

Solano County Health & Social Services Department

Mental Health Services
Public Health Services
Substance Abuse Services
Older & Disabled Adult Services



Eligibility Services
Employment Services
Children's Services
Administrative Services

Gerald Huber, Director

Aaron E. Bair, MD, MS
EMS Agency Medical Director

EMERGENCY SERVICES BUREAU
275 Beck Avenue MS 5-240
Fairfield, Ca. 94533
(707) 784-8155 FAX (707) 421-6682
www.solanocounty.com

Ted Selby
EMS Agency Administrator

February 24, 2015

To: Lisa Galindo
EMS Plan Coordinator
California EMS Authority

From: Ted Selby
EMS Administrator; Solano County EMS

Subject: Five Year EMS Plan (2014 Update)

Attached, please find the 2014 five-year EMS Plan Update.

Thank you.



Solano County EMS

Prepared and Updated by:

EMS Administrator:
Ted Selby

EMS Operations Manager
Michael Modrich

SYSTEM STATUS PLAN UPDATE 2014

County of Solano
Emergency Medical Services Agency
Emergency Services Bureau
Public Health Division
Health and Social Services Department

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Executive Summary

During this reporting period, many changes to the Solano County EMS System have been proposed, evaluated, and in some cases adopted and supported by Solano Emergency Medical Services Cooperative Board. The American College of Surgeons (ACS), an internationally recognized expert association on Trauma, verified a second Level II Trauma Center in the county. Their findings determined that this level of service would benefit Solano County. The ACS does not designate centers. The California Code of Regulations only allows for local EMS agencies to designate one Level I or Level II Trauma Center for catchment areas serving populations of at least 350,000 people. Thus, Solano County can only support designating one center. At this time, Kaiser Foundation Hospital, Vacaville is the designated Level II Trauma Center in Solano County.

Annual updates with pertinent information will continue to be provided to the California Emergency Medical Services Authority (EMSA).

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
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			The EMS Agency will encourage all systems participants to work towards a centralized medical dispatch system.
1.20 DNR Policy		X		The EMS Agency will complete the update to the Resuscitation Policy by March 2015.	
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			The policies for child and elder abuse are reviewed at regular intervals.
1.23 Interfacility Transfer		X			
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		X			
1.25 On-Line Medical Direction			X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan			X		A Level II Trauma Center was designated in Solano County in November 2013. This is in addition to an existing Level III Trauma Center that was designated in 2012.
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

2.12	Early Defibrillation		X			The EMS Agency will continue to work with providers with AED to support their education programs and placements of new AEDs in our community.
2.13	Base Hospital Personnel		X			The EMS Agency will continue to provide EMS system education to Base physicians

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan*			X		The EMS will encourage all of the providers to use the redundant radio communication that augments current cellular communications on a monthly basis.
3.02	Radios			X		
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals			X		
3.06	MCI/Disasters		X			The ReddiNet system will have additional ongoing training for any new employee of the EMS system.
Public Access:						
3.07	9-1-1 Planning/Coordination			X		
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage			X		For those Public Safety Answering Points (PSAP) that do Emergency Medical Dispatch (EMD), the standard is met. The EMS Agency is encouraging and actively participating in the development of a centralized medical dispatch center

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

3.10	Integrated Dispatch			X		
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TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing			X		
4.17	ALS Equipment		X			
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X			
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X			
4.20	“Grandfathering”		X			
4.21	Compliance		X			
4.22	Evaluation		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X			The EMS Agency is in the process of hiring an outreach coordinator to assist with education, EMS system interface and operation, and increase education in CPR, injury prevention, and other topics identified.
7.02	Injury Control		X			
7.03	Disaster Preparedness		X			
7.04	First Aid & CPR Training		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

Enhanced Level: Advanced Life Support:					
8.17	ALS Policies		X		
Enhanced Level: Specialty Care Systems:					
8.18	Specialty Center Roles		X		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19	Waiving Exclusivity		X		

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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01	Each local EMS Agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Changes in the EMS Bureau (noted in last Systems Report) necessitate updates in Policies and Procedures. Current Organizational Charts will be provided with this annual systems Status plan update.	
1.07	MINIMUM: The local EMS Agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction. RECOMMENDED: The local EMS Agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a Level II Trauma Center was designated in November 2013	Complete. Annual Trauma system update has been submitted annually with the systems status plan beginning in the 2011-2012 reporting year.
1.09	Each local EMS Agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transition back to ReddiNet is complete	Complete.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.19	Each local EMS Agency shall develop written policies, procedures, and/or protocols including, but not limited to: a) Triage; b), treatment; c) dispatch protocols and pre-arrival/post-dispatch instructions; d) transport; e) on-scene treatment times; f) transfer of emergency patients; g) standing orders; h) Base hospital contact; i) on-scene physicians and other medical personnel; j) local scope of practice for prehospital personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minimum standards have been met. Efforts at developing the Priority Medical Dispatch portion of the EMSA requirements is still in its working phase. Budgetary constraints, as noted previously has forced realignment of resources.	On-going.
1.24	MINIMUM: Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS Agency. RECOMMENDED: Each local EMS Agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MINIMUM: All ALS Agreements have been signed. RECOMMENDED: ALS EOA in place since 2000.	Complete.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.26	The local EMS Agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines: a) The optimal system design for trauma care in the EMS area; b) The process for assigning roles to system participants, including a process which allows all eligible facilities to apply.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solano County EMS has designated a Level II Trauma Center on November 13, 2013, after an RFP process. This is in addition to the exiting Level III Trauma Center that was designated earlier.	Complete.
3.05	RECOMMENDED All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric, and trauma consultation).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMS Agency transitioned back to ReddiNet	Complete.
3.06	The local EMS Agency shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMS Agency transitioned back to ReddiNet	Increase and improve the number of users.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.07	The local EMS Agency shall, using a process which allows all eligible facilities to apply, designate Base Hospitals or alternative base stations as it determines necessary to provide medical director of prehospital personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Base hospital agreements have been reviewed and agreements have been updated	Complete
6.10	The local EMS Agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including; a) a trauma registry; b) a mechanism to identify patients whose care fell outside of established criteria; c) a process of identifying potential improvements to the system design and operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solano County, in coordination with local trauma hospitals has selected the Trauma One registry for use in Solano County. We currently evaluate all trauma calls and those calls that are questioned are reviewed at the Trauma Audit Committee	Ongoing

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.06	<p>MINIMUM: The local EMS Agency, using state guidelines shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions;</p> <p>RECOMMENDED: The local EMS Agency's procedures for determining necessary outside assistance should be exercised yearly.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transition back to ReddiNet is complete	Complete
8.15	The local EMS Agency shall ensure that there is an emergency system for interhospital communications, including operational procedures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transition back to ReddiNet is complete	Complete

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TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2014

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

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

County: **Solano County**

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

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

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

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

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	NA
Administration of EMS Fund [Senate Bill (SB) 12/612]	NA
Other: <u>Designation of STEMI Center</u>	X
Other: <u>Designation of Trauma Center</u>	X
Other: <u>Designation of EDAP</u>	X

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ 500,000.00
Contract Services (e.g. medical director)	125,000.00
Operations (e.g. copying, postage, facilities)	20,000.00
Travel	5,000.00
Fixed assets	_____
Indirect expenses (overhead)	228,500.00
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: <u>PPP Pass-Through Payments</u>	1,200,000.00
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$ 2,078,500.00

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ _____
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	13,000.00
Training program approval fees	1,500.00
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	20,000.00

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	_____
Trauma center designation fees	275,000.00
Pediatric facility approval fees	_____
Pediatric facility designation fees	15,000.00
Other critical care center application fees	24,000.00
Type: STEMI	
Other critical care center designation fees	_____
Type:	
Ambulance service/vehicle fees (Franchise Fee-ALS)	500,000.00
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: _____	_____
Other fees: <u>Non-Exclusive Ambulance Fees (BLS)</u>	15,000.00
Other fees: Non-Exclusive Ambulance Fees (CCT)	15,000.00
Other (specify): <u>PPP Pass-Through Payments</u>	1,200,000.00
TOTAL REVENUE	\$ 2,078,500.00

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

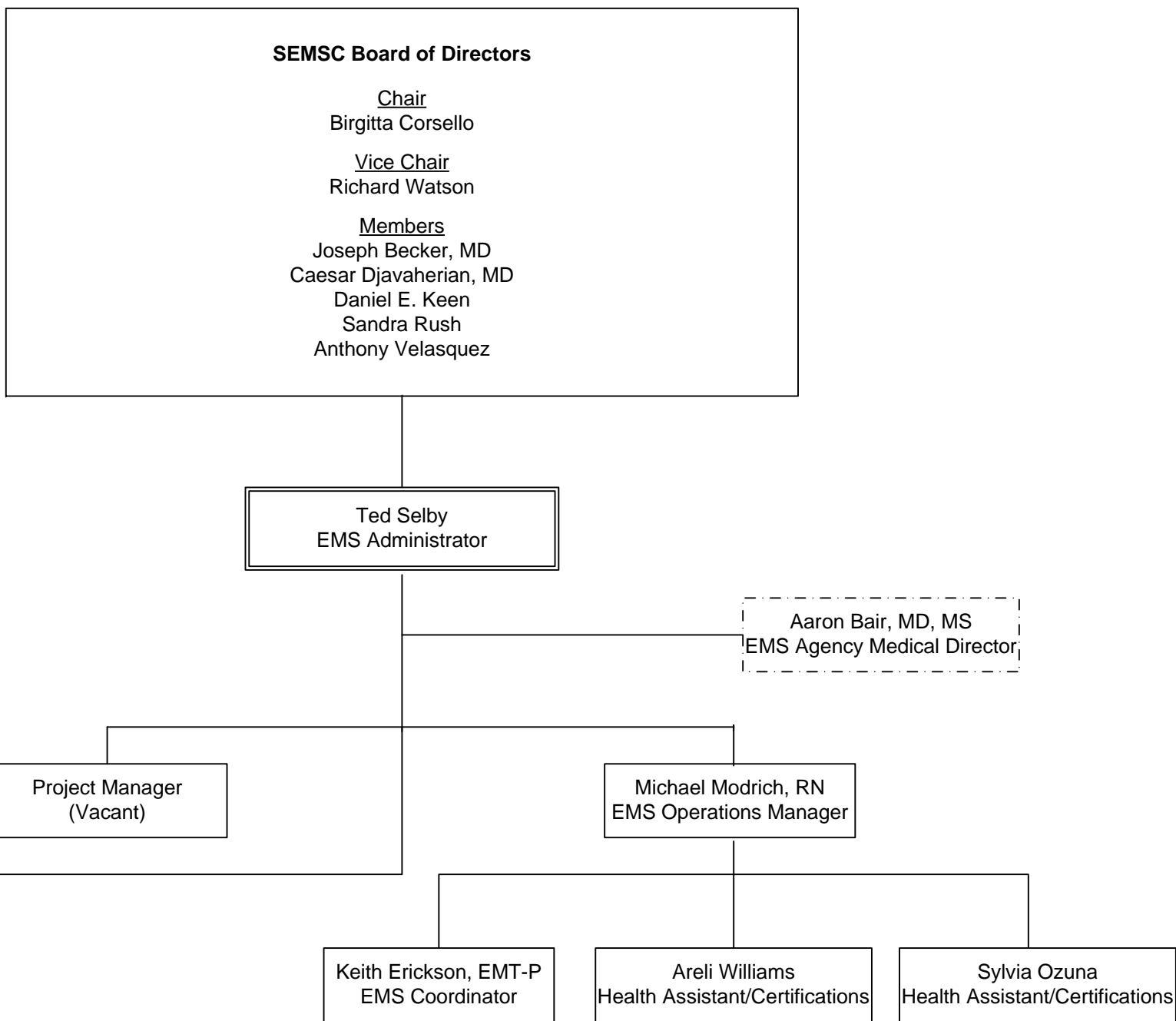
First responder certification		\$ NA
EMS dispatcher certification		NA
EMT-I certification		30.00
EMT-I recertification		30.00
EMT-defibrillation certification		NA
EMT-defibrillation recertification		NA
AEMT certification		NA
AEMT recertification		NA
EMT-P accreditation		55.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification		NA
MICN/ARN recertification		NA
EMT-I training program approval		500.00
AEMT training program approval		NA
EMT-P training program approval		500.00
MICN/ARN training program approval		NA
Base hospital application		5,000.00
Base hospital designation		5,000.00
Trauma center application		50,000.00
Trauma center designation	Level III	50,000.00
	Level II	150,000.00
	Out-of-County	75,000.00
Pediatric facility approval		5,000.00
Pediatric facility designation		5,000.00
Other critical care center application		
Type: _____		
Other critical care center designation		
Type: _____		
Ambulance service license (BLS)		1,500.00
Ambulance service license (CCT)		3,500.00
Ambulance vehicle permits (BLS)		100/unit
Ambulance vehicle permits (CCT)		200/unit

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Administrator	1.0	NA	NA	
Asst. Admin./Admin.Asst./Admin. Mgr.					
ALS Coord./Field Coord./Trng Coordinator	EMS Coordinator				
Program Coordinator/Field Liaison (Non-clinical)					
Trauma Coordinator	EMS Operations Manager				
Medical Director	Medical Director				Contract
Other MD/Medical Consult/Training Medical Director	NA				
Disaster Medical Planner	EMS Operations Manager & EMS Coordinator				
Dispatch Supervisor	NA				
Medical Planner	NA				
Data Evaluator/Analyst	NA				
QA/QI Coordinator	EMS Operations Manager & EMS Coordinator				
Public Info. & Education Coordinator	EMS Operations Manager & EMS Coordinator				
Executive Secretary	Administrative Secretary				
Other Clerical	Office Assistant III				
Data Entry Clerk	EMS Operations Manager & EMS Coordinator				
Other					

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

Solano Emergency Medical Services Cooperative (SEMSC)



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TABLE 3: STAFFING/TRAINING

Reporting Year: **2014**

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	244	NA	119	
Number newly certified this year	65	NA	21	
Number recertified this year	179	NA	98	
Total number of accredited personnel on July 1 of the reporting year		NA	119	
Number of certification reviews resulting in:				
a) formal investigations	14			
b) probation	8			
c) suspensions	2			
d) revocations	2			
e) denials	0			
f) denials of renewal	0			
g) no action taken	2			

1. Early defibrillation:

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

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

2. Do you have an EMR training program

yes no

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TABLE 4: COMMUNICATIONS

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

County: SOLANO

Reporting Year: 2014

- 1. Number of primary Public Service Answering Points (PSAP) 7
- 2. Number of secondary PSAPs 0
- 3. Number of dispatch centers directly dispatching ambulances 1
- 4. Number of EMS dispatch agencies utilizing EMD guidelines 3
- 5. Number of designated dispatch centers for EMS Aircraft 2
- 6. Who is your primary dispatch agency for day-to-day emergencies?
Solano County Sheriff Dispatch
- 7. Who is your primary dispatch agency for a disaster?
Solano County Sheriff Dispatch
- 8. Do you have an operational area disaster communication system? **X Yes** No
 - a. Radio primary frequency Proprietary
 - b. Other methods _____
 - c. Can all medical response units communicate on the same disaster communications system? **X Yes** No
 - d. Do you participate in the Operational Area Satellite Information System **X Yes** No
 - e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services **X Yes** No
 - 1) Within the operational area? **X Yes** No
 - 2) Between operation area and the region and/or state? **X Yes** No

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TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: **2014**

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers **5**

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	NA	NA	NA	NA
Early defibrillation responder	7 minutes	7 minutes	NA	NA
Advanced life support responder	7 minutes	7 minutes	90 minutes	NA
Transport Ambulance	9 minutes	9/15 minutes	90 minutes	NA

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TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2014

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>1232</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>1232</u>
3. Number of major trauma patients transferred to a trauma center	<u>0</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>0</u>

Emergency Departments

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

Receiving Hospitals

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

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TABLE 7: DISASTER MEDICAL

Reporting Year: 2014

County: Solano County

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? None Identified
 - b. How are they staffed? NA
 - c. Do you have a supply system for supporting them for 72 hours? Yes No
2. CISD
Do you have a CISD provider with 24 hour capability? Yes No
3. Medical Response Team
 - a. Do you have any team medical response capability? Yes No
 - b. For each team, are they incorporated into your local response plan? Yes No
 - c. Are they available for statewide response? Yes No
 - d. Are they part of a formal out-of-state response system? Yes No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes No
 - b. At what HazMat level are they trained? NA
 - c. Do you have the ability to do decontamination in an emergency room? Yes No
 - d. Do you have the ability to do decontamination in the field? Yes No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 7
3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
None
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **X Yes** No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes **X No**
7. Are you part of a multi-county EMS system for disaster response? **X Yes** No
8. Are you a separate department or agency? Yes **X No**
9. If not, to whom do you report? **Solano County Public Health**
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **NA** Yes No

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Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Medic Ambulance

Telephone Number: 707-644-1761

Address: 506 Couch St.

Vallejo, CA 94590

Number of Ambulances: 35

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><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</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

26602 Total number of responses
24414 Number of emergency responses
2188 Number of non-emergency responses

21348 Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Vacaville Fire Department

Telephone Number: 707-449-5452

Address: 650 Merchant St

Vacaville, CA 95688

Number of Ambulances: 6

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><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</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

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

5080 Total number of transports
3295 Number of emergency transports
1785 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Benicia Fire Department

Telephone Number: 707-746-4742

Address: 250 East "L" St.

Benicia, CA 94510

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><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</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

1562 Total number of responses
1560 Number of emergency responses
2 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Dixon Fire Department

Telephone Number: 707-678-7060

Address: 205 Ford Way

Dixon, CA 95620

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><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</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

922 Total number of responses
921 Number of emergency responses
1 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Fairfield Fire Department

Telephone Number: 707-428-7375

Address: 1200 Kentucky St

Fairfield, CA 94533

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><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</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

8121 Total number of responses
8078 Number of emergency responses
50 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Vallejo Fire Department

Telephone Number: 707-648-4420

Address: 970 Nimitz Ave.

Vallejo, CA 94592

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><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</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

10965 Total number of responses
10772 Number of emergency responses
193 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Cordelia Fire Protection District

Telephone Number: 707-746-4742

Address: 2155 Cordelia Rd

Fairfield, CA 94534

Number of Ambulances: 0

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Rio Vista Fire Department

Telephone Number: 707-374-2233

Address: 350 Main St.

Rio Vista, CA 94571

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><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</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Suisun City Fire Department

Telephone Number: 707-421-7205

Address: 621 Pintail Dr.

Suisun City, CA 94585

Number of Ambulances: 0

<p><u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><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</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Suisun Fire Protection District

Telephone Number: 707-425-3605

Address: 445 Jackson St.

Fairfield, CA 94533

Number of Ambulances: 0

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: Vacaville Fire Protection District

Telephone Number: 707-447-2252

Address: 420 Vine St.

Vacaville, CA 95688

Number of Ambulances: 0

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: CALSTAR

Telephone Number: 925-798-1666

Address: 177 John Glenn Dr.

Concord, CA 94520

Number of Ambulances: 1 fixed/8 rotary

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (non-profit)</p>	<p><u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><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</p>	<p><u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing</p>	<p><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</p>

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: SOLANO COUNTY

Provider: REACH Air Medical Services

Telephone Number: 707-575-6886

Address: 5005 Marsh Drive

Concord, CA 94520

Number of Ambulances: 2

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><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</p>	<p><u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing</p>	<p><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</p>

Transporting Agencies

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

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

Air Ambulance Services

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

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

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Table 9: Resources Directory

Facilities

County: SOLANO COUNTY

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

Facility: NorthBay Medical Center Telephone Number: 707-646-5000
Address: 1200 B Gale Wilson Blvd
Fairfield, CA 94533

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory

Facilities

County: SOLANO COUNTY

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

Facility: VacaValley Hospital Telephone Number: 707-624-7000
Address: 1000 Nut Tree Blvd
Vacaville, CA 95687

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁵ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory

Facilities

County: SOLANO COUNTY

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

Facility: Kaiser Vallejo Telephone Number: 707-651-1000
Address: 975 Sereno Dr.
Vallejo, CA 94589

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁸ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU⁹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory

Facilities

County: SOLANO COUNTY

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

Facility: Kaiser Vacaville Telephone Number: 707-624-4000
Address: 1 Quality Drive
Vacaville, CA 95688

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹⁰ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP¹¹ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU¹² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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¹⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: SOLANO COUNTY

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

Facility: Sutter Solano Medical Center Telephone Number: 707-554-4444
Address: 300 Hospital Drive
Vallejo, CA 94589

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP¹⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU¹⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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¹³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

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TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: SOLANO COUNTY

Reporting Year: 2014

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

Training Institution:	<u>SOLANO COMMUNITY COLLEGE</u>	Telephone Number:	<u>707-864-7108</u>
Address:	<u>4000 Suisun Valley Rd.</u> <u>Fairfield, CA 94534</u>		
Student Eligibility*:	<u>Public</u>	Cost of Program:	**Program Level <u>EMT-1</u>
		Basic:	<u>\$46/unit plus associated fees</u>
		Refresher:	<u>\$46/unit plus associated fees.</u>
		Number of students completing training per year:	
		Initial training:	<u>200</u> (approximate)
		Refresher:	<u>50</u> (approximate)
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>8/31/17</u>
		Number of courses:	
		Initial training:	<u>2</u> Per semester
		Refresher:	<u>3</u> Per semester
		Continuing Education:	<u>0</u>

Training Institution:	<u>NATIONAL INSTITUTE FOR HEALTHCARE EDUCATION (N.I.H.E.)</u>	Telephone Number:	<u>800-773-8895</u>
Address:	<u>4160 Suisun Valley Rd #229</u> <u>Fairfield, CA 94534</u>		
Student Eligibility*:	<u>Public</u>	Cost of Program:	**Program Level <u>EMT-1</u>
		Basic:	<u>*\$700-1300</u>
		Refresher:	<u>*\$250-350</u>
		Number of students completing training per year:	
		Initial training:	<u>70</u>
		Refresher:	<u>35</u>
		Continuing Education:	<u>10</u>
		Expiration Date:	<u>12/31/15</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u>3</u>

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: SOLANO COUNTY

Reporting Year: 2014

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

Training Institution:	<u>United Heart Training Center</u>	Telephone Number:	<u>707-759-5968</u>
Address:	<u>420 Executive Court North</u> <u>Fairfield, CA 94534</u>		
Student Eligibility*:	<u>Public</u>	Cost of Program:	
		Basic:	<u>\$3500</u>
		Refresher:	
		**Program Level	<u>EMT-1</u>
		Number of students completing training per year:	
		Initial training:	<u>50</u> (approximate)
		Refresher:	<u>10</u> (approximate)
		Continuing Education:	<u>0</u>
		Expiration Date	<u>3/31/18</u>
		Number of courses:	
		Initial training:	<u>1</u> Per semester
		Refresher:	<u>1</u> Per semester
		Continuing Education:	<u>0</u>

Training Institution:	_____	Telephone Number:	_____
Address:	_____		
Student Eligibility*:	<u>Public</u>	Cost of Program:	
		Basic:	_____
		Refresher:	_____
		**Program Level	_____
		Number of students completing training per year:	
		Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____
		Expiration Date:	_____
		Number of courses:	
		Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____

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

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

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TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: SOLANO COUNTY

Reporting Year: 2014

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

Name:	Benicia Police Department			Primary Contact:	Sarha Schooley & Tiffany Sylvester		
Address:	<u>200 East "L" St.</u> <u>Benicia, CA 94510</u>						
Telephone Number:	<u>707-745-3411 ext. 1 (Dispatch)</u>						
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D	_____ ALS		
			_____ BLS	_____ LALS	_____ Other		
Ownership:	If Public:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal				
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire						
			<input checked="" type="checkbox"/> Law				
			<input type="checkbox"/> Other				
			Explain: _____				

Name:	Fairfield Police Department			Primary Contact:	Dawn Shepherd		
Address:	<u>1000 Webster St</u> <u>Fairfield, CA 94533</u>						
Telephone Number:	<u>707-428-7707</u>						
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D	_____ ALS		
			_____ BLS	_____ LALS	_____ Other		
Ownership:	If Public:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal				
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire						
			<input checked="" type="checkbox"/> Law				
			<input type="checkbox"/> Other				
			Explain: _____				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: SOLANO COUNTY

Reporting Year: 2014

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

Name:	<u>Solano County Sheriff Dispatch</u>			Primary Contact:	<u>Robyn Rains</u>		
Address:	<u>530 Union Ave., Ste 100</u>						
	<u>Fairfield, CA 94533</u>						
Telephone Number:	<u>707-421-7094</u>						
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D	_____ ALS		
			_____ BLS	_____ LALS	_____ Other		
Ownership:	If Public:		If Public:				
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire		<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal				
			<input checked="" type="checkbox"/> Law				
			<input type="checkbox"/> Other				
			Explain: _____				

Name:	<u>Suisun City Police Department</u>			Primary Contact:	<u>Amber Kent</u>		
Address:	<u>701 Civic Center Blvd.</u>						
	<u>Suisun City, CA 94585</u>						
Telephone Number:	<u>707-421-7373</u>						
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D	_____ ALS		
			_____ BLS	_____ LALS	_____ Other		
Ownership:	If Public:		If Public:				
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire		<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal				
			<input checked="" type="checkbox"/> Law				
			<input type="checkbox"/> Other				
			Explain: _____				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: SOLANO COUNTY

Reporting Year: 2014

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

Name:	<u>Vacaville Police Department</u>			Primary Contact:	<u>Karen Lyons</u>		
Address:	<u>630 Merchant St.</u>						
	<u>Vacaville, CA 95688</u>						
Telephone Number:	<u>707-449-5206</u>						
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D	_____ ALS		
			_____ BLS	_____ LALS	_____ Other		
Ownership:	If Public:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal				
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire						
			<input checked="" type="checkbox"/> Law				
			<input type="checkbox"/> Other				
			Explain: _____				

Name:	<u>Vallejo Police Department</u>			Primary Contact:	<u>Amy Kracher</u>		
Address:	<u>111 Amador St.</u>						
	<u>Vallejo, CA 94590</u>						
Telephone Number:	<u>707-648-4685</u>						
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D	_____ ALS		
			_____ BLS	_____ LALS	_____ Other		
Ownership:	If Public:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal				
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire						
			<input checked="" type="checkbox"/> Law				
			<input type="checkbox"/> Other				
			Explain: _____				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: SOLANO COUNTY

Reporting Year: 2014

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

Name:	<u>Medic Ambulance Service, Inc</u>		Primary Contact:	Sandra Whaley
Address:	<u>506 Couch St.</u>			
	<u>Vallejo, CA 94590</u>			
Telephone Number:	<u>707-644-8980</u>			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D _____ ALS
			_____ BLS	_____ LALS _____ Other
Ownership:		If Public:		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain: _____		

Name:	_____		Primary Contact:	_____
Address:	_____			

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

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**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name: Solano County EMS Cooperative</p>
<p>Area or subarea (Zone) Name or Title: Exclusive Operating Area (EOA).</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Medic Ambulance Service, Inc.</p>
<p>Area or subarea (Zone) Geographic Description: For 911 responses, all of Solano County with the exception of the City of Vacaville and its unincorporated surrounding area. Also included are portions of Sacramento County which include the City of Isleton, and the Delta and River Delta Fire Protection Districts. For ALS Inter- facility transport, Vacaville and its unincorporated surrounding area are included.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. By action of the SEMSC Board of Directors, the above EOA was created through a competitive process in 1998.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity is for emergency and non-emergency ALS.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The SEMSC conducted a competitive process via a Request for Proposals (RFP). It is on file with the Authority.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name: Solano County EMS Cooperative</p>
<p>Area or subarea (Zone) Name or Title: City of Vacaville, Proper and Unincorporated</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Vacaville Fire Department.</p>
<p>Area or subarea (Zone) Geographic Description: For 911 response, all of the City of Vacaville, and unincorporated surrounding area.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Vacaville Fire Department has been providing emergency Paramedic response and transport service since 1976 and thus is considered at "201 entity" under the provisions of HS 1797.201.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity is for emergency ALS.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. N/A</p>