Tourniquet
- Emergency and Military Tourniquet
- Mechanical Advantage Tourniquet
- SAM XT Extremity Tourniquet
- Special Ops. Tactical Tourniquet
- RECON Medical Tourniquet

Tourniquet Utilization Notes:

- Tourniquets applied by lay rescuers or other responders shall be evaluated for appropriateness and may be adjusted or removed if necessary – improvised tourniquets should be removed by prehospital personnel.
- If application is indicated and appropriate, a commercial tourniquet should not be loosened or removed by prehospital personnel unless time to definitive care will be greatly delayed (>2 hrs).

Approved Hemostatic Agents:

- QuikClot EMS 4x4 & Combat Gauze
- HemCon ChitoGauze XR PRO
- HemCon ChitoGauze XR2 PRO
- HemCon ChitoGauze OTC
- HemCon Bandage PRO
- HemCon OneStop Bandage



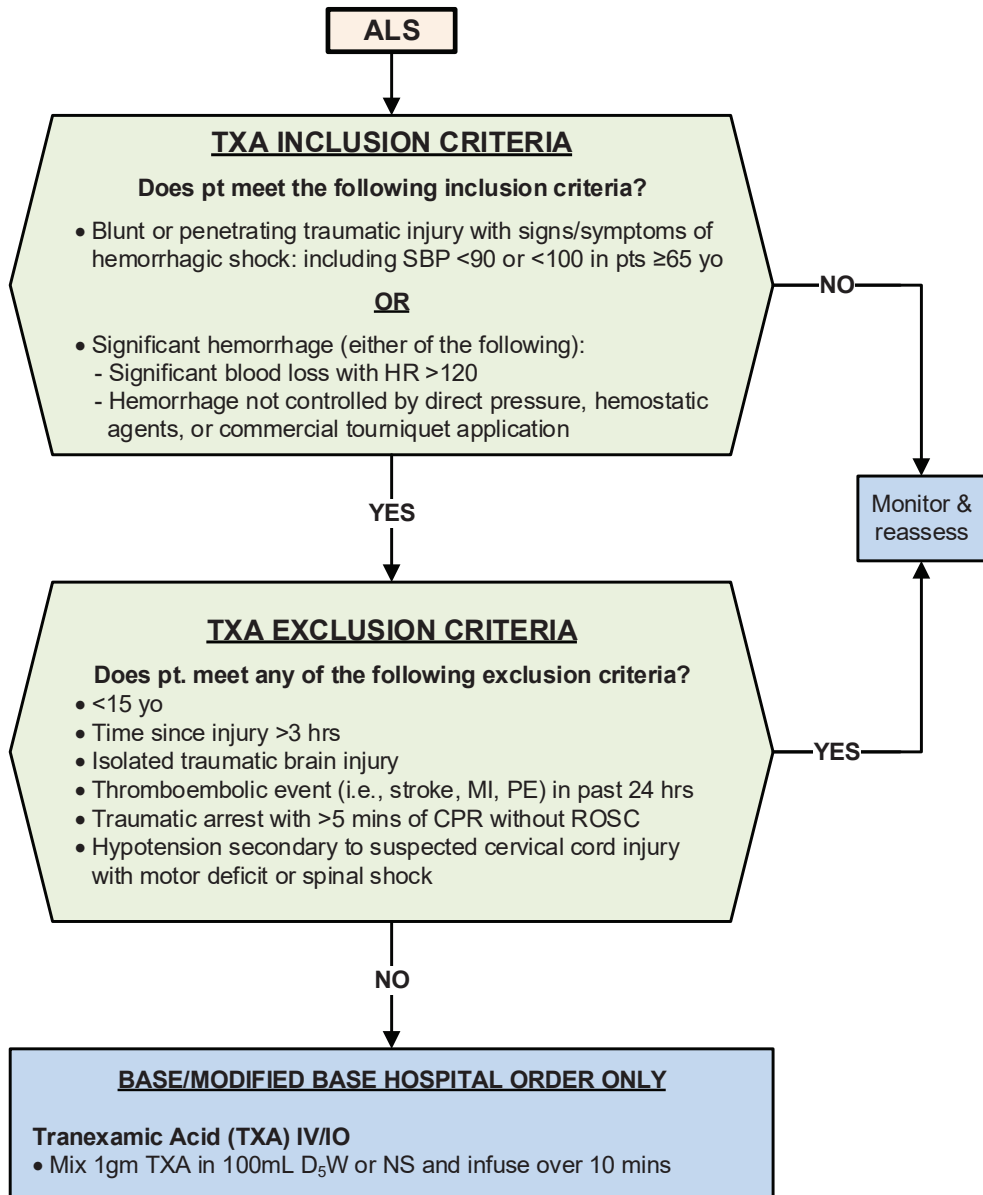


Hemorrhage

Tranexamic Acid (TXA) Administration

TXA Administration Notes:

- Routes other than IV/IO (e.g., nebulized, topical) may be considered (**with base/modified base hospital order only**) for bleeding from epistaxis, lacerations, or oral trauma.
- For post-partum hemorrhage, refer to Childbirth Protocol (OB-G1).





Burns

Approval: Troy M. Falck, MD – Medical Director

Effective: 06/01/2024

Approval: John Poland – Executive Director

Next Review: 01/2027

Information Needed

- Type/source of burn: chemical, electrical, thermal, steam
- Complicating factors: concomitant trauma, exposure in enclosed space, total time of exposure, drug or alcohol use, smoke or toxic fumes, delayed resuscitation, compartment syndrome of extremities, chest, or abdomen.

Objective Findings

- Evidence of inhalation injury or toxic exposure (i.e., carbonaceous sputum, hoarseness/stridor, or singed nasal hairs).
- Extent of burn: full or partial thickness and body surface area (BSA) affected.
- Entrance or exit wounds for electrical or lightning strike or trauma from an explosion, electrical shock or fall.

Transport Notes

- All pts suffering from an electrical burn shall be transported for evaluation.
- Contact the closest base/modified base hospital for destination consultation on pts with any of the following:
 - Full thickness (3°) burns of the hands, feet, face, perineum, or >2% of any BSA
 - Partial thickness (2°) burns >9% of BSA
 - Significant electrical or chemical burns

BLS

- O₂ at appropriate rate, consider BVM early for altered LOC or respiratory distress
- Assess V/S, including SpO₂
- Remove wet dressings and cover with dry, clean dressings

ALS

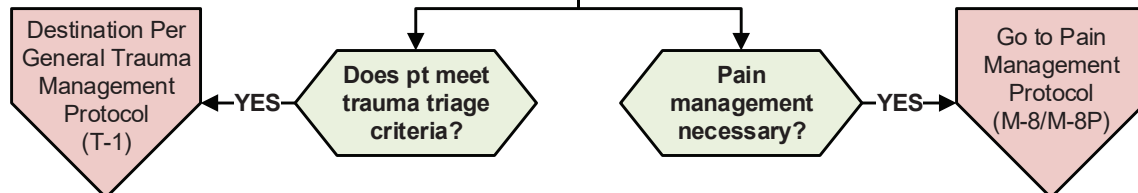
- Cardiac monitor
- Consider EtCO₂ monitoring/trending
- Consider early advanced airway if evidence of inhalation injury or compromised respiratory effort
 - ① The likelihood of airway compromise is increased in burn pts receiving IV/IO fluid administration
 - ① Airway compromise/occlusion is likely for pts with burns >25-30% BSA, regardless of location of burns

IV/IO – NS/LR TKO (in non-burned extremity)

- For 2° & 3° burns >9% BSA, facial burns, or if IV/IO pain management is necessary
- Administer 1000 mL fluid bolus for adult pts or 20 mL/kg fluid bolus for pediatric pts with 2° or 3° burns >9% BSA or signs of hypovolemia (note increased airway compromise warning above & closely monitor)

Albuterol (if wheezes are present)

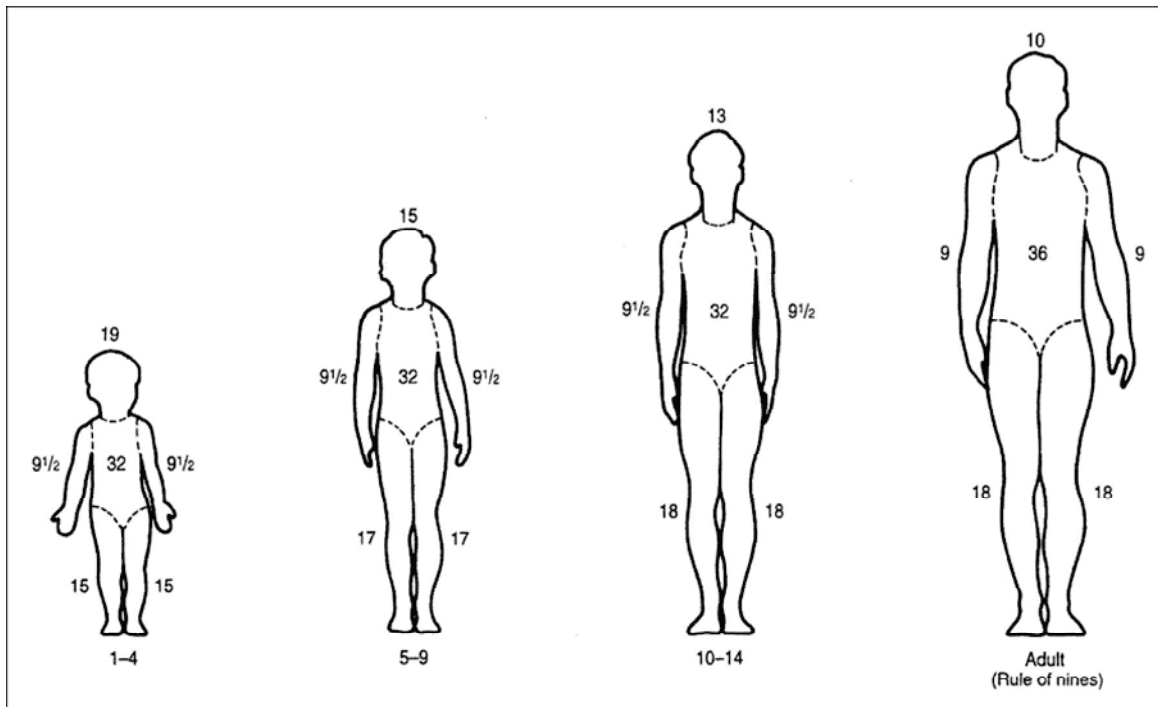
- 5 mg in 6 mL NS via HHN, mask or BVM





Burns

Burn Chart





Traumatic Pulseless Arrest

Approval: Troy M. Falck, MD – Medical Director

Effective: 06/01/2024

Approval: John Poland – Executive Director

Next Review: 01/2027

- Assess etiology – if there is suspicion that a medical event caused the traumatic arrest, treat per the applicable Non-Traumatic Pulseless Arrest Protocol (C-1 or C-1P).
- Epinephrine is likely not beneficial and may be harmful in traumatic pulseless arrest.
- Utilize mechanical chest compression devices in accordance with manufacturer indications/contraindications. If a mechanical chest compression device is used, transport shall not be significantly delayed for application of the device.
- Biphasic manual defibrillation detail: follow manufacturer’s recommendations, if unknown, start at 200 J (subsequent doses should be equivalent or higher).
- CPR need not be initiated, and may be discontinued, for patients who meet S-SV EMS Obvious Death or Probable Death Criteria (Refer to Policy 820).

BLS

- High-Quality CPR (with BVM & 100% O₂) – apply AED as soon as possible
- Deliver ~~/// AED SHOCK ///~~ if indicated by AED, & immediately resume high-quality CPR
- Hemorrhage control as appropriate
- Consider Spinal Motion Restriction (SMR) with a backboard for the following:
 - CPR
 - Blunt mechanism indicating a high risk for spinal injury

ALS

- Initiate rapid transport – ALS treatment/monitoring should be performed during transport
- Bilateral needle thoracostomy if chest or multi-system trauma is suspected
- Cardiac monitor
- Continue CPR followed by ~~/// DEFIBRILLATION ///~~ every 2 mins for continued/relapsed shockable rhythm (VF/VT)
- IV/IO NS:
 - **Adult pts:** Administer 1 L fluid bolus
 - **Pediatric pts:** Administer 20 mL/kg fluid bolus

Return of Spontaneous Circulation (ROSC)

- Manage airway as needed, optimize ventilation & oxygenation
 - O₂ at appropriate rate to maintain SpO₂ ≥94% (do not hyperventilate)
- Assess V/S, including SpO₂ – reassess V/S every 3-5 mins if possible
- Continuous ET/CO₂ monitoring – goal 35-45 mmHg
- Titrate fluid boluses:
 - **Adult pts:** Titrate to SBP of ≥90 for pts <65 years of age, or ≥100 for pts ≥65 years of age
 - **Pediatric pts:** Titrate to age appropriate SBP (max: 60 mL/kg)
- Monitor for reoccurrence of pulseless arrest



Pleural Decompression

Approval: Troy M. Falck, MD – Medical Director

Effective: 12/01/2024

Approval: John Poland – Executive Director

Next Review: 07/2027

INDICATIONS

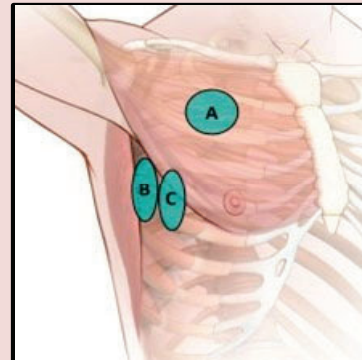
- Suspected tension pneumothorax with absent or diminished breath sounds & one or both of the following:
 - Combined hypotension (SBP <90) and SpO₂ <94%
 - Penetrating injury to the thorax
 - Traumatic cardiac arrest if chest or multi-system trauma is suspected

PRE-PROCEDURE

- Assess respiratory status, manage airway & assist ventilations as appropriate
- Administer high flow O₂ & monitor SpO₂
- Assess & continually monitor vital signs


PROCEDURE

- Identify & prep the site - approved sites in preferred order:
 - A** - Mid-clavicular line in the 2nd intercostal space
 - B** - Mid-axillary line in the 4th or 5th intercostal space above the nipple line
 - C** - Anterior axillary line in the 5th intercostal space above the nipple line
- Capnospot® Pneumothorax Decompression Indicator Procedure:
 - Use a minimum 14g x 3.25" catheter specifically designed for needle decompression
 - Attach Capnospot® Decompression Indicator to the catheter prior to insertion
 - Insert needle with syringe attached at a 90° angle, just over the superior border of the rib, & advance until air is freely aspirated or a “pop” is felt, then advance only the catheter until the hub rests against the skin
 - Observe for color change from blue to yellow within 10 secs to confirm catheter placement. Color change may not be reliable in patients with an open pneumothorax. Observe for clinical indicators of successful placement.
- Simplified Pneumothorax Emergency Air Release (SPEAR®) Procedure:
 - Insert in accordance with manufacturer’s directions for use
- Adequately secure catheter
- If an initial attempt at 1 approved site is unsuccessful, consider utilizing an alternate approved site
- 2 attempts allowed on affected side(s) without base/modified base hospital contact



POST-PROCEDURE

- Reassess breath sounds
- Administer high flow O₂ & monitor SpO₂
- Continuous cardiac & EtCO₂ monitoring
- Assess & document vital signs every 3-5 mins (if possible)
- Monitor Capnospot® (if used) & breath sounds for signs of development of tension pneumothorax

Sierra – Sacramento Valley EMS Agency Program Policy			
Trauma Center Designation Criteria, Requirements & Responsibilities			
	Effective: 12/1/2022	Next Review: 11/1/2025	509
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish Trauma Center designation criteria, requirements, and responsibilities.

AUTHORITY:

- A. HSC, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170, and 1798.172.
- B. CCR, Title 22, Division 9, Chapter 7.

DEFINITIONS:

- A. **Level I Trauma Center** – A Level I Trauma Center has the greatest amount of resources and personnel for care of the injured patient. Typically, it is also a tertiary medical care facility that provides leadership in patient care, education, and research for trauma, including prevention programs.
- B. **Level II Trauma Center** – A Level II Trauma Center offers similar resources as a Level I Trauma Center, differing only by the lack of research activities required for Level I Trauma Center designation.
- C. **Level I and II Pediatric Trauma Center** – Level I and II Pediatric Trauma Centers focus specifically on pediatric trauma patients. Level I Pediatric Trauma Centers require some additional pediatric specialties and are research and teaching facilities.
- D. **Level III Trauma Center** – A Level III Trauma Center is capable of assessment, resuscitation, and emergency surgery, if warranted. Injured patients are stabilized before transfer, if indicated, to a facility with a higher level of care according to pre-existing arrangements.
- E. **Level IV Trauma Center** – A Level IV Trauma Center is capable of providing 24-hour physician coverage, resuscitation and stabilization to injured patients before they are transferred, if indicated.

POLICY:

- A. Criteria for identification, treatment and transport of prehospital trauma patients shall be based on S-SV EMS Trauma Triage Criteria Policy (860) and General Trauma Management Protocol (T-1).
- B. S-SV EMS will perform a trauma system needs assessment prior to designating any additional trauma centers in the S-SV EMS region.
- C. The following criteria shall be met for a hospital to be designated as a Trauma Center by S-SV EMS:
 1. Be licensed by the California Department of Public Health Services as a general acute care hospital.
 2. Have a special permit for basic or comprehensive emergency medical service, pursuant to the provisions of California Code of Regulations Title 22, Division 5.
 3. Be accredited by a Centers for Medicare and Medicaid Services approved deeming authority.
 4. Meet all requirements contained in California Code of Regulations Title 22, Division 9, Chapter 7, for the applicable level of Trauma Center designation.
 5. Meet the minimum standards published in the current edition of the American College of Surgeons Committee on Trauma (ACS-COT) Resources for Optimal Care of the Injured Patient document.
 6. Meet the ACS-COT and/or S-SV EMS Trauma Center Verification requirements contained in this policy.
 7. Agree to accept the transfer of major trauma patients whose clinical condition requires a higher level of care than can be provided at the sending facility unless the Trauma Center is on trauma diversion or internal disaster.
 8. Have a written transfer agreement with a higher-level Trauma Center, if applicable, providing for the transfer of trauma patients whose clinical condition requires a higher level of care than can be provided at their facility.
 9. Enter all required trauma patient data into the S-SV EMS regional trauma registry.
 - Each trauma center shall submit trauma patient data in an agreed upon format, and within the time requirements published in the most current edition of the ACS-COT Resources for the Optimal Care of the Injured Patient document.

- Each trauma center shall ensure that the data entered into the S-SV EMS regional trauma registry is valid and without known errors.
 - Level I, II and III trauma centers located within the S-SV EMS region shall provide S-SV EMS with their American College of Surgeons Trauma Quality Improvement Program (ACS TQIP®) Benchmark Report on a bi-annual basis.
10. Submit all required trauma patient data to the California EMS Authority data management system, as required by California Code of Regulations Title 22, Division 9, Chapter 7.
11. Actively participate in the S-SV EMS regional trauma system quality improvement (QI) process, which includes required attendance at S-SV EMS Trauma QI meetings by the Trauma Medical Director and Trauma Program Manager.
12. Have a QI process in place to provide ongoing feedback to:
- Transferring hospitals on patients transferred for trauma services.
 - EMS provider agencies on prehospital patients who meet trauma triage criteria.
13. Provide CE opportunities, a minimum of four (4) hours per year, for EMS personnel in areas of trauma care.
14. Maintain active injury prevention programs targeted at reducing preventable injuries in the community.
15. Pay the applicable initial/annual S-SV EMS Trauma Center designation fees.
- D. Trauma Center diversion of patients meeting trauma triage criteria shall only occur during times of an internal disaster, or when emergent trauma services are otherwise unavailable.
1. The following entities shall be notified as soon as possible of any event resulting in trauma services being unavailable, and when trauma services are subsequently available:
- S-SV EMS.
 - Trauma center emergency department – to include a status posting on EMResource indicating trauma services are unavailable.
 - Appropriate adjacent trauma centers.
 - Appropriate prehospital provider agencies.
2. An S-SV EMS ambulance patient diversion form describing such events shall be submitted to S-SV EMS by the end of the next business day.


PROCEDURE:

- A. Any hospital seeking S-SV EMS Trauma Center designation shall submit a letter of intent to the S-SV EMS Regional Executive Director. The letter of intent shall be on hospital letterhead and include a minimum of the following:
1. The requested level of Trauma Center designation and anticipated start date for the provision of trauma services.
 2. Identification of the Trauma Program Medical Director, Trauma Program Manager and Trauma Program Registrar.
 3. Confirmation of commitment and support by hospital administration and physician staff for the applicable level of Trauma Center designation, including signatures of the hospital Chief of Staff and Chief Executive Officer.
- B. Within 90 calendar days of receiving a letter of intent that complies with the criteria listed in this section of the policy, S-SV EMS will perform a trauma system needs assessment. The S-SV EMS Regional Executive Director will consequently make a designation recommendation to the S-SV EMS JPA Governing Board of Directors based on the results of the trauma system needs assessment.
- C. Upon direction from the S-SV EMS JPA Governing Board of Directors to proceed with the Trauma Center designation process, the following will occur:
1. S-SV EMS will establish a Trauma Center contract with the hospital.
 2. The hospital shall complete a Trauma Center consultative review:
 - An ACS-COT Consultative Review is required for any hospital requesting Level I, II or III Trauma Center designation.
 - An S-SV EMS Consultative Review is required for any hospital requesting Level IV Trauma Center designation.
 3. The S-SV EMS Regional Executive Director, in consultation with the S-SV EMS Medical Director, will make a recommendation to the S-SV EMS JPA Governing Board of Directors to grant or deny S-SV EMS Trauma Center designation based on the results of the consultative review.
 4. The hospital shall obtain ACS-COT or Level IV S-SV EMS Verification within three (3) years of completion of the consultative review to maintain S-SV EMS Trauma Center designation.

Trauma Center Designation Criteria, Requirements & Responsibilities	509
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- D. Failure to maintain ACS-COT or Level IV S-SV EMS Verification or comply with any of the criteria/standards contained in this policy, applicable statutes/regulations and/or S-SV EMS Trauma Center contracts may result in probation, suspension, denial, or revocation of S-SV EMS Trauma Center designation.

- E. The S-SV EMS JPA Governing Board of Directors shall have final authority in any Trauma Center designation matters.

Sierra – Sacramento Valley EMS Agency Program Policy		
Rapid Re-Triage & Interfacility Transport Of STEMI, Stroke & Trauma Patients		
	Effective: 12/1/2023	Next Review: 7/2026
	Approval: Troy M. Falck, MD – Medical Director	510
	Approval: John Poland – Executive Director	SIGNATURE ON FILE

PURPOSE:

To establish the procedures for rapid re-triage and interfacility transport (IFT) of acute STEMI, stroke, and trauma patients whose clinical condition requires a higher level of care than can be provided at the sending facility. This process involves direct ED to ED transfer of patients that have not been admitted to the hospital.

AUTHORITY:

- A. HSC, Division 2.5, Chapter 2, § 1797.67 and 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170, and 1798.172.
- B. CCR, Title 22, Division 9, Chapter 7, 7.1 & 7.2

DEFINITIONS:

- A. **STEMI Patient Rapid Re-Triage** – The rapid evaluation, resuscitation, and transfer of a STEMI patient from a STEMI Referral Hospital (SRH) to a STEMI Receiving Center (SRC).
- B. **Stroke Patient Rapid Re-Triage** – The rapid evaluation, resuscitation, and transfer of an acute stroke patient from a non-stroke facility to a stroke receiving center.
- C. **Trauma Patient Rapid Re-Triage** – The rapid evaluation, resuscitation, and transfer of a seriously injured patient from a non-trauma facility, or a lower-level Trauma Center, to a Trauma Center that can provide a higher level of trauma care.

POLICY:

- A. STEMI patients from a hospital within the S-SV EMS region shall be accepted for transfer by a SRC unless the SRC is on STEMI diversion or internal disaster.
- B. Acute stroke patients requiring a higher level of care than can be provided at the sending facility, should be accepted for transfer by a stroke receiving center unless the stroke receiving center is on stroke diversion or internal disaster.

Rapid Re-Triage & Interfacility Transport Of STEMI, Stroke & Trauma Patients	510
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- C. Trauma patients from a hospital within the S-SV EMS region meeting 'Emergency' ("Red Box") or 'Urgent' transfer re-triage criteria shall be accepted for transfer unless the Trauma Center is on trauma diversion or internal disaster.

RAPID RE-TRIAGE AND IFT PROCEDURES:

A. STEMI Patients:

1. A 12-lead EKG should be obtained within ten minutes of patient arrival at a SRH.
2. Immediately after a STEMI is identified, contact the SRC to arrange transfer. Contact the SRC interventional cardiologist as needed.
3. If SRH arrival to PCI at the SRC is anticipated to be >90 minutes, administration of lytic agents should be considered in patients that meet thrombolytic eligibility criteria. Contact the SRC early to discuss coordination of care. The goal for door to thrombolytics is <30 minutes.
4. Patients with an SRH identified STEMI should be transferred within 45 minutes utilizing the most appropriate transport resources based on patient condition and needs.

B. Acute Stroke Patients:

1. Evaluate patients with signs/symptoms of an acute stroke as soon as possible.
2. Acute stroke patients requiring a higher level of clinical care than can be provided at the sending facility should be transferred as soon as possible.
3. Contact the closest most appropriate stroke receiving center to discuss patient status and request transfer. If transfer is accepted, arrange for appropriate transport resources based on patient condition and needs.

C. Trauma Patients:

1. Rapid re-triage and transfer of trauma patients shall be based on the North Regional Trauma Coordinating Committee Guidelines for Transfer to a Trauma Center Criteria (incorporated into this policy for reference).
2. Emergency Transfer ("Red Box") Trauma Patients:
 - The goal is to transfer patients meeting any 'Emergency Transfer' ("Red Box") Trauma Re-Triage Criteria within one (1) hour of arrival at the sending facility.

Rapid Re-Triage & Interfacility Transport Of STEMI, Stroke & Trauma Patients	510
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- Contact the closest appropriate Trauma Center as soon as possible and identify the patient as meeting “Red Box” criteria.

3. Urgent Transfer Trauma Patients:

- The goal is to transfer patients meeting any ‘Urgent Transfer’ criteria within four (4) hours of arrival at the transferring facility.
- Contact the closest most appropriate Trauma Center to discuss patient status and request transfer. If transfer is accepted, arrange for appropriate transport resources based on the patient’s condition and needs.

D. IFT Procedures:

1. Unless medically necessary, avoid using medication drips that are not in the paramedic scope of practice to avoid transfer delays.
2. If patient care has been initiated that exceeds the paramedic scope of practice, the sending hospital may consider sending a nurse or other qualified medical staff with the ground ambulance. Air ambulances or nurse staffed ground critical care transport (CCT) units may also be utilized if necessary and their response time is appropriate.
3. The patient should be ready for transport and records/staff should be prepared and available for EMS transport personnel upon arrival at the sending facility. Availability of records should not delay the transport of patients in need of emergency transfer. If complete documentation is not sent with the ambulance, it should be faxed/electronically transmitted to the receiving hospital in sufficient time that it will arrive prior to the patient if possible.
4. For patients requiring emergency transfer, contracted advanced life support (ALS) transport providers should be utilized when agreements are in place and the transport unit is available within ten (10) minutes of the initial request. The jurisdictional ALS transport provider may be requested via 9-1-1 when the contracted ALS provider is not readily available.

Guidelines for Transfer to a Trauma Center
North Regional Trauma Coordinating Committee

Emergency Transfer: *Call the Trauma Center for immediate consult and/or acceptance. Avoid unnecessary studies that would delay the transfer. The goal is transfer within 1 hour of arrival.*

- Systolic blood pressure <90 mm Hg
- Labile blood pressure despite 2L of IV fluids or requiring blood products to maintain blood pressure
- GCS ≤8 or lateralizing signs
- Penetrating injuries to head, neck, chest or abdomen
- Fracture/dislocation with loss of distal pulses &/or ischemia
- Pelvic ring disruption or unstable pelvic fracture
- Vascular injuries with active arterial bleeding

URGENT TRANSFER: *Call the Trauma Center and initiate transfer as soon as any of the following are identified. Avoid unnecessary studies. The goal is transfer within 4 hours of arrival.*

Physiologic	Extremity Injuries
<ul style="list-style-type: none"> • For a child, labile blood pressure despite 20 ml/kg of fluid resuscitation • Patients requiring blood products to maintain their blood pressure <p>Note:</p> <ol style="list-style-type: none"> 1. For pediatric patients, systolic blood pressure <70 plus 2 times the age should suggest hypotension 2. Systolic blood pressure <110 may represent shock in patients >65 years of age 	<ul style="list-style-type: none"> • Amputation of extremity proximal to wrist or ankle • Open long-bone fractures • Two or more long-bone fracture sites* • Crush injury/mangled extremity <p>*A radius/ulna fracture or tibia/fibula fracture are considered one site</p>
Neck & Thoracic Injuries	Neurological Injuries
<ul style="list-style-type: none"> • Tracheobronchial injury • Esophageal trauma • Great vessel injury • Major chest wall injury with ≥3 rib fractures &/or pulmonary contusion • Pneumothorax or hemothorax with respiratory failure • Radiographic evidence of aortic injury • Known or suspected cardiac injury 	<ul style="list-style-type: none"> • GCS deteriorating by 2 points during observation • Open or depressed skull fracture • Acute spinal cord injury • Spinal fractures, unstable or potentially unstable • Neurologic deficit
Abdominal Injuries	Pelvic/Urogenital
<ul style="list-style-type: none"> • Evisceration • Free air, fluid or solid organ injury on diagnostic testing 	<ul style="list-style-type: none"> • Bladder rupture
Burn Injuries	Co-Morbid Factors
<ul style="list-style-type: none"> • Second or third-degree thermal or chemical burns involving >10% of total body surface area in patients <15 years or >55 years of age • Second or third-degree thermal or chemical burns involving the face, eyes, ears, hands, feet, genitalia, perineum, and major joints • Third-degree burns >5% of the body surface area in any age group • Electrical burns, including lightning injury • Burn injury with inhalation injury 	<ul style="list-style-type: none"> • Adults >55 years of age with significant trauma • Significant torso injury with advanced co-morbid disease (cardiac or respiratory disease, insulin-dependent diabetes, morbid obesity, immunosuppression or End Stage Renal Disease requiring dialysis) • Patients taking anti-coagulant medication or platelet inhibitors • Children <14 years of age with significant trauma • Traumatic injury and pregnancy >20 weeks gestation

Note: All transfers must be in accordance with both state and federal EMTALA laws

Reference: American College of Surgeons, Committee on Trauma, Interfacility Transfer of Injured Patients: Guidelines for Rural Communities, 2002



S-SV Emergency Medical Services Agency

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



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



2024 EMS Quality Improvement Plan Annual Update



Sierra – Sacramento Valley Emergency Medical Services Agency



Regional Executive Director

John Poland, Paramedic

Medical Director

Troy M. Falck, MD, FACEP, FAAEM

JPA Board Chairperson

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January 2025

Tom McGinnis, Quality & Planning Division Chief
California EMS Authority (EMSA)
11120 International Drive, 2nd Floor
Rancho Cordova, CA 95670

Mr. McGinnis,

Pursuant to CCR, Title 22, Div. 9, Ch. 10, this letter and all attachments are being submitted to EMSA as the required S-SV EMS LEMSA 2024 Calendar Year Annual EMSQIP update. S-SV EMS has a strong commitment to EMS QI. We work with all EMS system participants to ensure that every patient in need of EMS assistance receives competent, compassionate, equitable, and person-centered evidence-based EMS care. S-SV EMS currently employs seven (8) clinical staff, including a physician medical director and seven (7) licensed paramedics with extensive EMS knowledge and experience. These clinical staff are primarily responsible for the S-SV EMS EMSQIP, with assistance provided by other non-clinical agency staff as needed.

In 2024, our clinical team participated in the NEMSQUA Airway Management Collaborative, providing significant data to this national study. Additionally, our Prehospital Advisory Committee continues to provide beneficial feedback and ideas for clinical improvement in our region. Another significant 2024 regional project was the completion of (5) year EMSQIPs by S-SV EMS authorized prehospital and hospital provider agencies. S-SV EMS staff continue to coordinate and receive input/feedback from multiple other regional EMS system QI committees, and conduct/facilitate a significant amount of EMS system data review, audit, and educational activities. We continue to focus on methods to improve the quality, consistency, and validity of our EMS system data.

S-SV EMS has a strong commitment to EMS system transparency and accountability. As a result, we continue to update and publish an EMS system performance data report monthly, which includes the following EMS system data:

- S-SV EMS Regional APOT Data
- S-SV EMS Regional Ground and EMS Aircraft Data
- S-SV EMS Regional Prehospital Naloxone Utilization Data

Sierra – Sacramento Valley Emergency Medical Services Agency

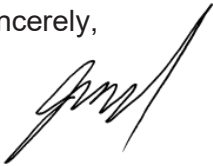
The above-mentioned report, and various others, will continue to be refined/improved as necessary. A copy of this report for 2024 is included in this EMSQIP annual update. S-SV EMS also requires EMS system participants to regularly conduct focused audits, and to report their results back to our agency for additional review, compiling and publishing. The results of these audits are utilized for ongoing education/training purposes. Any identified clinical and/or documentation issues are then monitored and tracked as necessary until the matter is adequately resolved. S-SV EMS has also implemented necessary policy/protocol changes based on the results of previous audits, followed by additional monitoring/auditing activities to ensure that the identified issues have been corrected.

S-SV EMS continues to participate in various other EMS specialty patient data registries/programs and ensures that all required prehospital and hospital data is submitted to CEMSIS in a timely manner.

S-SV EMS has a robust system to identify and address clinical issues/concerns, in close collaboration with EMS system participants. This is accomplished using a just culture type philosophy, to ensure an appropriate oversight/accountability balance. Prehospital personnel and EMS system participants have clearly embraced this concept, as evidenced by an increase in self-reported policy/protocol deviations, patient care issues, medication errors, etc. These matters are thoroughly investigated and addressed to ensure that they do not reoccur. S-SV EMS policy/protocol updates are also reviewed/implemented as determined necessary.


Thank you for the opportunity to provide this update covering the EMS QI work that S-SV EMS staff and EMS system participants provide on an ongoing basis. Please feel free to contact me with any specific questions you may have regarding this matter.

Sincerely,



John Poland, Paramedic
Regional Executive Director
Sierra – Sacramento Valley EMS Agency

S-SV EMS Policy Action & EMSQIP Policy

Sierra – Sacramento Valley EMS Agency Program Policy			
S-SV EMS Policy/Protocol Actions			
	Effective: 12/01/2023	Next Review: 09/2025	220
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To provide a mechanism for creation, review, revision, or removal of S-SV EMS policies and/or treatment protocols (collectively referred to in this policy as ‘policy/protocol action’).

AUTHORITY:

- A. HSC, Division 2.5, § 1797.107, 1797.171, 1797.172, 1797.176, 1797.202, 1797.220, and 1798.
- B. CCR, Title 22.

POLICY:

- A. Prehospital provider organizations shall not institute patient care policies/protocols that conflict with those established by the S-SV EMS Agency. This does not apply to treatment protocols developed by air ambulance or ground critical care transport providers for RN personnel.
- B. New policies/protocols are developed as necessary based on EMS system needs.
- C. Consideration of proposed policy/protocol actions will be given to suggestions/requests from EMS system participants.
- D. Existing S-SV EMS policies/protocols are routinely reviewed a minimum of every three (3) years but may be reviewed on a more frequent basis as necessary.

PROCEDURE:

- A. Policy/protocol action input may be solicited from individuals, organizations, and/or advisory committees. S-SV EMS may also establish an ad hoc committee to recommend policy actions as necessary.
- B. Approval of policy/protocol actions will occur as follows:
 - 1. Proposed policy actions will be placed on the S-SV EMS Regional Emergency Medical Advisory Committee (REMAC) meeting agenda for consideration.

2. The REMAC meeting agenda and all proposed policy actions will be distributed to EMS system participants and posted on the S-SV EMS website a minimum of 30 days prior to the applicable REMAC meeting in which they will be considered.
 3. Proposed policy actions listed on the REMAC agenda may be approved upon majority vote of the REMAC members. If necessary, proposed policy actions may be carried over to subsequent REMAC meetings until a consensus is reached by the committee.
 4. All policy actions passed by the REMAC shall be approved by the S-SV EMS Medical Director and Regional Executive Director prior to implementation.
- C. Implementation of policy actions will occur as follows:
1. New policies/protocols will be assigned an S-SV EMS policy/protocol number.
 2. An effective date and next review date will be assigned to all policies/protocols.
 3. The S-SV EMS Medical Director and Regional Executive Director will approve and sign the policy/protocol.
 4. EMS system participants will be notified of the policy action and implementation date. Policy/protocol updates are routinely released on a bi-annual basis for either a June 1st or December 1st implementation but may be released more frequently as necessary.
- D. Some policy actions may require immediate action to maintain compliance with statutes/regulations, or to preserve medical control/integrity of the EMS system. Policy actions of this type may be implemented by S-SV EMS as urgency measures and scheduled for discussion at the next regularly scheduled REMAC meeting if necessary.

S-SV EMS 2024 Policy and Protocol Actions Summary

POLICIES			
Reference	Title	Action	Update Comments
307	Ambulance Patient Offload Time (APOT)	Replace	Updated with NEMSIS V3.5 data elements.
377	BLS Optional Skills Base/Modified Base Hospital Medical Control Requirements	Replace	Removal of King Airway device.
410	EMS Service Provider Permit	Replace	Updated permit application due dates and processing language.
477	BLS Optional Skills Provider Approval/ Requirements	Replace	Removal of King Airway device.
505-A	S-SV EMS Regional Hospital Capabilities	Replace	Addition of Tahoe Forest Hospital as a Primary Stroke Center.
508 & 508-A	Ambulance Patient Diversion	Replace	Removal of Limited Diversion & additional of Patient Surge Diversion language.
605	EMS Documentation	Replace	Updated language regarding PCR completion and EMS data submission processes/timelines.
701	ALS Provider Agency Inventory Requirements	Replace	Updated needle thoracostomy equipment requirements, additional of magnesium sulfate, TXA now required.
702	ALS Specialty Program Provider Inventory Requirements	Replace	Updated needle thoracostomy equipment requirements, additional of magnesium sulfate, TXA now required.
703	LALS Provider Agency Inventory Requirements	Replace	Added spit hood, pediatric sidestream ET/CO2 circuit, & PO acetaminophen.

S-SV EMS 2024 Policy and Protocol Actions Summary

704	BLS Provider Agency Inventory Requirements	Replace	Added spit hood.
705 & 705-A	Prehospital Provider Agency Unit Inspections	Replace	Updated language regarding annual unit inspection process.
801	Emergency Medical Technician (EMT) Scope Of Practice	Replace	Removal of King Airway device.
802	AEMT Scope Of Practice	Replace	Addition of fentanyl to AEMT II scope of practice.
803	Paramedic Scope Of Practice	Replace	Additional of Magnesium Sulfate to basic scope of practice.
820	Determination Of Death	<u>Remove</u>	Replaced with new general protocol G-2 & G-2 (LALS).
823 & 823-A&B	DNR, POLST & End Of Life Option Act	<u>Remove</u>	Replaced with new general protocol G-3 & G-3 (LALS).
830	Suspected Child Abuse/Neglect Reporting	Replace	Updated suspected abuse reporting contact information.
832	Suspected Elder/Dependent Adult Abuse Reporting	Replace	Updated suspected abuse reporting contact information.
834	Active Shooter/Mass Violence Incidents	<u>Remove</u>	Replaced with protocol G-1 & updated S-SV EMS Regional MCI Plan.
837 & 837-A-D	Multiple Casualty Incidents	<u>Remove</u>	Replaced with protocol G-1 & updated S-SV EMS Regional MCI Plan.

S-SV EMS 2024 Policy and Protocol Actions Summary

844	Paramedic Utilization Of Non-Invasive High Flow Nasal Cannula During IFTs	Replace	Updated ETCO2 monitoring language.
852	Patient Restraint Mechanisms	Replace	Additional language regarding management of actively spitting patients.
904	EMR Initial & Renewal Certification	Replace	Updated certificate issuance language related to the implementation of the S-SV EMS License Management System.
913 & 913-A	Paramedic Accreditation	Replace	Updated certificate issuance language related to the implementation of the S-SV EMS License Management System.
915	MICN Authorization/Reauthorization	Replace	Updated certificate issuance language related to the implementation of the S-SV EMS License Management System.
927 & 927-A	EMS Incident Reporting & Investigation	Replace	Incident reporting requirements clarification.
PROTOCOLS			
C-1 & C-1 (LALS)	Non-Traumatic Pulseless Arrest	Replace	Updated mechanical CPR device indication/contraindication language. Updated language for consistency with ACLS. Addition of Magnesium Sulfate
C-2 & C-2 (LALS)	Return Of Spontaneous Circulation (ROSC)	Replace	Updated amiodarone administration language & addition of Magnesium Sulfate language for consistency with Protocol C-4.

S-SV EMS 2024 Policy and Protocol Actions Summary

C-3 & C-3 (LALS)	Bradycardia With Pulses	Replace	Removal of morphine for TCP sedation/pain control.
C-4 & C-4 (LALS)	Tachycardia With Pulses	Replace	Removal of morphine for pre-cardioversion sedation/pain control. Addition of Magnesium Sulfate & Amiodarone.. Revised pre-cardioversion sedation medication doses.
C-6 & C-6 (LALS)	Chest Discomfort/Suspected Acute Coronary Syndrome (ACS)	Replace	Removal of morphine.
M-3	Phenothiazine/Dystonic Reaction	Replace	Addition of 'slow' to Diphenhydramine IV/IO push language.
M-4	BLS Naloxone Administration For Suspected Opioid Overdose	Replace	Additional language regarding airway & ventilatory support.
M-6 & M-6 (LALS)	General Medical Treatment	Replace	Incorporation of nausea/vomiting treatment, expanded sepsis assessment/treatment language.
M-7	Nausea/Vomiting	<u>Remove</u>	Protocol contents merged into General Medical Treatment Protocol M-6.
M-8 & M-8 (LALS)	Pain Management	Replace	Removal of morphine. Revised language regarding non-traumatic related/chronic pain & acute injury treatment modalities.
M-10	Finger Stick Blood Glucose Testing By EMT Personnel	<u>Remove</u>	Protocol contents merged into General Medical Treatment Protocol M-6.

S-SV EMS 2024 Policy and Protocol Actions Summary

M-8 & M-8 (LALS)	Pain Management	Replace	Removal of morphine. Revised language regarding non-traumatic related/chronic pain & acute injury treatment modalities.
M-10	Finger Stick Blood Glucose Testing By EMT Personnel	<u>Remove</u>	Protocol contents merged into General Medical Treatment Protocol M-6.
M-11 & M-11 (LALS)	Behavioral Emergencies	Replace	Removal of 'Excited Delirium' language.
N-3 & N-3 (LALS)	Suspected Stroke	Replace	Additional language related to suspected stroke signs.
E-2 & E-2 (LALS)	Hypothermia & Avalanche/Snow Immersion Suffocation Resuscitation	Replace	Title change & additional clarification language regarding snow immersion suffocation resuscitation.
E-3 & E-3 (LALS)	Frostbite	Replace	Updated reference to new pediatric pain management protocol numbering (M-8P).
E-4 & E-4 (LALS)	Bites/Envenomations	Replace	Updated reference to new pediatric pain management protocol numbering (M-8P).
OB-G1 & OB-G1 (LALS)	Childbirth	Replace	Updated umbilical cord clamping/cutting & fundus massage language. Addition of TXA to OB-G1 Protocol.
T-1 & T-1 (LALS)	General Trauma Management	Replace	Updated reference to new pediatric pain management protocol numbering (M-8P).
T-2	Tension Pneumothorax	<u>Remove</u>	Replaced with protocol PR-3.

S-SV EMS 2024 Policy and Protocol Actions Summary

T-3 & T-3 (LALS)	Suspected Moderate/Severe Traumatic Brain Injury (TBI)	Replace	Updated language regarding PPV, advanced airway use and target EtCO ₂ . Updated SBP & fluid bolus language.
T-4 & T-4 (LALS)	Hemorrhage	Replace	Updated list of approved Hemostatic Agents. Additional TXA information in the ALS/BLS protocol. Updated TXA administration language
T-5 & T-5 (LALS)	Burns	Replace	Updated reference to new pediatric pain management protocol numbering (M-8P).
T-6 & T-6 (LALS)	Traumatic Pulseless Arrest	<u>Add</u>	New traumatic cardiac arrest protocol.
C-1N & C-1N (LALS)	Neonatal Resuscitation	<u>Add</u>	Renumbered from P-2. Due for routine review. No other substantive changes.
C-1P & C-1P (LALS)	Pediatric Pulseless Arrest	<u>Add</u>	Renumbered from P-4. Added EtCO ₂ . Revised epinephrine dosing. Added narcotic OD language.
C-3P & C-3P (LALS)	Pediatric Bradycardia With Pulses	<u>Add</u>	Renumbered from P-6. Updated O ₂ administration language. Added EtCO ₂ .
C-4P & C-4P (LALS)	Pediatric Tachycardia With Pulses	<u>Add</u>	Renumbered from P-8. Updated O ₂ administration language. Added EtCO ₂ .
P-1 & P-1 (LALS)	General Pediatric Protocol	<u>Remove</u>	Replaced with protocol M-6P & M-6P (LALS).

S-SV EMS 2024 Policy and Protocol Actions Summary

P-3 & P-3 (LALS)	Brief Resolved Unexplained Event (BRUE)	<u>Remove</u>	Replaced with protocol M-6P & M-6P (LALS).
P-14 & P-14 (LALS)	Pediatric Respiratory Distress - Wheezing	<u>Remove</u>	Replaced with protocol R-3P & R-3P (LALS).
P-16 & P-16 (LALS)	Pediatric Respiratory Distress - Stridor	<u>Remove</u>	Replaced with protocol R-3P & R-3P (LALS).
P-20 & P-20 (LALS)	Pediatric Shock	<u>Remove</u>	Replaced with protocol M-6P & M-6P (LALS).
R-1P & R-1P (LALS)	Pediatric Foreign Body Airway Obstruction	<u>Add</u>	Renumbered from P-10. Updated O2 administration language.
R-2P & R-2P (LALS)	Pediatric Respiratory Arrest	<u>Add</u>	Renumbered from P-12. Updated O2 administration language. Added EtCO2.
R-3P & R-3P (LALS)	Pediatric Respiratory Distress	<u>Add</u>	New treatment protocol.
M-1P & M-1P (LALS)	Pediatric Allergic Reaction/Anaphylaxis	<u>Add</u>	Renumbered from P-18. Updated O2 administration language. Updated BLS epinephrine administration language. Updated high risk and in extremis criteria on page 2.
M-5P & M-5P (LALS)	Pediatric Ingestions & Overdose	<u>Add</u>	Renumbered from P-22. Updated O2 administration language. Added EtCO2. Added Poison Control contact information.
M-6P & M-6P (LALS)	Pediatric General Medical Treatment	<u>Add</u>	New treatment protocol.

S-SV EMS 2024 Policy and Protocol Actions Summary

M-8P & M-8P (LALS)	Pediatric Pain Management	<u>Add</u>	Renumbered from P-34. Updated O2 administration language. Added EtCO2. Added Poison Control contact information. Removal of morphine. Revised language regarding non-traumatic related/ chronic pain & acute injury treatment modalities.
M-11P & M-11P (LALS)	Pediatric Behavioral Emergencies	<u>Add</u>	New pediatric behavioral emergencies protocol.
N-2P & N-2P (LALS)	Pediatric Seizure	<u>Add</u>	Renumbered from P-26. Updated O2 administration language. Added EtCO2. Added PO acetaminophen for febrile pts. Clarified age for PO acetaminophen administration.
G-1 & G-1 (LALS)	Multiple Patient Incidents	<u>Add</u>	New protocol to replace 834 & 837 policies.
G-2 & G-2 (LALS)	Determination Of Death	<u>Add</u>	New general protocol.
G-3 & G-3 (LALS)	DNR, POLST & End Of Life Option Act	<u>Add</u>	New general protocol.
PR-1 & PR-1 (LALS)	12-Lead EKG	<u>Add</u>	New procedure protocol.
PR-3	Pleural Decompression	<u>Add</u>	New procedure protocol.
PR-4 & PR-4 (LALS)	Venous Blood Draws	<u>Add</u>	New procedure protocol.
PR-5 & PR-5 (LALS)	Vascular Access	<u>Add</u>	New procedure protocol.

Sierra – Sacramento Valley EMS Agency Program Policy			
EMS System Quality Improvement Program (EMSQIP)			
	Effective: 12/1/2023	Next Review: 09/2026	620
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish a system wide Emergency Medical Services System Quality Improvement Program (EMSQIP) to monitor, review, evaluate, and improve the delivery of prehospital care in the S-SV EMS region.

AUTHORITY:

- A. HSC, Division 2.5, § 1797.204, 1797.220 and 1798.
- B. CCR, Title 22, Chapter 12.

POLICY:

- A. ALS/LALS prehospital provider organizations and base/modified base hospitals shall submit a written EMSQIP to S-SV EMS for review and approval every five (5) years. The EMSQIP shall include the provider/hospital name and management structure, including quality improvement (QI) coordinator (or similar position), medical director, and internal QI staff and structure. A provider/hospital organizational chart shall also be included if available.
- B. The EMSQIP shall, at a minimum, include the following QI activities:
 - 1. Prospective QI – Systematic approach to identify, measure, and improve the quality of care provided.
 - 2. Concurrent QI – Ongoing process to monitor and improve the quality of care in real-time during patient care.
 - 3. Retrospective QI – Analysis of data and events after the delivery of patient care to identify trends, patterns, and recurring issues.
 - 4. Reporting/Feedback – Sharing information about performance, outcomes, and quality measures with system participants.

C. ALS/LALS prehospital provider organization EMSQIPs shall, at a minimum, detail the process for conducting the following activities:

1. Prospective QI:

- Participation in S-SV EMS and base/modified base hospital QI committees.
- Initial and continuing employee education:
 - Orienting field personnel to the S-SV EMS system.
 - Developing educational programs based on problem identification and trend analysis.
 - Process for communicating system changes to field personnel.
- Process for development of performance standards to evaluate the quality of care delivered by field personnel.
- Methods for evaluating field personnel:
 - New/probationary employee clinical performance standards.
 - Clinical/operational deficiency identification methodology.
 - Problem-oriented evaluation and corrective action plans for identified deficiencies, including an example of a standardized performance improvement plan (PIP).
- Personnel certification/accreditation tracking:
 - Initial and ongoing certification/accreditation tracking process.
 - Other S-SV EMS required training/education.

2. Concurrent QI:

- Direct observation (ride-along, field training officer, etc.) of field personnel evaluating patient care against performance standards.
- Availability of field supervisors and/or QI personnel for field personnel support.

3. Retrospective QI:

- Process for retrospective analysis of field care to include but not be limited to:
 - High-acuity, low occurrence (HALO) call/event types.
 - Audit topics.
 - Problem oriented calls/events.
 - Calls/events requested to be reviewed by S-SV EMS.
- Documentation/PCR review to assure quality, accuracy, and adherence to provider/S-SV EMS documentation standards/requirements.
- Compliance with reporting and other quality improvement requirements as specified by S-SV EMS.

4. Reporting/Feedback:

- Process for reporting trends/issues to S-SV EMS and/or base/modified base hospitals.
 - Process for communicating quality improvement/opportunities for improvement to field personnel.
- D. All EMS system participants shall submit an annual EMSQIP report, utilizing an S-SV EMS developed standardized form, for the previous calendar year to S-SV EMS no later than March 31st.
- E. All EMS system participants shall participate in the S-SV EMS EMSQIP, which may include providing records for program monitoring and evaluation.



BLS Provider Annual EMS QI Report

BLS OPTIONAL SKILLS INFORMATION

Which BLS Optional/Expanded Skills Do Your Personnel Utilize?

- Auto-Injector Epinephrine Naloxone
 Epinephrine IM Injection (EMT) King Airway (EMT) i-gel LMA (EMT)

Is BLS Optional Skills Review/Verification Completed At Least Annually? Yes No

Are All BLS Optional Skills Uses Reviewed For QI Purposes? Yes No

BLS Optional/Expanded Skills Issues/Comments

EDUCATION/TRAINING

EMS Education/Training Provided To The Public

EMS Education/Training Provided To Your Personnel



BLS Provider Annual EMS QI Report

ADDITIONAL QI ACTIVITIES/COMMENTS



ALS/LALS Ground Provider Annual EMS QI Report

PROVIDER AGENCY INFORMATION

Provider Agency:

Position/Title	Name	Telephone Number	Email Address
Chief/Director/Manager			
Medical Director			
QI Coordinator			
EMS Data Manager			
# Of EMTs:		# Of AEMTs:	
# Of Paramedics:		# Of RNs:	
# Of EMS Calls:			

POLICIES/PROCEDURES

New/Revised Provider Agency Specific EMS Related Policies/Procedures



ALS/LALS Ground Provider Annual EMS QI Report

EDUCATION/TRAINING

EMS Education/Training Provided To The Public

EMS Education/Training Provided To Your Personnel



ALS/LALS Ground Provider Annual EMS QI Report

ADDITIONAL EMS QI ACTIVITIES/GOALS

Additional EMS QI Activities

EMS QI Goals



EMS Aircraft Provider Annual EMS QI Report

PROVIDER AGENCY INFORMATION

Provider Agency:

Position/Title	Name	Telephone Number	Email Address
Chief/Director/Manager			
Medical Director			
QI Coordinator			
EMS Data Manager			
# Of Paramedic Personnel:		# Of RN Personnel:	
# Of Completed 911 Calls:		# Of Completed IFT Calls:	

EQUIPMENT/MEDICATIONS/PROCEDURES

Pertinent Equipment/Supply/Medication Changes

POLICIES/PROCEDURES

New/Revised Provider Agency Specific EMS Related Policies/Procedures



EMS Aircraft Provider Annual EMS QI Report

EDUCATION/TRAINING

EMS Education/Training Providing To The Public

EMS Education/Training Provided To Your Personnel Or Other EMS System Participants



EMS Aircraft Provider Annual EMS QI Report

EMS QI ACTIVITIES/GOALS

Additional EMS QI Activities

EMS QI Goals



Base/Modified Base Hospital Annual EMS QI Report

HOSPITAL INFORMATION

Hospital Name: _____ Type: Base Modified Base

Position/Title	Name	Telephone	Email
CEO			
ED Manager			
Base/Modified Base Hosp. Medical Director			
Base/Modified Base Hosp. Coordinator			

Number of MICNs (if applicable): _____

EMS ACTIVITIES

EMS Training/Classes/Drills/Exercises

--



Base/Modified Base Hospital Annual EMS QI Report

EMS QI ACTIVITIES

2024 S-SV EMS
Regional Meeting
Calendar



Sierra - Sacramento Valley EMS Agency 2024 Calendar



January						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

S-SV EMS Holidays - Office Closed

S-SV EMS Agency Public Meetings

JPA Board of Directors Meeting 1:00 pm - 3:00 pm	
• January 12, 2024	
• March 8, 2024	
• May 10, 2024	
• July 12, 2024	
• September 13, 2024	
• November 8, 2024	

REMAC Meeting 9:00 am - 12:00 am	
• January 16, 2024	
• April 16, 2024	
• July 16, 2024	
• October 15, 2024	

Region III RDMHS/MHOAC Meeting 9:00 am - 12:00 pm	
• March 27, 2024	
• June 26, 2024	
• September 25, 2024	
• December 18, 2024	

S-SV EMS Agency QA/QI* Meetings

Prehospital Advisory Committee 9:00 am - 12:00 pm	
• January 24, 2024	
• April 24, 2024	
• July 24, 2024	
• October 23, 2024	

Regional STEMI QI Committee 9:00 am - 11:00 am	
• March 4, 2024	
• September 10, 2024	

Trauma QI Committee 11:00 am - 3:00 pm	
• May 2, 2024	
• December 5, 2024	

*QA/QI Meetings are established/ managed pursuant to § 1157.7 of the California Evidence Code.
QA/QI MEETINGS ARE NOT OPEN TO THE PUBLIC

S-SV EMS Agency Classes

Paramedic, Flight Nurse, & MICN Accreditation/Orientation 9:00 am - 1:00 pm	
• January 9	• July 9
• February 13	• August 13
• March 12	• September 11
• April 9	• October 8
• May 14	• November 12
• June 11	• December 10

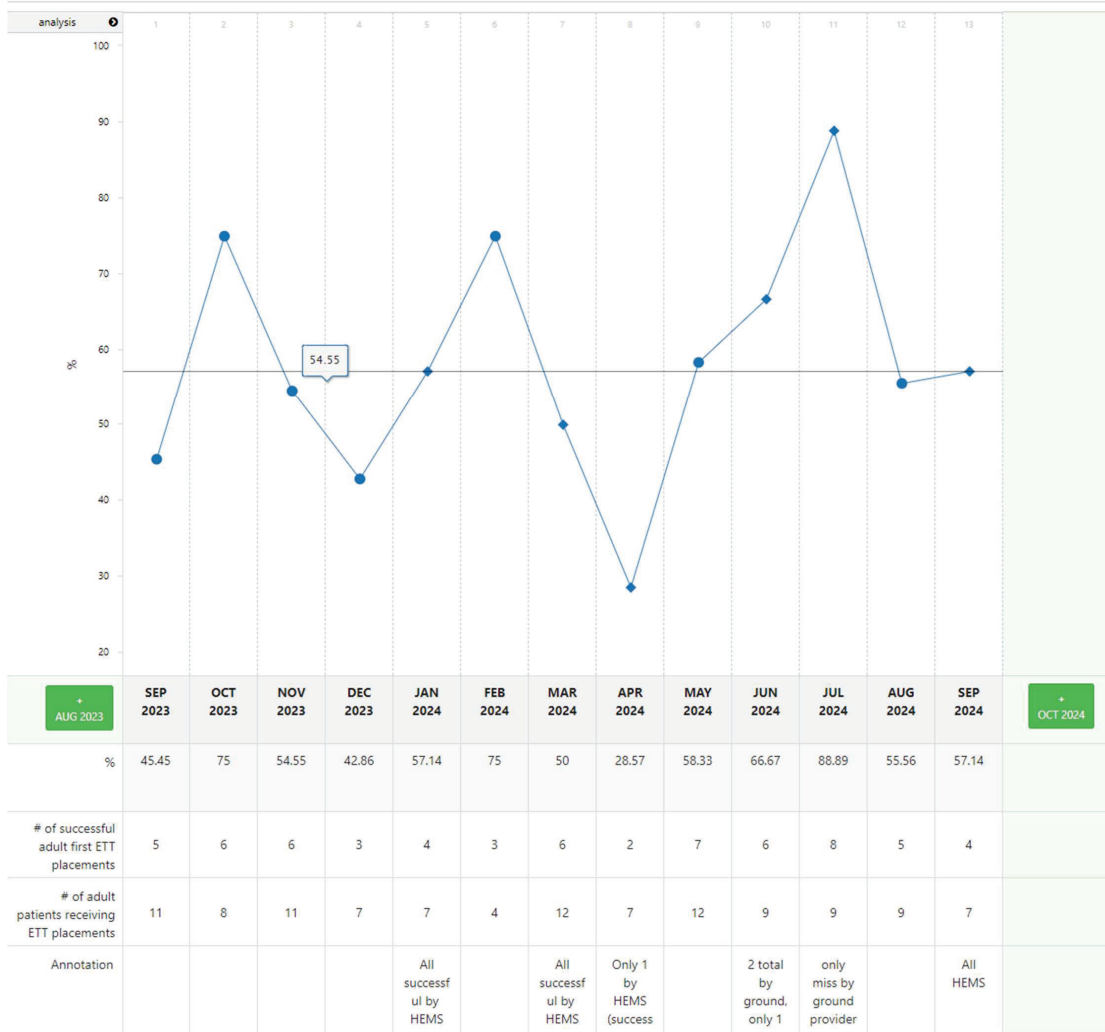
S-SV EMS Agency Office/Meeting Locations

Rocklin (Open to the Public) 535 Menlo Drive, Suite A Rocklin, CA 95765
Redding (Meetings/Classes Only) 1255 East Street, Second Floor Redding, CA 96001
Telephone Number (916) 625-1702

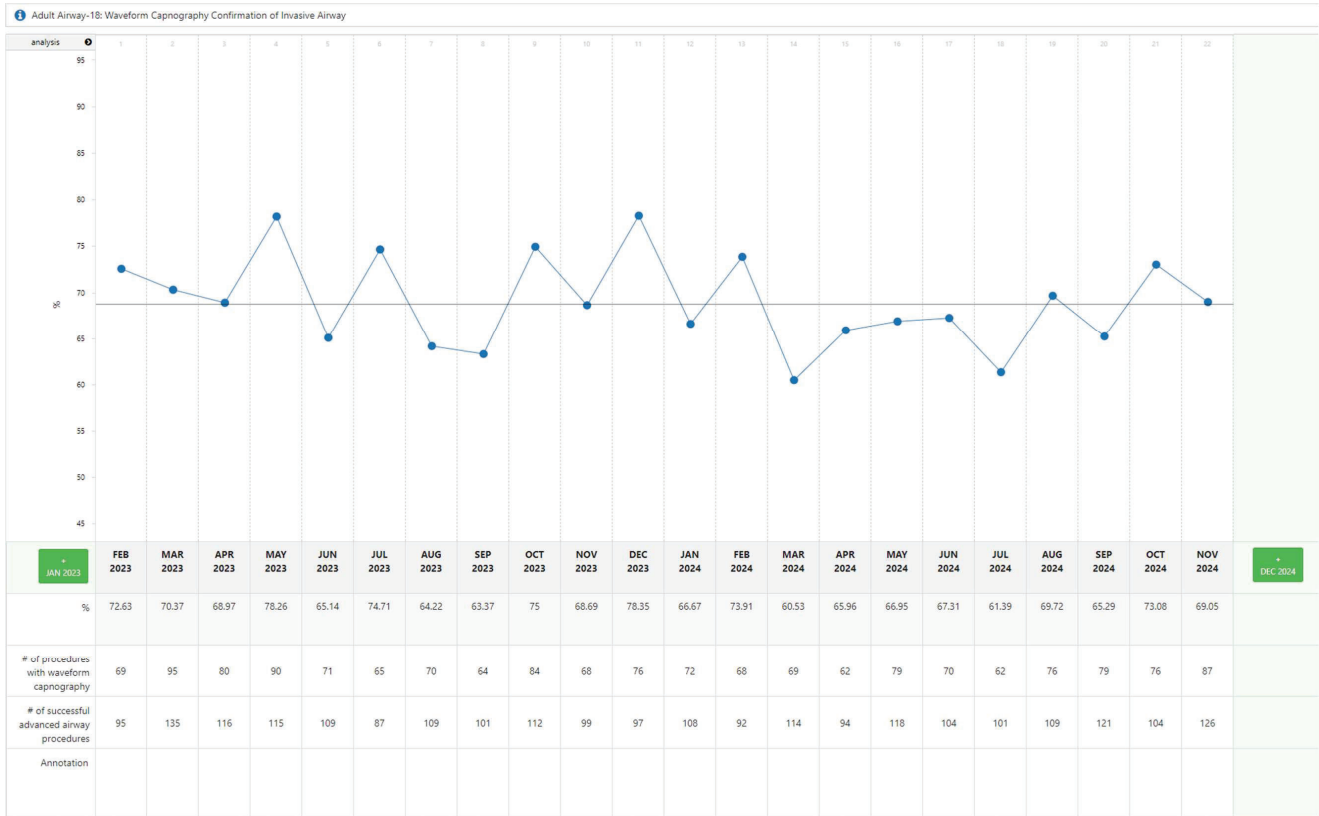
S-SV EMS 2024
Audit Reports

2024 NEMSQUA AIRWAY COLLABORATIVE

Adult Airway-01: Successful First Endotracheal Intubation Attempt without Hypotension and without Hypoxia

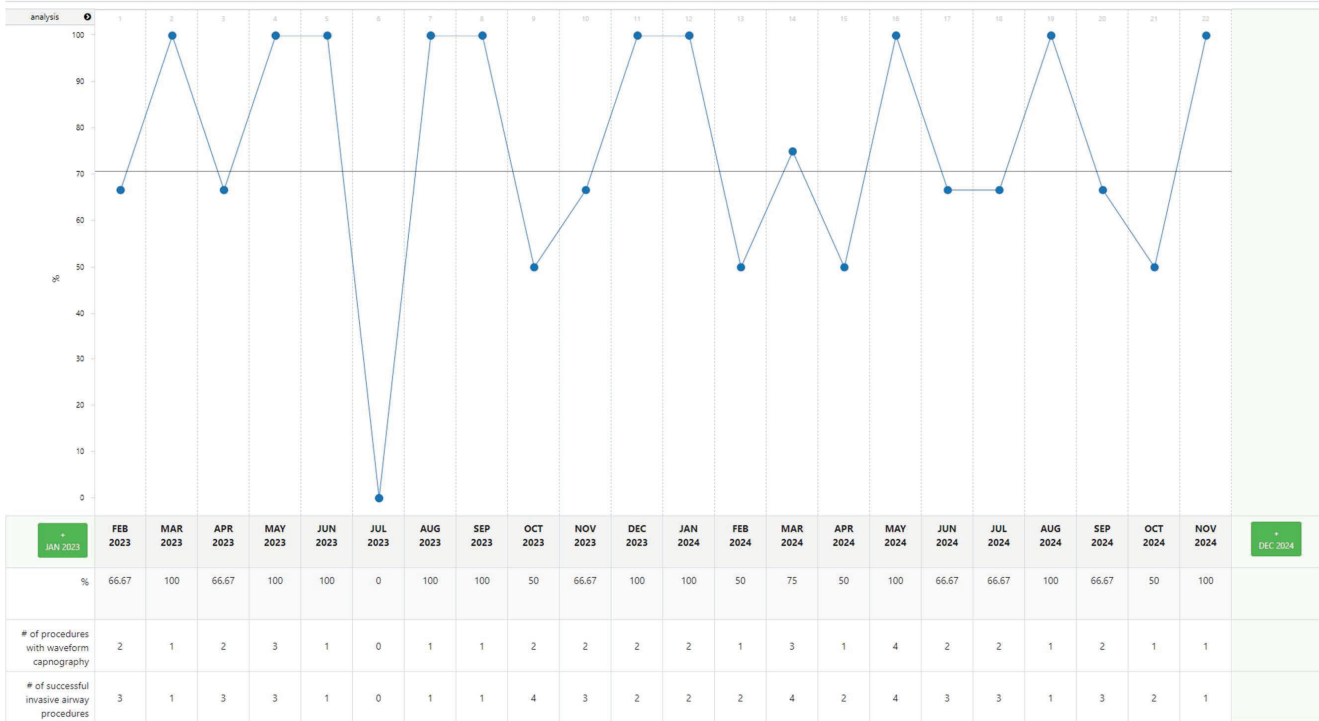


2024 NEMSQUA AIRWAY COLLABORATIVE



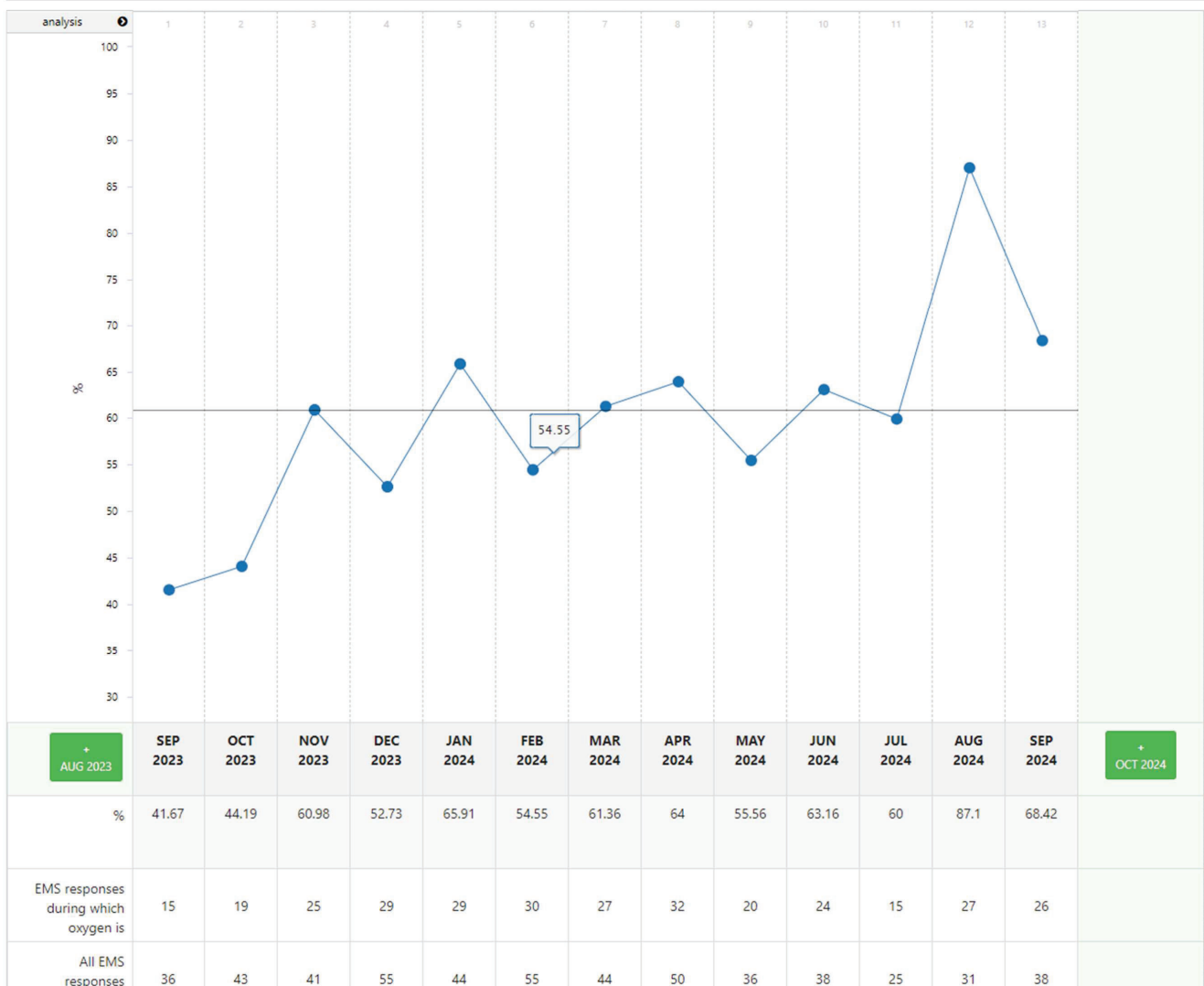
2024 NEMSQUA AIRWAY COLLABORATIVE

Pediatric Airway-18: Waveform Capnography Confirmation of Invasive Airway





2024 NEMSQUA AIRWAY COLLABORATIVE

Pediatric Respiratory-02 Oxygen Administration for Hypoxia



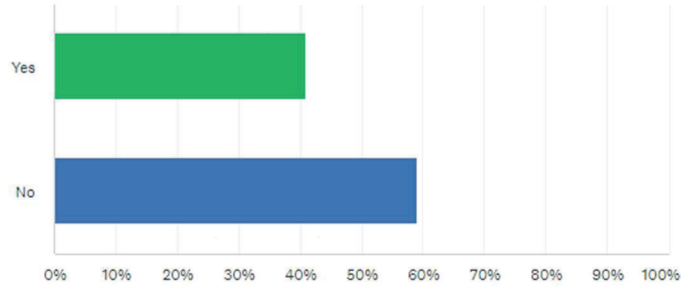
Advanced Airway Management ALS Provider Survey

Q1

 Customize  Save as ▼



Does your Agency utilize video laryngoscopes?

Answered: 22 Skipped: 0



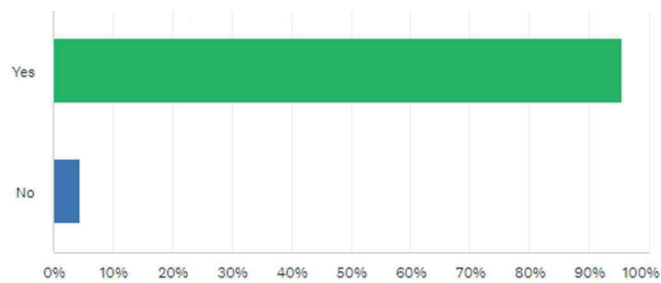
ANSWER CHOICES	RESPONSES
▼ Yes	40.91% 9
▼ No	59.09% 13
TOTAL	22

Q2

 Customize  Save as ▼

Does your agency carry bougies?

Answered: 22 Skipped: 0



ANSWER CHOICES	RESPONSES
▼ Yes	95.45% 21
▼ No	4.55% 1
TOTAL	22

Advanced Airway Management ALS Provider Survey

Q3

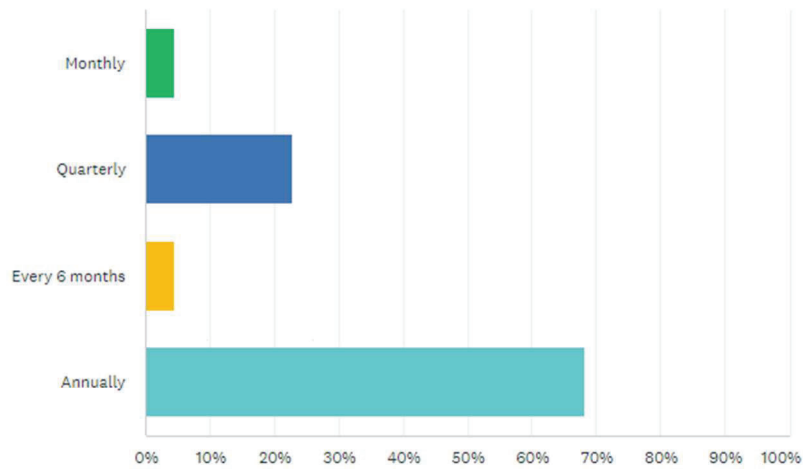


Customize

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How often does your agency require advanced airway training?

Answered: 22 Skipped: 0



ANSWER CHOICES	RESPONSES
▼ Monthly	4.55% 1
▼ Quarterly	22.73% 5
▼ Every 6 months	4.55% 1
▼ Annually	68.18% 15
TOTAL	22

Advanced Airway Management ALS Provider Survey

Q4

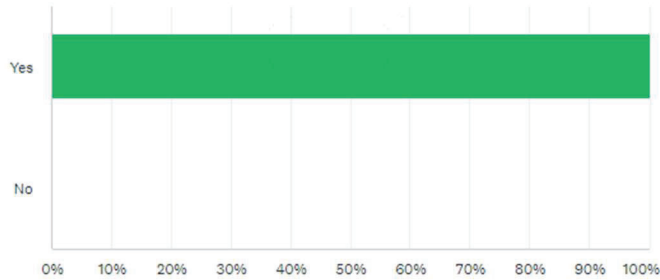


Customize

Save as

Does your agency utilize an airway mannikin for advanced airway training?

Answered: 22 Skipped: 0



ANSWER CHOICES

RESPONSES

Yes

100.00%

22

No

0.00%

0

TOTAL

22

Q5

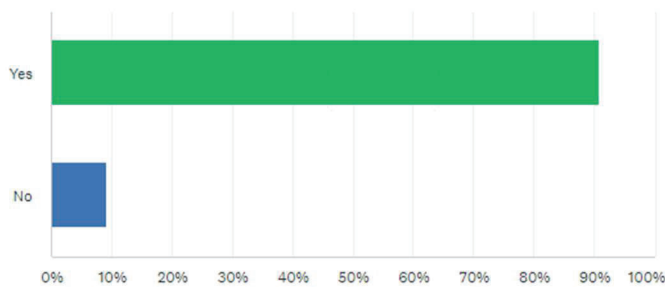


Customize

Save as

Do you provide advanced airway management training to all newly hired paramedics?

Answered: 22 Skipped: 0



ANSWER CHOICES

RESPONSES

Yes

90.91%

20

No

9.09%

2

TOTAL

22

Advanced Airway Management ALS Provider Survey

Q6

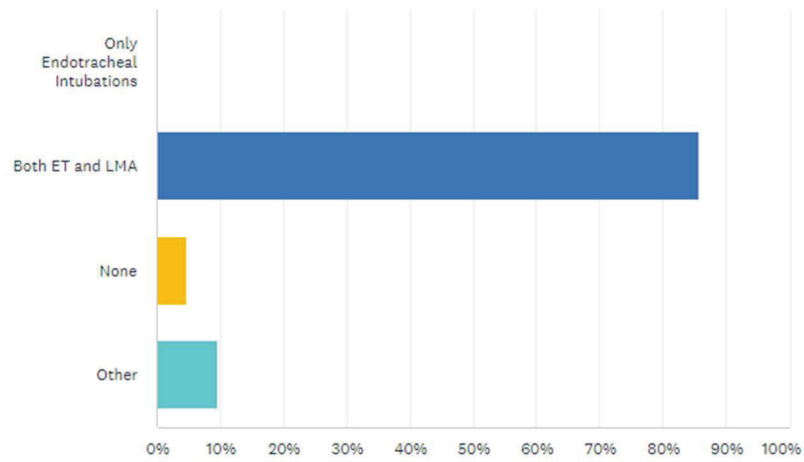


Customize

Save as ▾

Does your agency audit 100% of advanced airway attempts?

Answered: 21 Skipped: 1



ANSWER CHOICES	RESPONSES
▾ Only Endotracheal Intubations	0.00% 0
▾ Both ET and LMA	85.71% 18
▾ None	4.76% 1
▾ Other	9.52% 2
TOTAL	21

[Comments \(4\)](#)

Advanced Airway Management ALS Provider Survey

Q7

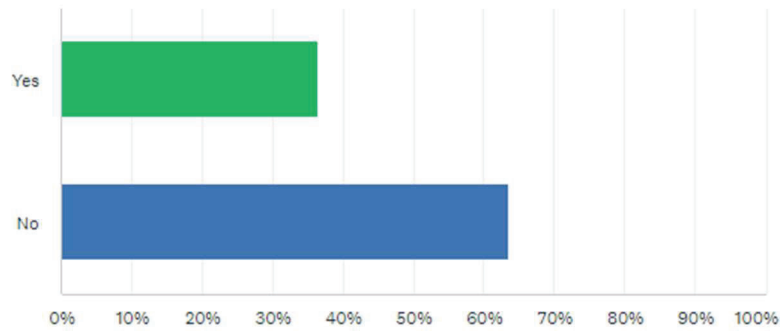


Customize

Save as ▾

Does your agency utilize a post intubation check list?

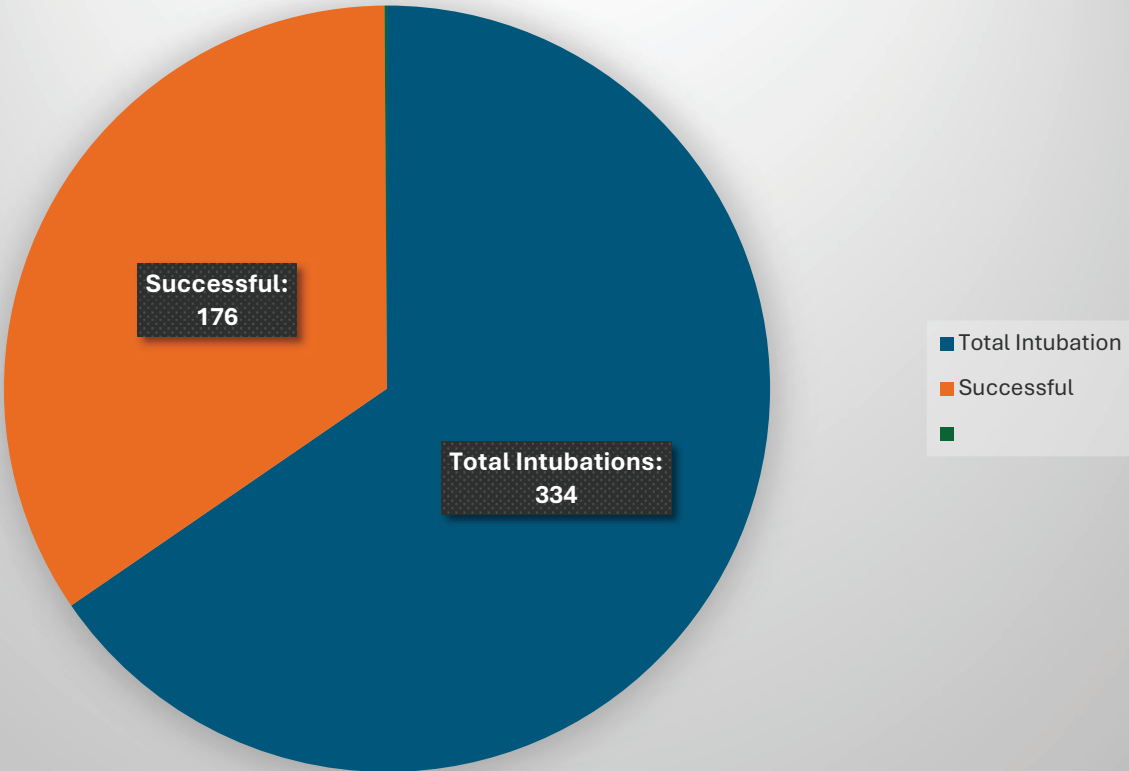
Answered: 22 Skipped: 0



ANSWER CHOICES	RESPONSES	
▾ Yes	36.36%	8
▾ No	63.64%	14
TOTAL		22

Endotracheal Intubation Success Rate

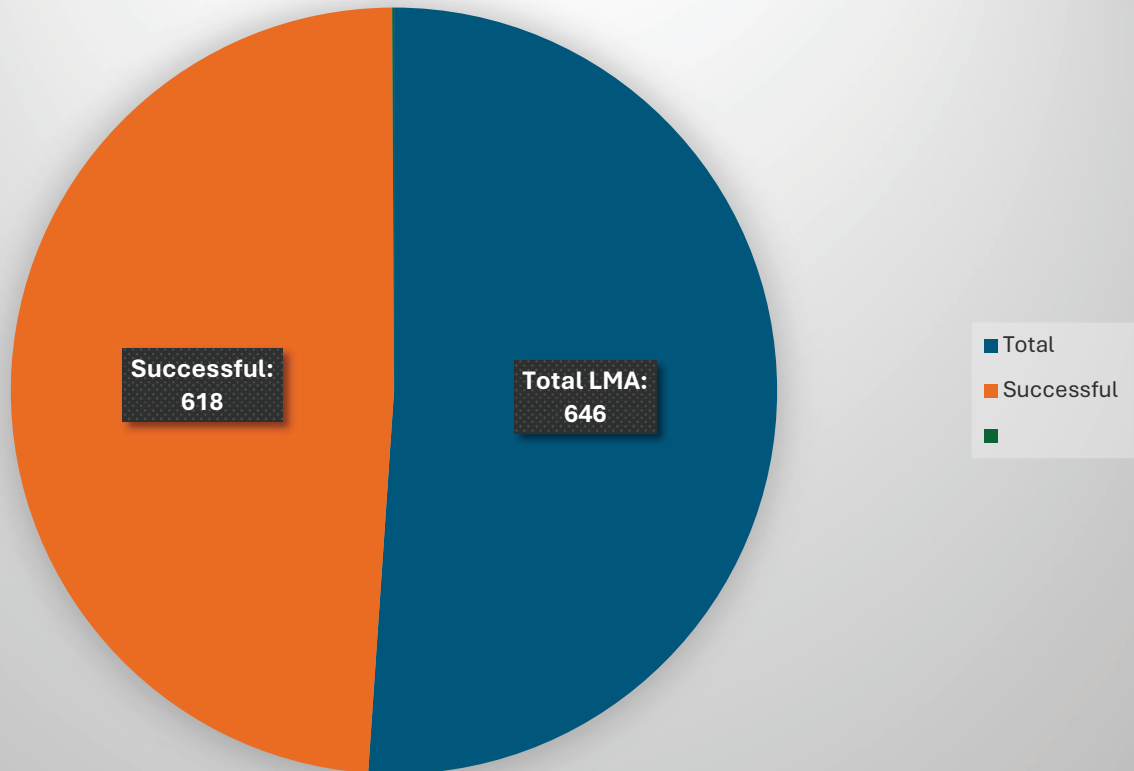
52%



- Based on (18) ALS Ground Provider Agencies
- (1) Year Audit

LMA Success Rate

95%



- Based on (18) ALS Ground Provider Agencies
- (1) Year Audit

BICOUNTY:

2023/2024 MCI

6 total

Supervisor On scene:

(2) 4'

(1) 6'

(2) Initial

(1) 14'

MSG:

(4) 1st Medic (with Supervisor on scene who obtained no ICS role)

(2) Supervisor

Transportation Unit Leader:

(3) 1st Medic (Listed as all)

(1) Supervisor (Listed as all)

Transport:

Average 1st patient: 31'

Average 2nd patient: 45'

PLACER COUNTY

2023/2024 MCI

10 total

MSG:

(3) 1st Medic

(2) Supervisor

(3) Fire Department Personnel

(2) None listed

Transportation Unit Leader:

(3) 1st Medic

(3) Fire Department Personnel

(2) Other AMR/Supervisor

(2) Not listed

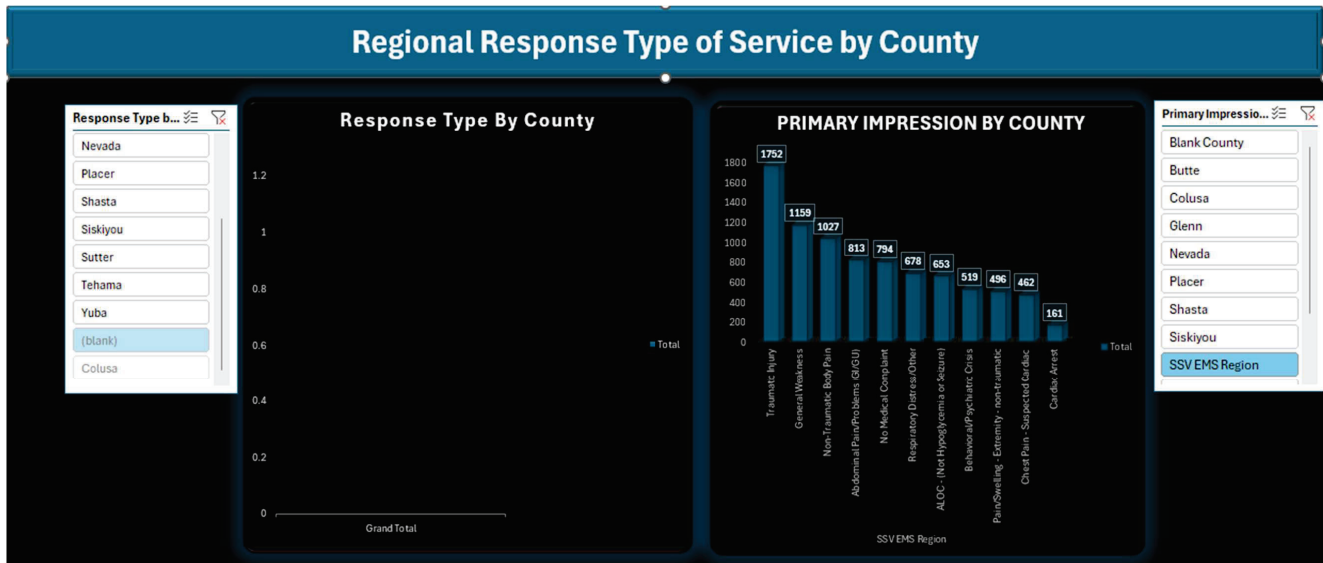
Transport:

1st Patient: 20' (17')

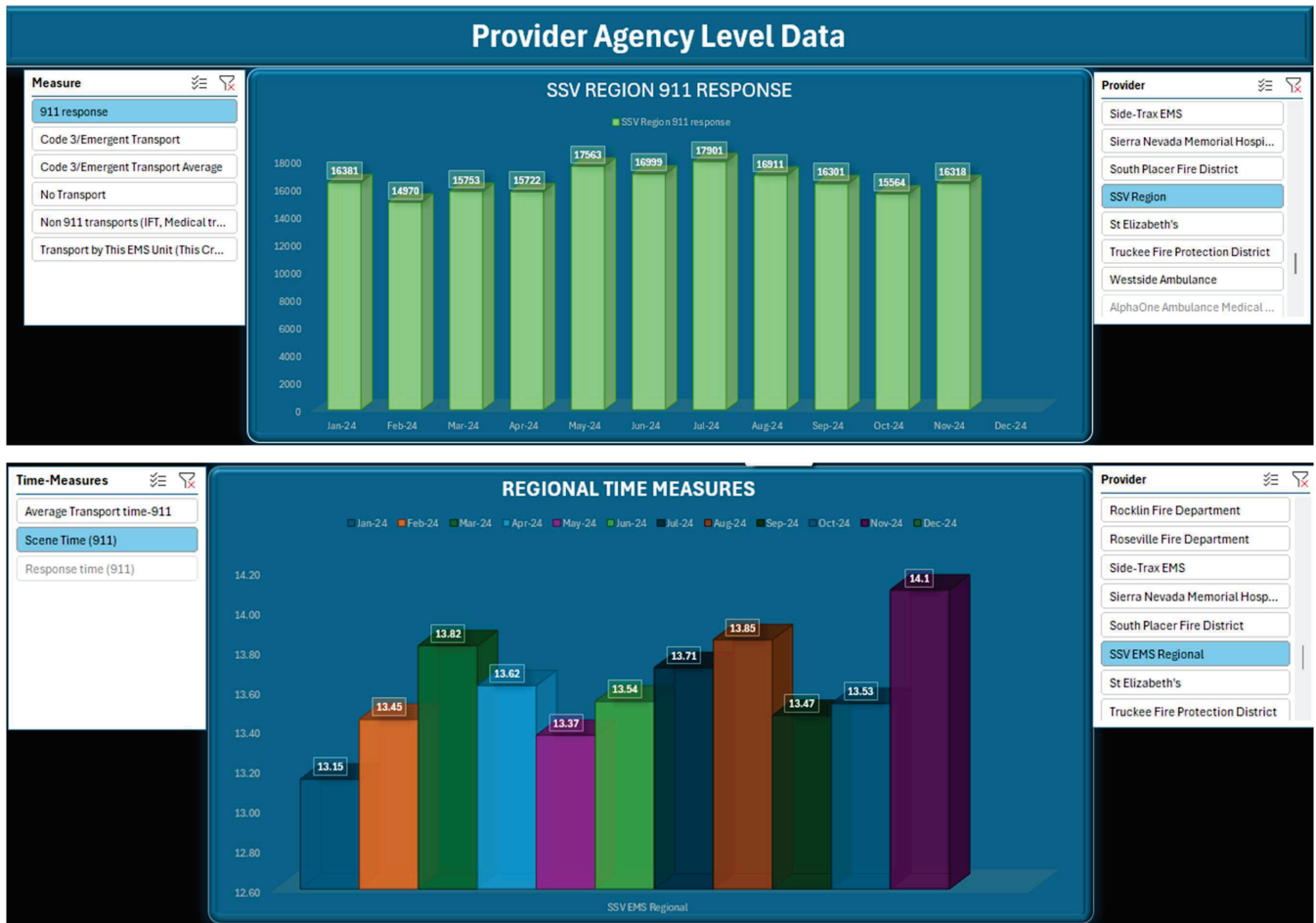
2nd Patient: 26' (21')

S-SV EMS 2024
EMS System Data Reports

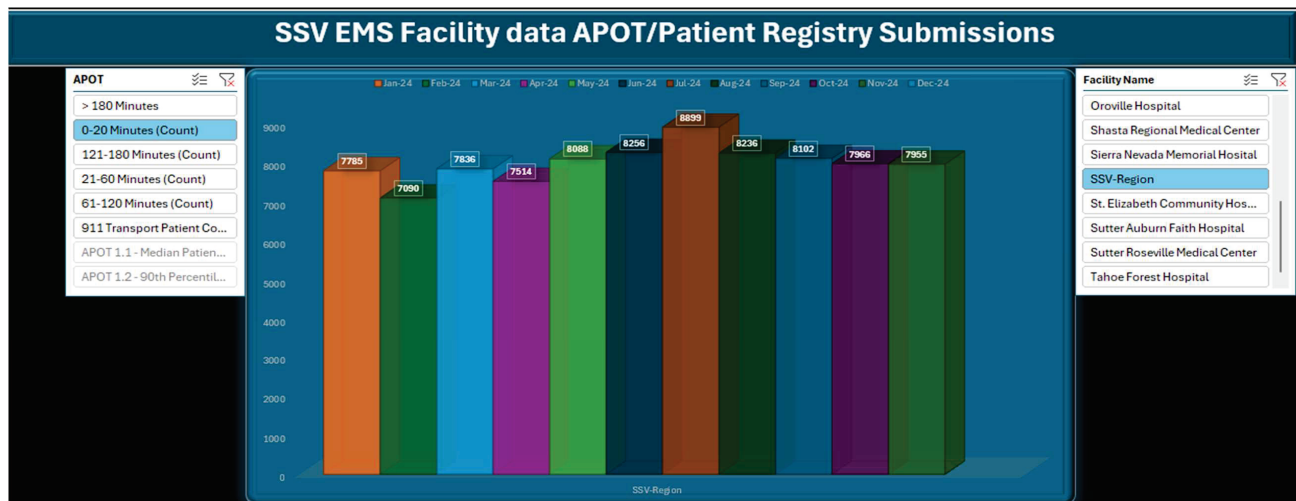
S-SV EMS REGIONAL DATA DASHBOARD 2024



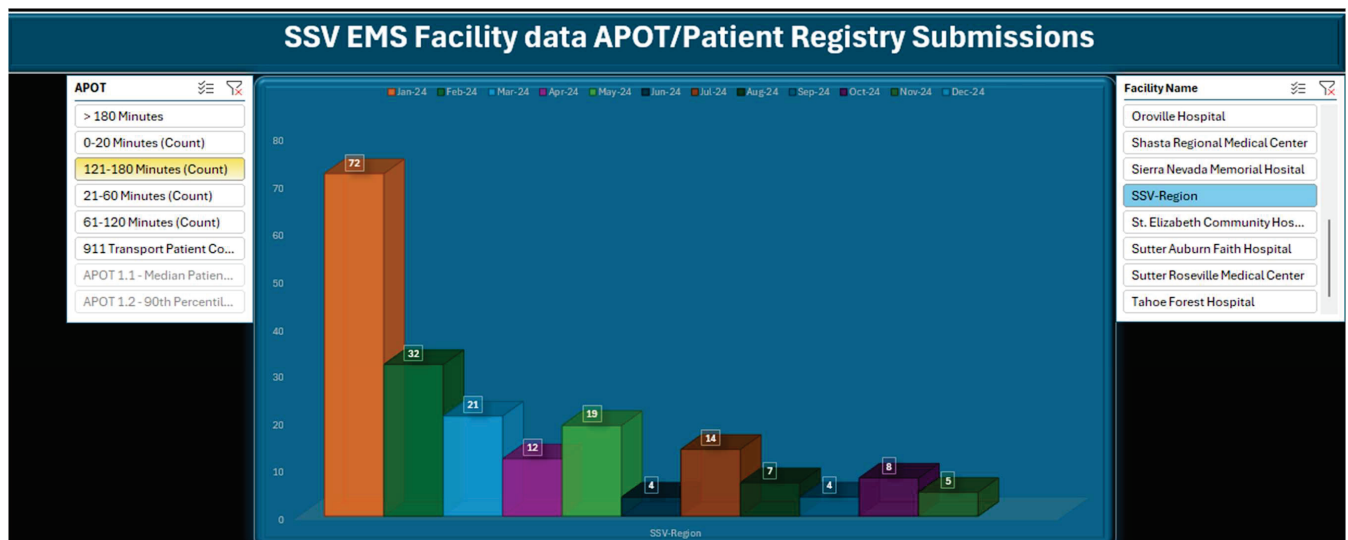
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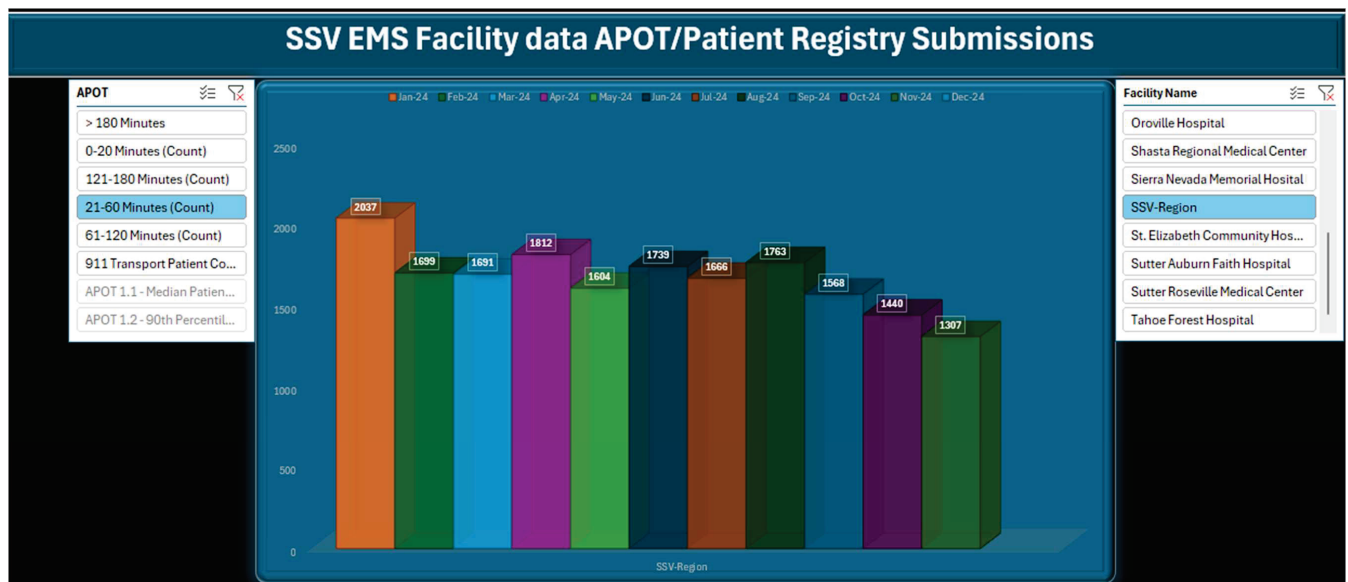
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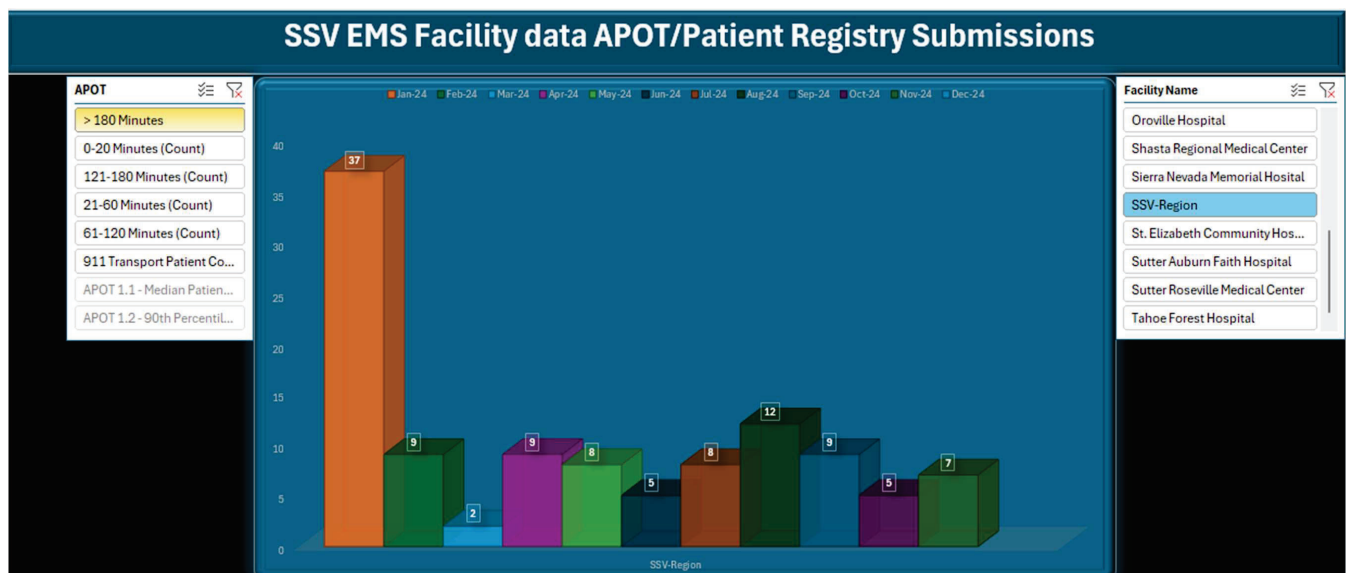
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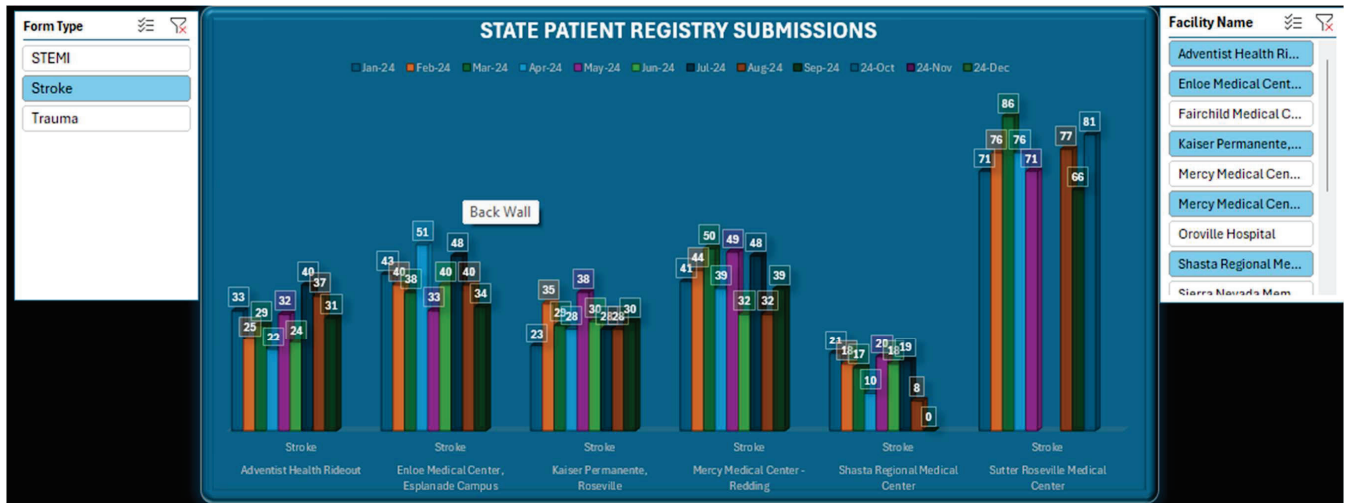
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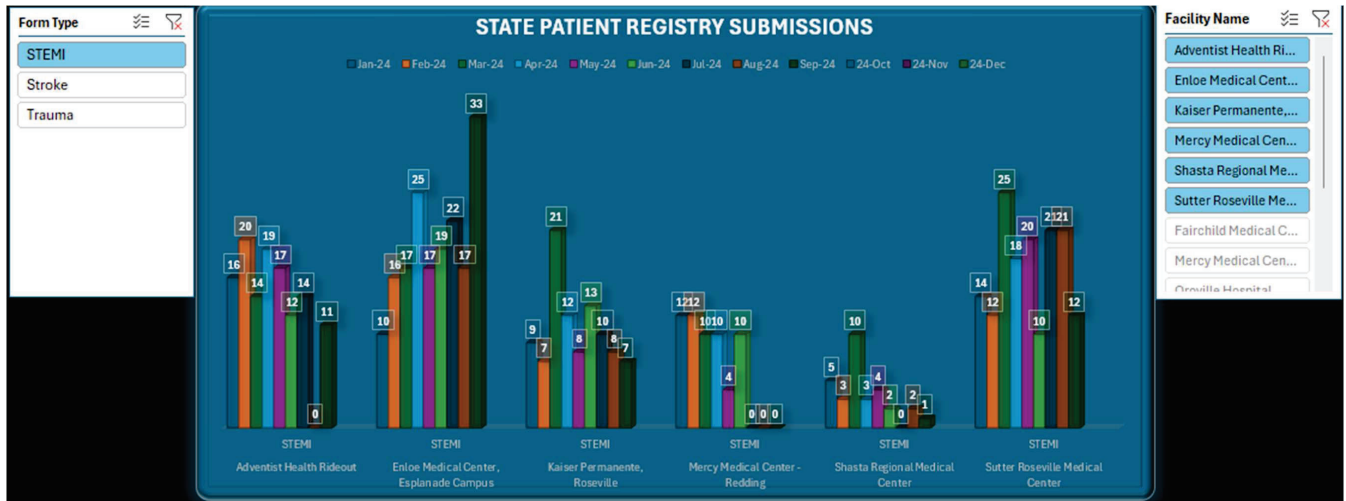
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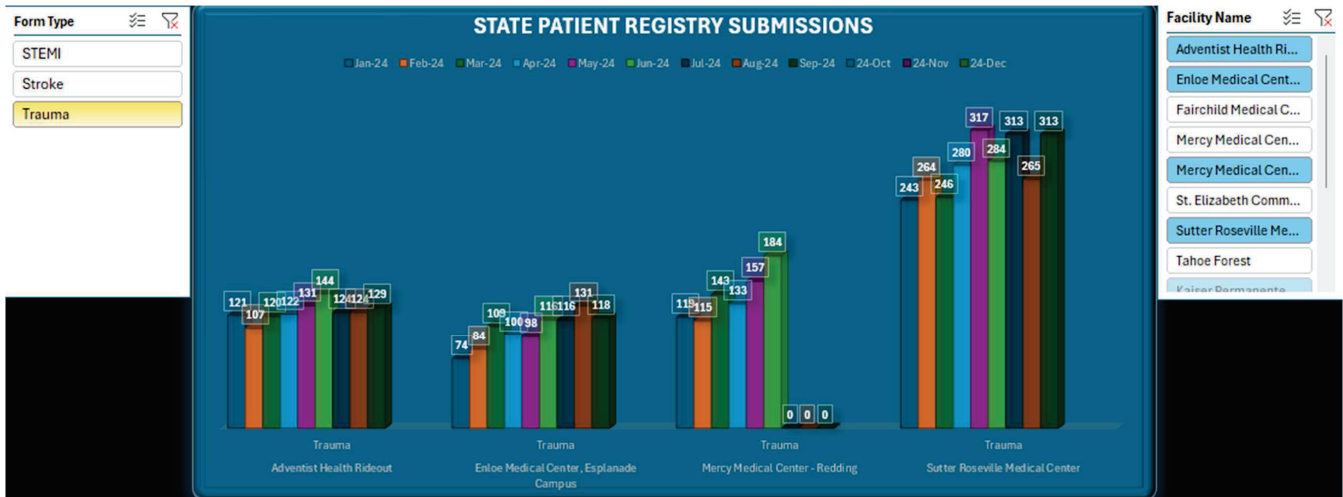
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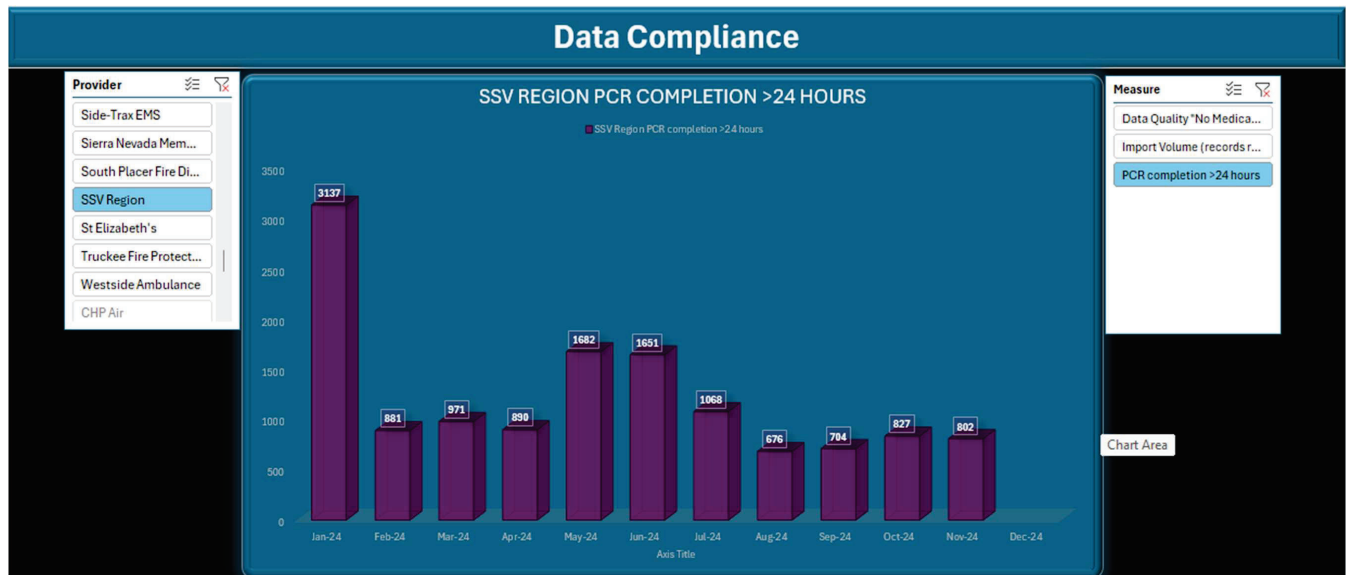
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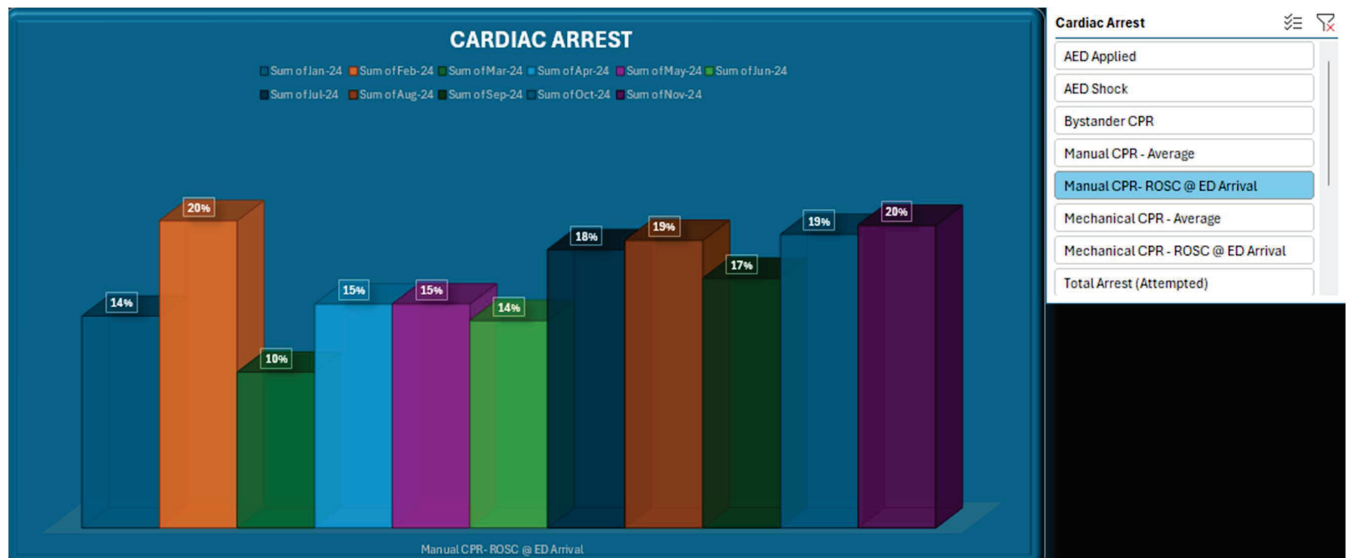
S-SV EMS REGIONAL DATA DASHBOARD 2024



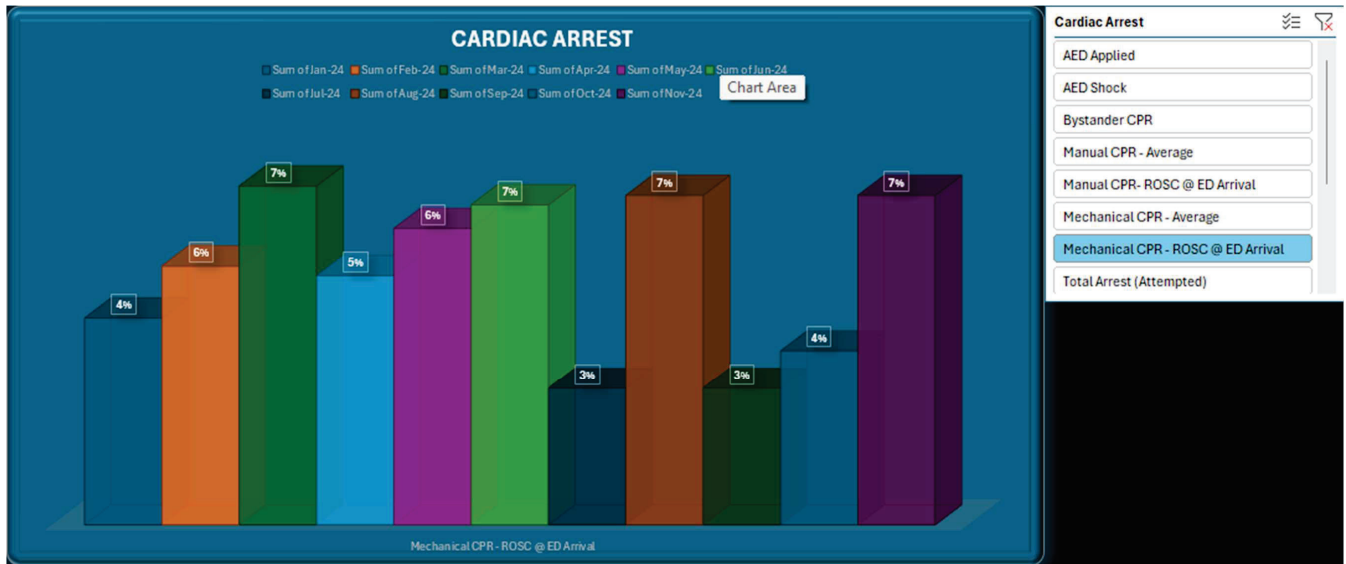
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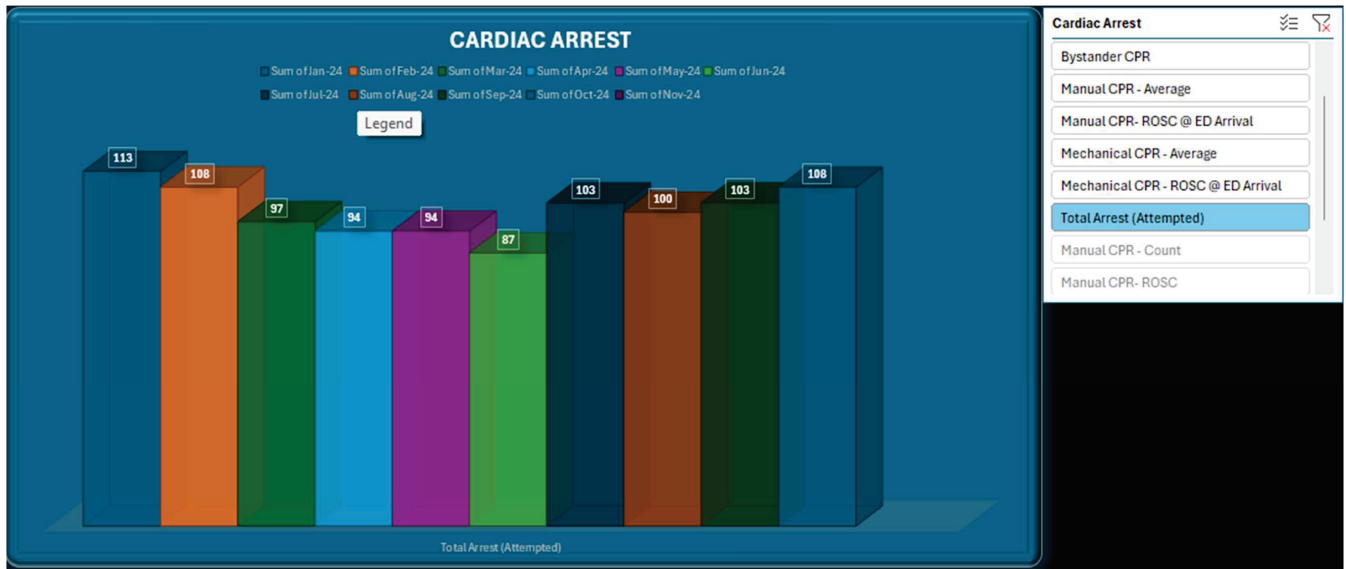
S-SV EMS REGIONAL DATA DASHBOARD 2024



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S-SV EMS REGIONAL DATA DASHBOARD 2024



S-SV EMS REGIONAL DATA DASHBOARD 2024

Pain Management Review Findings

% OF PT'S TREATED FOR PAIN WITH A PAIN SCALE >5

■ Non Trauma ■ Trauma



S-SV EMS 2024
Training and Education

Sierra – Sacramento Valley Emergency Medical Services Agency



Regional Executive Director

John Poland, Paramedic

Medical Director

Troy M. Falck, MD, FACEP, FAAEM

JPA Board Chairperson

Susan Hoek, Nevada County Supervisor

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www.ssvems.com

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

The S-SV EMS Agency maintains an online learning management system (LMS) for EMS continuing education (CE) courses. As of the date of this annual EMSQIP update, the following courses have been developed and are currently available for EMS personnel to complete online:

- S-SV EMS Annual Regional Training Module Course
- S-SV EMS MCI Training
- PSFA Naloxone Administration
- BLS Naloxone Administration, Epinephrine Administration & Glucometer Utilization
- Know Your System, Own Your System BLS 911 Training
- S-SV EMS Policy Manual Update #75 Video
- MICN Training Course

Additional courses are developed/published through our online LMS throughout the year. Links to our LMS courses can be located on the Education/Training page of the S-SV EMS Agency website: <https://www.ssvems.com/education/>.

Sierra – Sacramento Valley Emergency Medical Services Agency



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Throughout the year, S-SV EMS provides training outside of the LMS platform. The following training courses and opportunities have been offered through S-SV EMS as of the date of this annual EMSQIP:

- (4) Zoom meetings open to all S-SV EMS Regional Agencies to assist with the formation and organization of their (5) year EMSQIP
- Annual EMS training with Cal Fire NEU
- Infrequent Skills with Sierra Nevada Ambulance
- Monthly Paramedic/MICN Accreditation Class
- Bimonthly MICN training course
- Volunteer work with “Stop the Bleed” program through Sutter Roseville Medical Center