



**County of Humboldt
Eureka, California
Ambulance Service Permit Renewal Application**

Pursuant to Humboldt County Code, Title V, Division 5
Emergency Medical Services System

Applicant - DO NOT FILL OUT THIS SECTION	
Date Received:	4/26/24
Application Fee of \$196.00 Received:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Proof of Liability Insurance Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Resumes Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Applicants – Please completely fill out this section and provide all requested information/verifications:

Level of Service: Basic Life Support Advanced Life Support
 Non-Emergency Transport (check all that apply)

Ambulance Service Full Name:	Southern Trinity Area Rescue		
Name of Contact Person:	Brooke Entsminger		
Mailing Address:	PO Box 7	City/Zip Code	Scotia 95565
Physical Address:	321 Mad River Rd	City	Bridgeville/ Mad River
Telephone/ Fax Numbers	707-574-6616 x2090	E-Mail	bentsminger@we-care.org



County of Humboldt
Eureka, California

Owner Name	Southern Trinity Health Services DBA STAR				
Address	SAME	City/Zip Code			
Phone Number	SAME	Fax Number	707-574-6523	E-Mail	SAME



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Eureka, California**

VEHICLES:

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant requests permission from the Permit Officer to operate the following ambulance vehicles:

	Year	Model/Make	Vehicle Identification Number	License Plate #	Length of Time In Use (Include current mileage shown on odometer)	State or Federal Aviation Agency License Number	Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics
1.	2022	Ford F350	1FDRF3HT7NDA00417	74452P3	2 YEARS (less than 5000)		Type 1 Ambulance, STAR logo in black silver , and maroon
2.	2014	Ford E350	1FDSS3EL8EDB14606	1481361	8 YEARS (49488)		Type 2 Ambulance, Southern Trinity Area Rescue written on side with Cardiac pattern.
3.							



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4.							
5.							
	Year	Model/Make	Vehicle Identification HTNumber	License Plate #	Length of Time In Use (Include current mileage shown on odometer)	State or Federal Aviation Agency License Number	Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics
6.							
7.							
8.							



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- Attach a copy, or provide a description, of Applicant's policy or program for maintenance of vehicles.
- Attach a list, or provide a description of, Applicant's radio communication equipment.
- Attach evidence of **currently valid California Highway Patrol inspection report** for each ground ambulance vehicle listed in the application.

Applicant certifies that it has reviewed and meets the requirements set forth in Humboldt County Code, Title V, Division 5, Sections 551-5 (Standards for Ambulance Service Permit) and 551-9 (Standards for Ambulance Equipment and Operations).

- Attach copies, or provide descriptions of the following:
 - Applicant's quality management practices and policy;
 - Staffing and hiring policies;
 - Organizational chart of management staff;
 - Resume of the training, orientation program, and experience of the Applicant in the transportation and care of patients; and
 - Knowledge of and/or involvement in the Humboldt County Emergency Medical Services system.

Attach legible copies of current California Driver's License for each employee listed above.

Provide copies of EMT certification and/or Paramedic licensure cards.

Applicant certifies that the individuals listed above are qualified, duly licensed and/or certified drivers, attendants, and attendant-drivers, and said individuals are currently compliant with any and all applicable training, licensing, and permitting requirements set forth by local, state, and federal law and regulations.



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SERVICE AREA:

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant requests permission to allow its ambulances to provide service in the following zone(s):

Zone	Northern Boundary	Eastern Boundary	Southern Boundary	Western Boundary	Indicate Zone(s) by Placing "X"
Zone 1 North	Humboldt County Line	Redwood Creek Bridge Highway 299 and School House Peak on Bald Hills Road	Indianola Cutoff (includes intersections with Hwy 101 & Old Arcata Rd and up to 1699 block of Peninsula Drive (in Manila))	Pacific Ocean	
Zone 2 East	Humboldt County Line	Humboldt County Line	Redwood Creek Bridge Hwy 299	School House Peak on Bald Hills Road	X
Zone 3 Central	Indianola Cutoff (includes intersections with Hwy 101 & Old Arcata Rd and up to 1700 block of Peninsula Drive (in Manila))	Showers Pass	Hookton Road & Hwy 101	Pacific Ocean	



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Zone	Northern Boundary	Eastern Boundary	Southern Boundary	Western Boundary	Indicate Zone(s) by Placing "X"
Zone 4 South – Fortuna Sub-Zone	Hookton Road & Hwy 101	Showers Pass Humboldt County Line	Dyerville Bridge & Hwy 101 & Alderpoint Blocksburg Road 7 miles South of SR 36	Pacific Ocean	X
Zone 4 South – Garberville Sub-Zone	Dyerville Bridge & Hwy 101 & Alderpoint Blocksburg Road 7 miles South of SR 36	Humboldt County Line	Mattole/ Ettersburg Road at Ettersburg Bridge Humboldt County Line	Pacific Ocean	X

AMBULANCE SERVICE RATES:

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant must submit a completed Rates & Schedule of charges. Upon the approval by the Board of Supervisors, these rates must remain effective and may not be amended except with the consent of, or by the order of the Board of Supervisors.

Rates & Schedule attached



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INSURANCE:

Current proof-of-insurance certificates, indicating compliance with the requirement listed below, must be included with this application:

- A. CONTRACT SHALL NOT BE EXECUTED BY COUNTY and the CONTRACTOR is not entitled to any rights, unless certificates of insurances, or other sufficient proof that the following provisions have been complied with, and such certificate(s) are filed with the Clerk of the Humboldt County Board of Supervisors.

- B. CONTRACTOR shall and shall require any of its subcontractors to take out and maintain, throughout the period of this Agreement and any extended term thereof, the following policies of insurance placed with the insurers authorized to do business in California and with a current A.M. Best rating of no less than A:VII or its equivalent against injury/death to persons or damage to property which may arise from or in connection with the activities hereunder of CONTRACTOR, its agents, officers, directors, employees, licensees, invitees, assignees or subcontractors:
 1. Comprehensive or Commercial General Liability Insurance at least as broad as Insurance Services Office Commercial General Liability coverage (occurrence form CG 0001), in an amount of Two Million Dollars (\$2,000,000) per occurrence for any one (1) incident, including, personal injury, death and property damage. If a general aggregate limit is used, either the general aggregate limit shall apply separately to this project or the general aggregate shall be twice the required occurrence limit.
 2. Automobile/Motor liability insurance with a limit of liability of not less than One Million Dollars (\$1,000,000) combined single limit coverage. Such insurance shall include coverage of all "owned", "hired", and "non-owned" vehicles or coverage for "any auto."
 3. Workers Compensation as required by the Labor Code of the State of California, with Statutory Limits, and Employers Liability Insurance with limit of no less than One Million Dollars (\$1,000,000) per accident for bodily injury or disease. **Said policy shall contain or be endorsed to contain a waiver of subrogation against**



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COUNTY, its officers, officials, agents, representatives, volunteers, and employees. In all cases the above insurance shall include Employers Liability coverage with limits of not less than One Million Dollars (\$1,000,000) per accident for bodily injury and disease.

4. Insurance Notices must be sent to:

County of Humboldt
Attention: Risk Management
825 5th Street, Room 131
Eureka, CA 95501

5. The Comprehensive General Liability shall provide that the COUNTY, its officers, officials, employees, representatives, agents, and volunteers, are covered as additional insured for liability arising out of the operations performed by or on behalf of CONSULTANT. The coverage shall contain no special limitations on the scope of protection afforded to the County, its officers, officials, employees, and volunteers. Said policy shall also contain a provision stating that such coverage:

- a. Includes contractual liability.
- b. Does not contain exclusions as to loss or damage to property caused by explosion or resulting from collapse of buildings or structures or property underground commonly referred to "XCU Hazards".
- c. Is primary insurance as regards to County of Humboldt.
- d. Does not contain a pro-rata, excess only, and/or escape clause.
- e. Contains a cross liability, severability of interest or separation of insureds clause.

Attach Certificate of Liability Insurance naming County of Humboldt certificate holder.

ADDITIONAL INFORMATION:

Please provide, in writing and attach, a description of the facts relied on by the Applicant in asserting that the public health, safety, welfare, convenience and necessity warrant the granting of the ambulance service permit.




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(Information may include the ability of the Applicant to provide ambulance service within established response times for the type of vehicle operated, twenty-four (24) hours per day, seven (7) days per week, year-round; per-approval by North Coast EMS as an Advanced Life Support Provider; familiarity with Humboldt County; prior or additional relevant experience, etc.).

Additional Information statement attached

North Coast EMS Contract

I, hereby attest that, STAR, (name of ambulance company) has obtained all licenses required by law and is in compliance with standards for providing emergency and/or non-emergency medical services as outlined in the Humboldt County Code, Title V, Division 5, Emergency Medical System, the policies established by North Coast EMS, and all other applicable state and federal law and regulations. All information provided herein is true and complete as of the date listed below.

Signature of Applicant:	
Printed Name and Title	<i>Brooke Entominger EMS Manager</i>
Date:	<i>4/23/24</i>

Required Paperwork Checklist

- Application complete
- Certificate of Automobile and liability coverage



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Eureka, California**

Verification that each vehicle listed in application has been certified by the California Highway Patrol and/or the Health Officer pursuant to County Ordinance Section 551-9

Certificate of Workers Compensation Insurance compensation coverage

Proposed Rates & Schedule of Charges

All requested documentation of Applicant's policies and programs (as set forth in the application) are attached and complete

Application fee or proof of payment of application fee *waved*
- non profit

Vehicles

Includes -
⊗ Vehicle Maintenance
Policy

COPY

Southern Trinity Health Services

Transportation Safety Policies

2008

Southern Trinity Health Services

153-A Van Duzen Road

Mad River, CA 95552

Incidents, Accidents, and Collisions

Incident Reports

Drivers shall use Incident Reports to document rider/driver accidents or any unusual occurrences (other than vehicle collisions). [Form 31: Incident Report]

These might include:

1. Interactions with doctors and nurses
2. Gatekeeper information
3. Rider complaints

Auto Collisions

Southern Trinity Health Services shall have accident kits for all drivers. A kit shall be kept in all vehicles owned by Southern Trinity Health Services and should be provided to volunteer drivers operating POV's. Drivers shall be instructed to follow the procedures contained in the accident kit.

Typically these kits include:

1. Witnesses cards
2. Measurement tool
3. Pen or pencil
4. Chalk
5. Form to diagram accident
6. Emergency numbers and procedures

Procedures and Record Keeping

1. Complete and accurate records of any collision or claim of collision, no matter how slight, must be kept in a permanent file. "Permanent" refers to "as long as is required by law." Drivers should not admit fault to anyone other than the manager or police.
2. Any claim of bodily injury or property damage must be reported to the manager immediately. Collision reports must be completed by the driver of the vehicle and reviewed by the Manager within 24 hours.
3. All collisions, no matter how slight, should be reported to the Sponsoring Organization, and a collision report submitted. However, in the event of a serious collision, the volunteer driver should contact Southern Trinity Health Services immediately. A serious collision involves severe property damage, personal injury or the potential for media involvement. [Form 32: Collision Report]

The Collision Scene

1. In the rare case that a serious or disabling collision occurs, ideally the Manager, or designated representative, should immediately go to the scene of the collision to provide support and information. It is the responsibility of the Manager to represent the program at the collision scene in a way that avoids any further liability. The Manager should bring a camera to the scene to assist with the review process.
2. Because drivers can be injured or become distraught at the scene of a collision, collision procedures and guidelines should be an important part of orientation training for new drivers.
3. It is important that the driver document who was in his/her vehicle and any vehicle that was involved in the collision. This can be done with a disposable camera which is part of the vehicle's emergency equipment.

Procedures for Managers at the Scene of a Collision

Collisions of any type can be an upsetting situation for the driver. A distraught or injured driver can increase liability for the program by what he/she says at the collision scene. For example, when a driver tells riders or bystanders, "I'm so sorry, it's my fault," the potential for claims made against the program will dramatically increase. The program should pay claim expenses it is responsible for, but it should not pay additional expenses because of erroneous statements made at the scene of the collision.

Managers should consider the following factors when called to the scene of an accident:

1. Assure that riders are accounted for and are receiving proper emergency services.
2. Separate the driver from the collision scene.
3. Speak for the program and the driver.
4. The driver should be available to answer questions from police and fire authorities.

Media Relations at the Scene of a Collision

Poor media relations at the scene of a collision can cause additional liability. Managers and program representatives should be familiar with and follow procedures when communicating with the media. Guidelines should be in place for employees or volunteers at the scene of a collision. The guidelines may include:

1. Assume the media is present.
2. Project a professional image.
3. Maintain control of the situation.
4. Do not quote hearsay or speculation.

5. Do not accept responsibility for the collision.
6. Explain "no comment" by saying, "I don't have enough information to answer that question accurately."
7. Never speak "Off the Record".
8. When interviewed on camera or video, carefully select the background. Stand in front of a neutral background, not in front of the crash.
9. Contact Southern Trinity Health Services immediately in the event of a serious collision.

Collision Review

A Review Committee, consisting of the Manager and other program representatives, is responsible for reviewing collision reports. In the event of a collision, the committee comes together to review the details of the collision and make recommendations. All collisions must be evaluated for preventability. In each case, preventability is evaluated on the basis of the following statement: "Did the driver do everything reasonably possible to avoid the circumstances that led to this collision?"

Driver Records

Southern Trinity Health Services shall have a file containing all pertinent information about each driver. The Federal Privacy Act covers volunteer drivers. All personal information about the driver should be covered by a written confidentiality policy that parallels the organization's personnel policies. The following is a list of the documents, and related information, to be maintained in driver files: [Form 33: Personnel Records Checklist]

1. Original volunteer/employment application
2. Interview and reference check documentation
3. Criminal history documentation
4. Department of Motor Vehicles (DMV) history report and any subsequent history reports generated
5. Copy of current drivers license
6. Copy of training certifications
7. On-going objective documentation
8. Any documentation relevant to performance
9. Copy of current personal automobile insurance card. Insurance must be at least the State of California's minimum coverage requirement for POV drivers. Personal auto insurance verification must be kept current.

Vehicle Records

A vehicle file shall contain sections where the following documentation is maintained:

1. Vehicle maintenance schedule
2. Maintenance records
3. Maintenance receipts
4. Description of maintenance completed
5. Daily pre-trip inspections
6. Inventory of safety equipment
7. Maintenance records for related safety equipment (i.e. fire extinguishers)

Rider Records

Southern Trinity Health Services shall maintain specific information on the riders using the services. The rider information must be collected and properly maintained using a database or an adequate system done by hand if the agency does not have access to a computer. Rider information, collected by Southern Trinity Health Services, will be used primarily for reporting purposes. In the event of an emergency, this information can also be valuable. Rider records should contain the following information:

1. Rider's name
2. Address
3. Phone number
4. Age



Southern Trinity Health Services Southern Trinity Area Rescue

Serving Southern Trinity & Southeastern Humboldt Since 1979

Description of STAR Radio Equipment 2015

TK7360H	Kenwood 50 Watt Mobile Radio
KPS13	DC Power Supply
KMB24	Base Station Mounting Case
KMC9C	Desk Microphone
FG1523	VHF Base Station Antenna
TK2180	Kenwood Hand held portable radios

COPY

STAR owns and maintains multiple base station radios with base station antenna, at the clinic, which is our main dispatch center, as well as at each volunteer dispatcher's house. On nights and weekends STAR's dispatch is operated by volunteers out of their homes.

STAR maintains Kenwood Mobile Radios in each ambulance it operates.

STAR has multiple Kenwood hand held portable radios. 2 are kept at the clinic ambulance station, the rest are kept by each volunteer responder at their home for use while on duty or on a call.

STAR owns and maintains a repeater on the ridge behind Dinsmore to boost communication in eastern Humboldt County from Pickett Peak.



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 175

CHP Certificate/Permit Number: **1956- 14202**

ISSUED: **11/23/2023**

EXPIRES: **11/23/2024**

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2014 FORD E 350**

VEHICLE LICENSE NO. **1481361 CA**

VIN: **1FDSS3EL8EDB14606**

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS

PROPERTY OF CALIFORNIA HIGHWAY PATROL

23

**SOUTHERN TRINITY HEALTH SERVICES
SOUTHERN TRINITY AREA RESCUE
321 VAN DUZEN ROAD
MAD RIVER CA, 95552-**

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
CHP 301 (REV 4-97) OPI 062

CHP AREA: 175

CHP Certificate/Permit Number: **1956- 18888**

ISSUED: **11/23/2023**

EXPIRES: **11/23/2024**

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2022 FORD E-350**

VEHICLE LICENSE NO. **74452P3 CA**

VIN: **1FDRF3HT7NDA00417**

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS

PROPERTY OF CALIFORNIA HIGHWAY PATROL

23

**SOUTHERN TRINITY HEALTH SERVICES
SOUTHERN TRINITY AREA RESCUE
321 VAN DUZEN ROAD
MAD RIVER CA, 95552-**

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.

	3501	Emergency Medical Services System Quality Improvement Program (EMSQIP)
Nor-Cal EMS Policy & Procedure Manual	Documentation and Quality Improvement	
Effective Date: 4/07/2021	Next Revision: 4/07/2024	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9. California Administrative Code, Title 22, Division 9, Chapter 1.5, 2, 3 and the Health and Safety Code, Division 2.5, Section 1797.220

Purpose

To establish Emergency Medical Services Quality Improvement Program(EMSQIP) requirements for EMS system participants.

Policy

- 1) AED/BLS/ALS/LALS prehospital provider organizations and base/modified base hospitals shall submit a written EMSQIP to Nor-Cal EMS for review and approval every five (5) years. The written EMSQIP shall include the following minimum information (template provided):
 - a) Provider name and management structure, including QI coordinator, medical director, and internal QI structure. Include an organizational chart if available.
 - b) Description of how, how often and who collects/analyzes QI indicator data.
 - c) Description of how and how often QI indicator data is shared with QI committees, technical advisory committees, peer review groups, management, etc.
 - d) Description of how the provider communicates QI activities to external stakeholders (other EMS system participants, elected officials, the public, etc.).
 - e) Description of the provider's approach to performance improvement and the process used to implement changes.
 - f) Description of how provider policies and procedures are developed/revised, and how staff are educated/trained on new/revised policies and procedures.
 - g) Description of how staff are educated/trained on new/revised Nor-Cal EMS policies and protocols.
 - h) Description of the process for ensuring staff complete other required EMS education/training.
- 2) All AED/BLS/ALS/LALS EMS system participants shall participate in the Nor-Cal EMS EMSQIP which may include providing records for program monitoring and evaluation.
- 3) AED/BLS/ALS/LALS EMS system participants shall develop a performance improvement plan when their EMSQIP identifies a need for improvement. Collaboration with Nor-Cal EMS and/or other EMS system participants will collaborate to identify system issues, will be discussed at MAC/AMAC, and a year plan will be determined.
- 4) All agencies with Nor-Cal EMS will be sent a year-end report form, requesting data of pre-determined criteria and narrative reviews. This data can be pulled from agency ePCRs/PCRs.
- 5) All provider agencies:
 - a) Peer Review Audit form is available for use for EMSQIP in your agency. You may submit the forms with the year end report for those PCRs within the criteria.
 - b) The Optional Scope Utilization form shall be submitted within 7 days of the use of optional scope skills/medications.
 - c) Optional Skills training rosters shall be submitted yearly to Nor-Cal EMS.

SOUTHERN TRINITY HEALTH SERVICES

Section: Operations	Approved by: CQI and Board of Directors
Policy: Continuous Quality Improvement Program (CQI)	Adopted Date: 7/1/2004
Reference Number: OPS.030	Last CQI Review and Approval: 10/23/14 Last BOD Review and Approval: 2/22/12
Page 1 of 7	Next Review and Approval: 10/28/14

Policy

COPY

To establish and outline the structure and function of Southern Trinity Health Services (STHS) Continuous Quality Improvement Program.

Purpose/Goal

The primary mission of Southern Trinity Health Services is to improve the quality of life in Southern Trinity and Southeastern Humboldt Counties by providing access to quality, comprehensive, innovative, and integrated health care and emergency medical services regardless of ability to pay. STHS acknowledges that quality health care and the systems that support that care must be the foundation of a successful health care organization. STHS is committed to providing optimal health care for its patients consistent with regulatory and accepted standards of practice established by the STHS medical staff.

Southern Trinity Health Services recognizes that the patient experience is influenced by every aspect of the services provided and by every employee and volunteer the patient encounters. The Continuous Quality Improvement Program must be organization wide and include medical, dental, behavioral health, emergency medical services, transportation, facility, business, administrative services and the Southern Trinity Health Services Board of Directors.

Procedure

The Quality Improvement Plan assesses each area of care individually and how they interact and support patient care as a whole. The Quality Improvement process will utilize both internal and external audit systems; track and review defined clinical indicators and outcomes; sentinel events and 'near miss' incidents; patient comments, both formal and anecdotal, negative and positive; and employee reports, observations, concerns and comments.

The Continuous Quality Improvement Committee is responsible for ensuring the compliance of all policies and procedures of the organization both clinical and operational. Refer to OPS.O 19 Policy Development and Approval for further information.

Southern Trinity Health Services is committed to fostering an open and supportive environment for identifying, reporting, discussing and correcting events before they become problems. Resolution will be sought through examining systems; policy, products, tools, procedures, and education. Solutions will be rewarded; finger pointing and blame will be discouraged. Individual corrective actions, if necessary, will be conducted in private, and documented appropriately.

Continuous Quality Improvement - CQI Committee

The CQI Committee provides the leadership necessary to develop implement and oversee quality related activities. The active participation of departmental leadership is necessary to demonstrate that Southern Trinity Health Services is committed to quality and safety.

The CQI Committee is an organization-wide group composed of representatives from all departments. The following are the minimum requirements for CQI Committee composition:

- Executive Director
- Medical Director
- Dental Director
- Behavioral Health Director
- Financial Officer/Administrative/ Fiscal Representative
- Operations Officer – Patient flow, Front Office Representative
- Provider Representatives – Medical and Dental Back Office
- Risk Manager/Loss Control/ Facilities Representative
- Quality Assurance Coordinator, RN
- Board of Directors Representative

The Executive Director or designee serves as chair of the CQI Committee with responsibility for setting and approving agendas, leading meetings and providing leadership in the selection of CQI activities and priorities. The Executive Director may designate a CQI Coordinator with responsibility for carrying out the administrative activities necessary to conduct Committee business. The Coordinator will ensure that meetings are held at least 10-12 times per year, that minutes of meetings are taken, distributed, records and documents are maintained for HRSA reporting purposes and prepared for Board of Directors approval each month, and that scheduled activities proceed according to the established calendar.

The Committee will evaluate the effectiveness of the Continuous Quality Improvement Program annually at the February meeting per the CQI reporting calendar Cycle I.

Subcommittees of the CQI Committee

The CQI Committee will form individual or joint subcommittees to investigate significant or recurrent events, to address an ongoing need to protect confidentiality and to identify opportunities for improvement. All subcommittees shall provide a written report to the full CQI Committee. The following subcommittees are designated as permanent individual or joint committees as CQI Committee deem appropriate to meet the requirement:

The Chronic Pain Subcommittee is tasked with monitoring the Chronic Pain Program, including but not limited to overall results, outcomes, problems, appropriateness and consistency of care delivered, review of individual patient care plans referred by the providers, and all requests by providers to withdraw opiate therapy due to violations of the pain contract. Subcommittee membership is limited to Medical, Behavioral Health, and Dental providers, Executive Management, and the Risk Manager to protect confidentiality. The subcommittee shall meet monthly and shall submit a report to the full CQI Committee which full protects individual patient information.

The Chronic Disease subcommittee is tasked with reviewing data for conditions identified in the STHS Health Care Plan, the Uniform Data System report structure, and other chronic conditions identified from time to time. The subcommittee shall monitor trends, compare them to established benchmarks and goals, and recommend improvements to the CQI Committee utilizing the PDSA model. The subcommittee shall consist of the Medical, Behavioral Health, Dental providers, Executive Management, and the Risk Manager, and shall meet monthly.

Confidentiality

The review of patient data, employee performance data and other information of a sensitive nature is vital to the success of the quality improvement process. Southern Trinity Health Services requires all data to be protected. Information will only be reviewed and discussed in office spaces. All reports are confidential and will only be used for the quality improvement processes. All patient identification information shall be removed, as will all provider data for aggregate reports. Any discussion requiring patient or employee identification will be done in private.

Objectives

1. To ensure the delivery of patient care at the maximum achievable level of quality in a safe and cost effective manner.
2. To ensure the effective "hand-off" of patient care between providers and other internal and external sources of care, including support and administrative services.
3. To develop effective systems for continuous problem assessment/identification, corrective action planning, plan implementation and evaluation of organization processes and services.
4. To develop a system of accurate comprehensive data collection methods to track, trend and report quality indicators for the organization and for external reporting compliance.
5. To educate all health care professionals and staff in the philosophy procedures and practices of quality assessment.
6. To utilize information gained in quality assessment activities to direct continuing medical education at STHS.
7. To increase knowledge and participation in quality improvement activities at STHS.
8. To identify opportunities for improvement and institute continuous improvement strategies as appropriate.
9. To demonstrate the program's overall impact on improving the quality of care delivered by STHS.

QI Process

1. The Southern Trinity Health Services Health Care Plan identifies specific Health Care Goals and performance measures. The individual elements are reviewed annually by the CQI Committee on a three month rotating schedule as specified in the CQI reporting calendar Cycle I.
2. The Clinical tracking measures are developed from the Health Care Plan. The Health Care Plan defines internal goals, and establishes external benchmarking standards to be met or exceeded. The Clinical tracking measures are reviewed, progress noted, and corrective action decided upon on as scheduled in the QI reporting calendar Cycle I.

3. Quality Assurance measures including calibration of equipment, lab tracking, referral tracking, audit reports, and other regular inspection reports.
4. Quality Assurance measures are reviewed as set forth in the CQI reporting calendar Cycle 2.
5. Risk Management issues are reviewed as set forth in the CQI reporting calendar Cycle 3. Specific review items are included, but will also include any issue brought to the committee, or any issue of concern to any committee member.
6. Peer Review of assessment, treatment plans, and outcomes is a very important component of STHS CQI program. Southern Trinity Health Services is committed to fostering an open and supportive environment for identifying, reporting, discussing and correcting events before they become problems. The peer review process is intended to improve care to our patients, not to place blame. Generalized peer review results will be reviewed as indicated in the CQI reporting calendar Cycle 2. Specific concerns not able to be resolved via the peer review process will be directed to the Medical Director.
7. Identification of potential system problems or breakdowns
 - a. Quality control test reports
 - b. Peer review audits
 - c. Patient complaints and grievances
 - d. Incident reports
 - e. Medical and dental record audits
 - f. Clinical tracking reports
 - g. Equipment Damage report forms
 - h. Variance report forms
 - i. Other sources may include: patient care evaluation studies, financial data, productivity reports, disease management reviews, time and motion studies, patient flow studies.
 - j. Any report of an unusual nature may be considered by the CQI Committee. Anonymous or anecdotal reports will be considered generally, specific allegations will be considered on a case by case basis.

Collecting and analyzing data

STHS utilizes a tracking registry IMS/Medi-Tab in its Health Care Plan for maintaining, monitoring and improving quality of care for common chronic diseases and assuring optimal delivery of preventive services.

- | | |
|--|------------------------------------|
| a. Data Collection and Information Resources | b. Reports from organization staff |
| c. Medical and dental records review | d. Clinical tracking indicators |
| e. Patient satisfaction surveys | f. Employee satisfaction surveys |
| g. Employee concerns and suggestions | h. Patient warnings and dismissals |

The Process Improvement Model

STHS uses the PDSA (Plan, Do, Study, Act) method of process improvement to prevent adverse occurrences. If an item is entered into the CQI Committee meeting agenda, it will be followed at each meeting, and will be removed when satisfactory results have been achieved. The general flow should be similar to the following:

- a. Problem/Project Identification
- b. Entered into Problem/Project log by QI coordinator
- c. Initial investigation/action plan developed by QI coordinator
- d. Initial findings reported to QI Committee (or sub-committee) for review
- e. Action plan developed and executed by QI coordinator or other individual as assigned by QI Committee
- f. Results of action plan reported to QI Committee
- g. If resolved, determine review period
- h. If unresolved, revise and execute action plan

Incident Reporting

The purpose of reporting incidents is to identify problems or potential problems that may result in unsafe, unhealthy circumstances and outcomes in the practice. The completion of an incident/variance report demonstrates conscientiousness and concern for those involved. Communication in the form of positive feedback to providers and staff on improvements made as a result of reported incidents reinforces use of the system as a non-punitive means of identifying problems and developing solutions. Other purposes include the following:

- a. To provide a record of the incident and to document factual information about the event.
- b. To encourage staff to identify incidents, near misses, and hazards.
- c. To provide for prompt treatment of any injuries that may have occurred.
- d. To notify responsible individuals about incidents and hazards and to allow for prompt investigation of circumstances surrounding an incident.
- e. To analyze information generated from reporting incidents and hazards and to take actions to prevent recurrence and improve safety.
- f. To provide documentation as a part of an incident investigation, an OSHA or other required agency reports, workers compensation claim processes, disability or insurance claims.

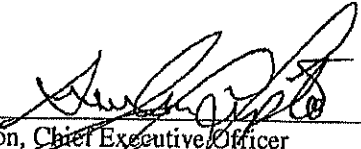
Incident/variance reports are confidential, internal documents and are maintained in confidential risk management files. Incident/variance reports are not placed in patient medical records.

CQI Information Distribution

In order to ensure organization wide support and involvement of the entire organization, written minutes of the CQI Committee monthly meetings are submitted to the Medical Director, Executive Director for review, comment and action as appropriate. Board review and action where necessary shall be noted in the Board Meeting Minutes.

Southern Trinity Health Services also recognized that it is vital to the continued success of the Quality Improvement process that overall results, concerns, patterns and information are communicated to all employees and volunteers. This will be accomplished by discussion with all employees during the departmental team meetings. Significant findings or changes will be communicated at the monthly all staff meeting or at a special meeting if the Executive Director determines it necessary or beneficial.

Approved




Lee Lupton, Chief Executive Officer

10/28/14
Date



Michael Schafle, Medical Director

Date



Susan Gordon, President, Board of Directors

10.28.14
Date

Attachment A: CQI Reporting Calendar

Forms: QI Tracking Log

References & Controlling Documents:

PAL 2001-16

PAL 2002-22 BPHC Credentialing & Privileging

PAL 2011-05

PAL 2014-09 Notice of HRSA FTCA Health Center Policy Manual

Other STHS policies:

OPS.009 Referral policy

OPS.010 Hospital Visit tracking policy

OPS.011 Lab results tracking

OPS.012 Imaging tracking

OPS.007 Incident reporting

OPS.019 Policy Development and Approval

OPS.031 Credentialing policy

OPS.042 Pharmacy & Supply Ordering

OPS.049 Patient Satisfaction Assessment

CLN.008 Peer Review Procedure

CLN.009 Drug Room

Accreditation Association for Ambulatory Healthcare (AAAHC) accreditation documents

National Committee for Quality Assurance (NCQA)

Revisions and Reviews:

Adopted 7/11/2004

Revision 11/16/2010, 2/22/2011, 3/22/2011, 6/21/2011, 10/28/2014



Southern Trinity Health Services
Southern Trinity Area Rescue

Serving Southern Trinity & Southeastern Humboldt Since 1979

Staffing +
Hiring

STAR Volunteer Application Packet

Applying For: EMT Paramedic Dispatcher Driver

Personal Information

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact #1:

Name: _____ Relation: _____

Phone: _____

Emergency Contact #2:

Name: _____ Relation: _____

Phone: _____

Driver's License Information:

State: _____ Class: _____ Number: _____

Expiration: _____ Restrictions: _____

Ambulance Endorsement Medical Expires: _____

Contact Information:

Primary Phone: (____) _____ - _____ Home Mobile Work

Secondary Phone: (____) _____ - _____ Home Mobile Work

Email Address: _____

Applicant Signature: _____ Date: _____

EMS Coordinator Signature: _____ Date: _____



Southern Trinity Health Services Southern Trinity Area Rescue

Serving Southern Trinity & Southeastern Humboldt Since 1979

Certification Information: (EMT, AEMT, Paramedic, EMD Only)

- CPR Card Exp: _____
- EMT State Certification Number: _____ Exp: _____
- AEMT Local Accreditation Agency: NorCal North Coast
- Paramedic License Number: _____ Exp: _____
- Emergency Medical Dispatch Number: _____ Exp: _____

Required Copies

- Adult/Child Abuse & Domestic Violence Reporting Requirements
- Confidentiality/Security Agreement
- Copy of Driver's License (Front & Back)
- Copy of Ambulance Endorsement
- Copy of Green Driver's Medical Card (Front & Back)
- Copy of EMT/AEMT/Paramedic/EMD Card (Front & Back)
- Copy of Auto Insurance (Responders only)
- Pull Notice Program Authorization (Drivers Only)
- Copy of CPR Card

For STAR Management Use Only	
Initial Start Date:	
Radio Information:	Model: _____ S/N: _____
Radio Call Sign:	
Equipment Assigned:	

Signature

Date

TO BE PLACED IN EMPLOYEE'S PERSONNEL FILE
SOUTHERN TRINITY HEALTH SERVICES

Confidentiality / Security Agreement

I have received Health Insurance Portability and Accountability Act (HIPAA) training and as such, I understand that while performing my official duties I may have access to protected health information. Protected Health Information (PHI) means individually identifiable health information that is transmitted or maintained in any form or medium. Protected health information is **NOT** open to the public. Special precautions are necessary to protect this type of information from unauthorized access, use, modification, disclosure, or destruction.

I agree to protect the following types of information:

All data elements described as protected health information (PHI) including but not limited to:

- Addresses
- Telephone numbers
- Fax numbers
- Electronic Mail addresses
- Social security numbers
- Medical record numbers
- Birth date
- Date of death
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial number, including license plate numbers
- Device identifiers and serial numbers
- Full face photographic images and any comparable images
- Client information (such as, disability insurance claimants, recipients of public social services, participants of state/federal programs, employers, etc.)
- Information about how automated systems are accessed and operate.
- Any other proprietary information.
- Any other unique identifying number characteristic, or code

I agree to protect PHI by:

All of the following means including but not limited to:

- Accessing, using, or modifying confidential, sensitive, or PHI only for the purpose of performing my official duties
- Never attempting to access information by using a user identification code or password other than my own
- Never sharing passwords with anyone or storing passwords in a location accessible to unauthorized persons.
- Never exhibiting or divulging the contents of any record or report except to fulfill a work assignment.

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- Never showing, discussing, or disclosing confidential, sensitive information, or PHI to or with anyone who does not have the legal authority or the "need to know"
- Storing confidential, sensitive information in a place physically secure from access by unauthorized persons.
- Never removing confidential, sensitive, or PHI from the work area without authorization.
- Disposing confidential, sensitive, or PHI by utilizing an approved method of destruction, which includes shredding, burning, or certified or witnessed destruction. Never disposing such information in the wastebaskets or recycle bins.
- Reporting any violation of confidentiality, privacy, or security policies

PENALTIES

Unauthorized access, use, modification, disclosure, or destruction is strictly prohibited. The penalties for unauthorized access, use, modification, disclosure, or destruction may include disciplinary action up to and including termination of employment and/or criminal or civil action.

Southern Trinity Health Services reserves the right to monitor and record all network activity including e-mail, with or without notice, and therefore users should have no expectations of privacy in the use of these resources.

DISCLAIMERS

Nothing in this document creates any express or implied contractual rights. All employees are employed on an at-will basis. Employees have the right to terminate their employment at any time, and Southern Trinity Health Services retains a similar right.

I certify that I have read, understood, and accept the Confidentiality Agreement above.

Full Name	Department
Signature	Date

ADULT/CHILD ABUSE & DOMESTIC VIOLENCE REPORTING REQUIREMENTS

California law requires that medical practitioners, non-medical practitioners, health practitioners and child care custodians working in health clinics and other specified public or private facilities be informed of their duty to report suspected child abuse, suspected dependent adult abuse, and suspected domestic violence.

Please read the following carefully and sign where indicated.

Section 11166 of the Penal code requires any child care custodian, medical practitioner, non-medical care practitioner or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she suspects has been the victim of a **child abuse** to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Any person who fails to report an instance of child abuse which he or she knows to exist or reasonably should know to exist, as required, is guilty of a misdemeanor and is punishable by confinement in the county jail for a term not to exceed six months or by a fine of not more than five hundred dollars (\$500) or by both. The law also provides that a person who does report as required, or who provides a child protective agency with access to a victim, shall not be civilly or criminally liable for doing so.

Section 15630 of the Welfare and Institutions Code requires any care custodian, health practitioner, or employee of a health facility who in his or her professional capacity, or within the scope of his or her employment, has knowledge of or observes a **dependent adult** who he or she knows has been the victim of physical abuse, or who has injuries under circumstances which are consistent with abuse, to report the known or suspected instance of physical abuse to an adult protective services agency or a local law enforcement agency immediately, or as soon as practically possible, by telephone, and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. reporting is required where the dependent adult's statements indicate, or in the case of a person with developmental disabilities, where his or her statements or other corroborating evidence indicates that abuse has occurred.

Sections 11160-11163 of the California Penal Code require that any health practitioner employed in a health facility, clinic or physician's office who, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a patient whom he or she knows or reasonably suspects has suffered from any wound or injury inflicted as a result of **domestic violence or spousal abuse** shall immediately, or as soon as is reasonably possible, file a telephone report to the local law enforcement agency followed by a written report within two working days.

Failure to comply with these reporting requirements may lead to a fine of up to \$1,000 and/or up to six months in jail. A health practitioner who makes a report in accordance with this article shall not incur civil or criminal liability as a result of any report required or authorized by this article. Your clinical supervisor and Medical Center Administration should be notified whenever you believe that you may be required to report suspected abuse or violence.

I certify that I have read and understand this statement and will comply with my obligations under the dependent adult abuse, child abuse, and domestic violence reporting laws.

Name

Position/Department

Issued: February 21, 2003 rev 7.26.2011



A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, _____
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____ SIGNATURE OF EMPLOYEE
X

I, _____, of _____
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____ SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE
X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website
at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

DO NOT RETURN THIS FORM TO DMV.



Southern Trinity Health Services Southern Trinity Area Rescue

Serving Southern Trinity & Southeastern Humboldt Since 1979

Management Staff Organization

Lee Lupton – CEO



Amanda Huber- CEO



Brooke Entsminger – EMS Manager



Paramedics



Dispatchers & EMT's



Drivers

COPY



Southern Trinity Health Services Southern Trinity Area Rescue

Serving Southern Trinity & Southeastern Humboldt Since 1979

COPY

Resume

Training:

- STAR is certified through Nor Cal EMS to instruct EMT and AEMT courses. STAR instructors put on one new course per calendar year.
- STAR has Continuing Education meetings for all local responders once a month with chart reviews included. STAR CE provider number 64-5308.
- STAR is linked with Redwood Memorial Hospital to attend Chart Review through teleconference when they are held at the hospital for North Coast EMS.
- STAR participates and organizes training opportunities with other emergency services (ex – USFS, REACH Air ambulance, Southern Trinity Volunteer Fire, Coast Guard and many more) on a regular basis.
- STAR provides dispatch training.

Orientation:

- New STAR volunteers are required to fill out the new volunteer packet (included in attached papers) and provide all documentation required on it.
- New volunteers are brought in to practice driving as well as become oriented to the ambulance before being put on the schedule.
- Volunteers who will be providing patient care are scheduled as a third person on crew until ready to provide care independently and they have been observed by current responders.

STAR has been operating as an Emergency Medical Transport 911 Ambulance service since 1979. Regular training and education of all responders is required for their certification and by STAR. Responders must remain current for the best patient care possible.



Southern Trinity Health Services Southern Trinity Area Rescue

Serving Southern Trinity & Southeastern Humboldt Since 1979

Humboldt County EMS System

Southern Trinity Area Rescue (STAR), acknowledges that North Coast EMS oversees EMS systems within Humboldt County. STAR understands that its operating Policies and Procedures are dictated by Nor Cal EMS, and that Nor Cal EMS has an agreement with North Coast EMS and St Joes Health System – Redwood Memorial Hospital (RMH), for STAR to operate with RMH as its base hospital and primary place to transport patients.

COPY

AMBULANCE SERVICES PROVIDED

Patient Name: Proposed Feb

Date: _____

Unit Dispatched **304**
305

Responder # _____ Name _____
Responder # _____ Name _____
Responder # _____ Name _____

TIMES
Dispatched
ENROUTE
On Scene
LEFT SCENE
At Destination
AVAILABLE
Cancelled
Back at Base

MILES
Beginning
On Scene
response miles ()
At Destination
patient miles ()
Back at Base

ADVANCED LIFE SUPPORT		
ALS	Code	Fee
ALS Emergency Transport	A0370	\$ 484.17
ALS Response Miles	A0390.1	\$ 17.50
ALS Patient Miles	A0390.0	\$ 17.50
ALS Dispos Supplies/Defib	A0392	\$ 35.00
ALS Protective Disposables	A0398.2	\$ 2.00
Multiple Patient #	A0370.5	\$ 484.17
ALS Restraints	A0398.7	\$ 40.00

DISPOSABLE SUPPLIES			
Description	Code	Fee	
Trauma Dressing	A0382.9	\$ 10.00	
Linens Not Replaced	A0999.1	\$ 10.00	

BASIC LIFE SUPPORT		
BLS	Code	Fee
BLS Emergency Transport	A0362	\$ 407.72
BLS Response Miles	A0380.1	\$ 17.50
BLS Patient Miles	A0380.0	\$ 17.50
BLS Dispos Supplies/Defib	A0392	\$ 35.00
BLS Protective Disposables	A0382.2	\$ 2.00
Multiple Patient #	A0362.1	\$ 407.72
BLS Restraints	A0282.7	\$ 40.00

Head Immobil. Cover Bag	A0382.3	\$ 15.00	
Splint - Simple Limb	A4570	\$ 15.00	
Splints, Vacuum	A0398.8	\$ 75.00	
Splints, Traction	A0370.6	\$ 50.00	
Hot Pack	A0382.4	\$ 19.50	
Cold Packs	A0382.5	\$ 19.50	
OB Kit	A0382.6	\$ 22.00	
Bum Kit	A0384.1	\$ 75.00	
Breathing Treatment	A0999	\$ 15.00	
Fluids, NS 1000 cc	A8394.5	\$ 12.00	
Fluids, NS 500 cc	A0394.3	\$ 8.00	

ALS/BLS SERVICES/PROCEDURES		
Procedures	Code	Fee
Extricate / Rough Terrain	A0370.4	\$ 100.00
Extra Ambulance Attendant	A0424	\$ 20.00
Night Fee 7 pm to 7 am	A0370.1	\$ 50.00
Wait Time _____ hrs	A0420	60.00/hr
Spinal Immobilization	A0390.4	\$ 60.00
Oxygen/Oxygen Supplies	A0422	\$ 100.00
Intubation	A0396.2	\$ 75.00
Suction	AK0192	\$ 50.00
Drug Administration	A0394.5	\$ 40.00
IV Administration & Supplies	A0394	\$ 98.00
Irrigation		\$ 10.00
MAST		\$ 50.00
Delivery	A59410	\$ 50.00
Defibrillation	A0392.2	\$ 95.00
ECG/EKG Monitor	A0370.3	\$ 85.00
Blood Draw	A0370.2	\$ 20.00
Glucose Determination	A0382.8	\$ 15.00
CPR	A0384	\$ 50.00
Assesment- On Scene	A0998	\$484.17

MED/OTHER			

Complaint	
Complaint	Code
PAIN	
PAIN Abdominal NOS	789.00
PAIN Abdominal RUQ	789.01
PAIN Abdominal RLQ	789.03
PAIN Abdominal LUQ	789.02
PAIN Abdominal LLQ	789.04
PAIN Chest Wall/Respiration	786.52
PAIN Shoulder	719.41
PAIN Hand	719.44
PAIN Foot	719.47
PAIN Back	724.5
PAIN Limb	729.5
PAIN Knee	719.46
PAIN Joint (multiple sites)	719.49
PAIN Facial/Headache	784.0
Muscle Spasm	728.85
Numbness/Tingling	782.0
Dislocated Knee	836.50
Ankle Sprain/Strain	845.00
Open Wound - Scalp	873.0
Open Wound - Finger	883.0
Open Wound-knee,ankle,leg	891.0
Facial Lacerations	873.40
Amputated Finger (s)	886.0
FRACTURES (open)	
Arm R L _____	
Leg R L _____	
Rib	
Other:	
FRACTURES (closed)	
Arm R L _____	
Leg R L _____	
Rib	
Other:	
CIRC. / RESP. / MENTAL	
Cardiac Arrest	427.5
Dysrhythmia	427.89
CVA/Stroke	436
Hypotension	458.9
Tachycardia/Rapid Beat	785.0
Dyspnea (SOB)	786.0
Asthma Attack	493.92
Respiratory Disease	519.9
Hemorrhage, Rectal	569.3
Nose Bleed	784.7
Altered Level Conscious	780.0
Loss of Consciousness	780.09
Bi-Polar - Depression	296.5
Suicidal	300.9
Diabetic Complication	250.9
Un Responsive	255.4
Seizure/Convulsions	780.39
Vertigo/Dizziness	780.4

Complaint continued	
Complaint	Code
CIRC. / RESP. / MENTAL CONT.	
Labor	644.0
Dehydration	276.5
Nausea & Vomit	787.01
Alcohol Abuse - Continuous	305.01
Alcohol Abuse - unspecified	305.0
Liver Failure (Chronic)	572.8
Vomitting Blood	578.0
Disorder, Penis	607.9
Trauma	959.9
Traumatic Shock	958.4
Allergy Unspec.	995.3
Sting-toxic venom (BEE etc)	989.5
Poisoning by Psych. Drug	969.4
Tick Bite	919.4
Foreign Body in Mouth	935.0
Death (within last 24 hrs)	798.2

EXTERNAL CAUSES		
Cause	Code	
<i>Circle Type of Vehicle & Driver or Passngr</i>		
Car/Truck	Driver .0	Passngr .1
Motorcycle	Driver .2	Passngr .3
Recreational (Quad etc.)	Other	
Boat	Powered .1	Unpowered .0
Traffic E810-E819		
Hwy Collision w/vehicle	E811	
Hwy Collision w/Pedestrian	E814	
Hwy Collisionw/Obj./Animal	E815	
Hwy No Collis.Lose Control	E816	
Boarding/Alighting Vehicle	E817	
Non Traffic E820-E825		
Off Hwy Overturm/Fall Off	E821	
Off Hwy Collis w/obj/animal	E822	
Off Hwy Collis w/fixd obj.	E823	

Fall/Slip E880-E886		
Fall out bldg/structure	E882	
Fall one level to another	E884.9	
Fall on/from stairs or steps	E880.9	
Fall on same level slip/trip	E885.9	
Fall same level collis. w/pers	E886	
Fall result in striking object	E888.1	
Assault E960-E969		
Unarmed Fight/Brawl	E960.0	
Assault w/Blunt Object	E968.2	
Assault w/Rifle	E965.2	
Assault w/Shotgun	E965.1	
Rape/Sexual Assault	E960.1	
Legal Intervention (Police)	E970 - E978	

OTHER	

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
11150

COMPANY
ARCH INSURANCE COMPANY

COMMERCIAL PERSONAL

POLICY NUMBER
MEPK06766318

EFFECTIVE DATE
07/15/2023

EXPIRATION DATE
07/15/2024

YEAR
2022

MAKE/MODEL
Ford F-350 Ambulance

VEHICLE IDENTIFICATION NUMBER
1FDRF3HT7NDA00417

AGENCY/COMPANY ISSUING CARD

McNeil & Company, Inc.
P.O. Box 5670
67 Main Street
Cortland, NY 13045

304

INSURED

Southern Trinity Area Rescue
321 Van Duzen Road
Mad River, CA 95552

SEE IMPORTANT NOTICE ON REVERSE SIDE

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
11150

COMPANY
ARCH INSURANCE COMPANY

COMMERCIAL PERSONAL

POLICY NUMBER
MEPK06766318

EFFECTIVE DATE
07/15/2023

EXPIRATION DATE
07/15/2024

YEAR
2014

MAKE/MODEL
Ford Ambulance

VEHICLE IDENTIFICATION NUMBER
1FDSS3EL8EDB14606

AGENCY/COMPANY ISSUING CARD

McNeil & Company, Inc.
P.O. Box 5670
67 Main Street
Cortland, NY 13045

INSURED

Southern Trinity Area Rescue
321 Van Duzen Road
Mad River, CA 95552

305

SEE IMPORTANT NOTICE ON REVERSE SIDE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/17/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Pauli-Shaw Insurance Agency 627 7th St Arcata CA 95521	CONTACT NAME: Laura Knight	
	PHONE (A/C No. Ext): 707-822-7251	FAX (A/C No): 707-826-9021
E-MAIL ADDRESS: laura@pauli-shaw.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : State Compensation Insurance Fund of California		35076
INSURER B : Arch Specialty Insurance Company		21199
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
Southern Trinity Area Rescue
PO Box 7
Scotia CA 95565

SOUTTRI-01

COVERAGES

CERTIFICATE NUMBER: 478205806

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD LWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	MEPK08766318	7/15/2023	7/15/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMPI/OP AGG \$ 10,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	MEPK08766318	7/15/2023	7/15/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		MEUM08795518	7/15/2023	7/15/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 4,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	9093342-23	4/1/2023	4/1/2024	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Emergency Svcs E&O Medical Malpractice Lib		MEPK08766318	7/15/2023	7/15/2024	Limit Included Limit Included

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Ambulance Service Permit
When required by written contract or agreement the following may apply:
Additional Insured
Waiver of Subrogation
When available, form(s) may be attached.

CERTIFICATE HOLDER**CANCELLATION**

County of Humboldt Dept of Public Health
529 I Street
Eureka CA 95501
USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/20/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Pauli-Shaw Insurance Agency 627 7th St Arcata CA 95521	CONTACT NAME: Laura Knight	FAX (A/C. No.): 707-826-9021
	PHONE (A/C. No. Ext): 707-822-7251	E-MAIL ADDRESS: laura@pauli-shaw.com
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: State Compensation Insurance Fund of California		35076
INSURER B: Arch Specialty Insurance Company		21199
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
The WECARE Group DBA: Southern Trinity Area Rescue
PO Box 7
Scotia CA 95565

COVERAGES

CERTIFICATE NUMBER: 422378331

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	MEPK06768318	7/15/2023	7/15/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			MEPK06768318	7/15/2023	7/15/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS 0			MEUM06795518	7/15/2023	7/15/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 4,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	9093342-23	4/1/2023	4/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Emergency Svcs E&O Medical Malpractice Liab			MEPK06768318	7/15/2023	7/15/2024	Limit Included Limit Included

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Measure Z Funding Grant.
 When required by written contract or agreement the following apply subject to endorsement:
 Additional Insured - County of Humboldt, its agents, officers, officials, employees and volunteers
 Primary Wording
 Waiver of Subrogation
 When available, form(s) may be attached.

CERTIFICATE HOLDER**CANCELLATION**

County of Humboldt
 Attn: Risk Management
 825 5th Street, Rm 131
 Eureka CA 95501
 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ARCH INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COVERAGE EXTENSIONS

This endorsement modifies the insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

1. Enhanced Property Damage

Paragraph a. **Expected or Intended Injury** in **2. Exclusions** under **Section I – Coverages, Coverage A Bodily Injury and Property Damage Liability** is deleted and replaced with the following:

a. Expected or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

2. Damage to Rented Premises

The following paragraph is added to **j. Damage to Property** of **2. Exclusions** under **Section I – Coverages, Coverage A Bodily Injury and Property Damage Liability**:

Paragraphs **(1)**, **(3)**, and **(4)** of this exclusion do not apply to "property damage" to premises, including the contents of such premises, rented to you or occupied by you with the permission of the owner for a period of 8 or more consecutive days. The most we will pay for all such "property damage" is \$50,000.

3. Damage to Property

The term "damage by fire" is amended to "damage by fire, lightning or explosion" in **j. Damage to Property** of **2. Exclusions** under **Section I – Coverages, Coverage A Bodily Injury and Property Damage Liability**, paragraph **6**, under **Section III – Limits of Insurance** and paragraph **9.a.** under **Section V – Definitions**.

4. Customer's Autos

Paragraphs **g. Aircraft, Auto or Watercraft** and **j. Damage to Property** in **2. Exclusions** under **Section I – Coverages, Coverage A Bodily Injury and Property Damage Liability** do not apply to "customer's autos" while on or next to those premises you own, rent or control that are used for "auto" repair or service. The most we will pay for "property damage" to a "customer's auto" is \$50,000.

The following definition is added to **Section V – Definitions**; "Customer's auto" means an "auto" temporarily in your care, custody or control for the purpose of receiving repair or service but does not include an "auto" owned by, rented or loaned to any insured.

This extension only applies if there is no "auto" policy or coverage part provided by us which affords such coverage.

5. Patients Property

Paragraph **j. Damage to Property** in **2. Exclusions** under **Section I – Coverages, Coverage A Bodily Injury and Property Damage Liability** does not apply to the personal effects of fire and rescue victims, medical patients, and the immediate relatives of such victims and patients, while such property is in your care, custody or control at the scene of an emergency or while in transit to or from a medical care facility.. The most we will pay for "property damage" to patients property is \$50,000.

This extension only applies if there is no inland marine policy or coverage part provided by us which affords such coverage.

6. Bail Bonds

Subparagraph 1.b. under **Section I – Coverages, Supplementary Payments – Coverages A and B** is amended to read as follows:

- b. Up to \$5,000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

7. Your Expenses

Subparagraph 1.d. under **Section I – Coverages, Supplementary Payments – Coverages A and B** is amended to read as follows:

- d. All reasonable expenses incurred by the insured at our request to assist in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$1,000 a day because of time off from work.

8. Additional Insured

The following are added to **Section II – Who Is An Insured**:

a. Persons or Organizations – As Required By Contract

Any person or organization when you have agreed in writing in a contract or agreement that such person or organization is to be included on your policy as an additional insured. Such person or organization is only an insured with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- (1) Your ongoing operations for such person(s) or organization(s);
- (2) "Your products"; or
- (3) Your use or maintenance of a premises you own, rent, lease, occupy or otherwise use with the permission of the owner, except those premises you lease from person(s) or organization(s) for which paragraph 8.b. below applies.

b. Managers, Landlords or Lessors of Premises

Any person or organization from whom you lease premises when you have agreed in writing in a contract or agreement that such person or organization is to be included on your policy as an additional insured. Such person or organization is only an insured with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and subject to the following additional exclusions:

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to be a tenant in that premises.
- (2) Structural alterations, new construction or demolition operations performed by or on behalf of such person(s) or organization(s).

c. Lessors of Leased Equipment

Any person or organization from whom you lease equipment when you have agreed in writing in a contract or agreement that such person or organization is to be included on your policy as an additional insured. Such person or organization is only an insured with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s).

With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

Coverage provided to the person(s) or organization(s) included as an insured in subparagraphs 8.a., 8.b., and 8.c. above only applies if the written contract or agreement identified in subparagraphs 8.a., 8.b., and 8.c. above is executed prior to the "bodily injury", "property damage", or "personal and advertising injury".

Coverage shall be primary and not contributory with respect to the person(s) or organization(s) included as an insured in subparagraphs 8.a., 8.b., and 8.c. above. Any other insurance such person or organization has will be

excess and not contributory with this insurance but this provision only applies if it is required in the written contract or agreement identified in subparagraphs **8.a.**, **8.b.**, and **8.c.** above.

9. Newly Formed or Acquired Organizations

Subparagraph **3.a** under **Section II – Who Is An Insured** is deleted and replaced by the following:

- a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier.

10. Duties in the Event of Occurrence, Offense, Claim, or Suit

The following subparagraph **e.** is added to **2. Duties in the Event of Occurrence, Offense, Claim, or Suit** under **Section IV – Commercial General Liability Conditions**:

- e. Knowledge of any "occurrence", offense, claim, or "suit" will be deemed knowledge by you only when such "occurrence", offense, claim, or "suit" is known to an officer, director, commissioner, board member, trustee, "employee", "volunteer worker" or appointee designated by you to give us notice of such "occurrence", offense, claim, or "suit".

11. Waiver of Subrogation

Paragraph **8. Transfer of Rights of Recovery Against Others to Us** under **Section IV – Commercial General Liability Conditions** is deleted and replaced by the following:

8. Transfer of Rights of Recovery Against Others to Us

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

This condition does not apply to persons or organizations with which you have a written contract and for which the provisions of paragraph **8.** of this endorsement apply, but only to the extent that subrogation is waived prior to the "occurrence" or offense under such written contract with that person or organization.

12. Liberalization

If we revise this coverage part to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

13. Mental Anguish

Paragraph **3.** under **Section V - Definitions** is deleted and replaced by the following:

3. "Bodily injury" means bodily injury, disability, sickness or disease sustained by a person including death resulting from any of these. "Bodily injury" includes "mental anguish" or other mental injury. "Mental anguish" means mental suffering or emotional disturbances such as distress, fear, anxiety, depression, grief or psychosomatic physical symptoms.


Medical Directors E&O

ESIP does not cover the personal liability of any doctor for medical malpractice while he or she is acting as a doctor (see Medical Malpractice below). However, if you use a doctor as your EMS medical director or supervising physician, we provide coverage for their administrative duties, including:

- establishing medical protocol;
- creating medical training curriculum;
- providing medical training; or
- conducting medical quality assurance programs.


In addition, if you have a doctor who is an employee or volunteer, he or she is covered while performing their duties for you as a firefighter or EMT. This coverage is described in more detail in Medical Malpractice below.

Medical Malpractice



The ESIP policy covers Medical Malpractice for all members of your organization under Coverage A—Bodily Injury and Property Damage Liability, including physicians while working within the scope of their duties for your organization. Our coverage protects your members while responding to calls, providing dispatching, during training activities, and when they are off duty (see Good Samaritan Liability above). Coverage for training activities also applies while members are getting training in your local hospital emergency room or trauma center if the training falls within the scope of their duties for you and is not something they are doing on their own or for somebody else.

There is no medical malpractice coverage for any doctor while acting as a doctor, except for their administrative duties (see Medical Director's E&O above). However, if you have a member who is a doctor, he or she can perform BLS or ALS services within the scope of their duties for you and the ESIP policy will cover them.



The ESIP policy covers Medical Malpractice for all members of your organization under Coverage A—Bodily Injury and Property Damage Liability, including physicians while working within the scope of their duties for your organization. The Limit of coverage is part of the General Liability – it's not separate, it's included.

ARCH INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

→
EMERGENCY SERVICE LIABILITY

This endorsement modifies the insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

A. The following is added to Section I – Coverages:

Coverage D Emergency Service Liability

1. Insuring Agreement

- a. We will pay those sums that the insured becomes legally obligated to pay as monetary damages because of a "wrongful act" to which this insurance applies. We have the right and duty to defend the insured against any "suit" seeking those monetary damages. We have no duty to defend the insured against any "suit" not seeking monetary damages. We also have no duty to defend the insured against any "suit" based upon, arising out of, or attributable to a "wrongful act" to which this insurance does not apply. However, at our discretion, we have the right to investigate any "wrongful act" and settle any "claim" or "suit" that may result. But:

- (1) The amount we will pay for monetary damages is limited as described in **Section III – Limits Of Insurance**; and
- (2) Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements under **Coverages A, B, D**, or medical expenses under **Coverage C**.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under **Supplementary Payments – Coverages A, B and D**.

- b. This insurance applies to a "wrongful act" only if:

- (1) Such "wrongful act" takes place in the "coverage territory";
- (2) Such "wrongful act" occurs during the policy period; and
- (3) Prior to the policy period, no insured listed under Paragraph 1. of **Section II – Who Is An Insured**, or no "employee" or "volunteer worker" authorized by you to give or receive notice of a "wrongful act" or "claim", knew that the "wrongful act" had occurred, in whole or in part. If such a listed insured or authorized "employee" or "volunteer worker" knew, prior to the policy period, that the "wrongful act" occurred, in whole or in part, then any continuation, change or resumption of such "wrongful act" during or after the policy period will be deemed to have been known prior to the policy period.

- c. A "wrongful act" will be deemed to have been known to have occurred at the earliest time when any insured listed under Paragraph 1. of **Section II – Who Is An Insured** or any "employee" or "volunteer worker" authorized by you to give or receive notice of a "wrongful act" or "claim":

- (1) Reports all, or any part, of the "wrongful act" to us or any other insurer;
- (2) Receives a "claim" because of the "wrongful act"; or
- (3) Becomes aware by any other means that a "wrongful act" has occurred or has begun to occur.

- d. A "wrongful act" which occurs during the policy period includes any continuation, change or resumption of that "wrongful act" after the end of the policy period.

2. Exclusions

- a. This insurance does not apply to a "wrongful act" based upon, arising out of, or attributable to:

- (1) An insured acting as a director or officer, or in a fiduciary capacity as a trustee, or in any similar capacity, for any person or organization other than the Named Insured.
 - (a) This exclusion does not apply to an insured who, with your express approval and consent, serves as an officer or director of a not-for-profit organization that is outside of your control and qualifies as a not-for-profit organization under the provisions of the Internal Revenue Code.

- (b) Coverage provided under this policy is excess over and shall not contribute with:
 - (i) any insurance purchased by or on behalf of any organization described in **a.(1)(a)** above; or
 - (ii) any other indemnification to which the insured is entitled from the organization described in **a.(1)(a)** above.
- (c) In no event will the insurance provided under this policy inure to the benefit of the organization described in **a.(1)(a)** above, or to any of its directors, officers or employees, except to the extent that coverage is provided to an insured under this policy as set forth in **a.(1)(a)** above.
- (2) The gaining of any profit or advantage to which an insured was not legally entitled.
- (3) The actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants;" including:
 - (a) Any request, demand or order that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants;" or
 - (b) Any "claim" or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing or in any way responding to, or assessing the effects of "pollutants."
- (4) Any criminal, malicious or deliberate fraudulent act by the insured, including any malicious or intentional discrimination or harassment of any kind.
 - (a) This exclusion shall apply only if it is finally adjudicated that such conduct in fact occurred.
 - (b) This exclusion shall apply only to those insureds that engaged in such conduct and shall not be imputed to any other insured.
 - (c) This exclusion does not affect our duty to defend an insured, in accordance with Paragraph **1.a.** above, prior to determining, through the appropriate legal processes, that the insured engaged in such conduct.
- (5) Any actual or alleged violation of the insured's responsibilities, obligations, or duties imposed by:
 - (a) The National Labor Relations Act.
 - (b) The Consolidated Omnibus Budget Reconciliation Act of 1985.
 - (c) The Worker Adjustment and Retraining Notification Act.
 - (d) The Fair Labor Standards Act, however, this exclusion **(d)** does not apply to the Equal Pay Act.
 - (e) The under-funding or inadequate funding of any qualified or non-qualified pension or service awards program, or any liability imposed under the Employee Retirement Income Security Act of 1974, the Pension Reform Act of 1974, or similar provisions of any federal, state or local statutory law.
 - (f) Any workers compensation, social security, disability benefits or unemployment compensation law or similar federal, state, or local statute or regulation, however, this exclusion **(f)** does not apply to "benefits administration".

However, this exclusion (5) does not apply to a "wrongful act" based upon, arising out of, or attributable to the actual or alleged retaliatory treatment of the claimant by an insured arising from the claimant's exercise of rights pursuant to any such statute or law.

- (6) The operation of the principles of eminent domain, inverse condemnation, condemnation proceedings, adverse possession, or dedication by adverse use, including similar actions by whatever name called.
- (7) The failure to effect or maintain any insurance or bonds of any kind. This exclusion does not apply to "benefits administration".
- b. This insurance also does not apply to:
 - (1) "Bodily injury" or "property damage" arising out of:
 - (a) "Fire-Rescue Service".
 - (b) The ownership, maintenance, use or entrustment to others of any aircraft, "auto", watercraft, or "mobile equipment" owned or operated by or rented or loaned to any insured. Use includes operation and "loading and unloading". This exclusion applies even if the actual or alleged "wrongful act" is based upon, arising out of, or attributable to negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by the insured, if the "bodily injury" or "property damage" involved the ownership, maintenance, use or entrustment to others

of any aircraft, "auto", watercraft or "mobile equipment" that is owned or operated by or rented or loaned to any insured.

- (c) Causing or contributing to the intoxication of any person, furnishing alcoholic beverages to a person under the legal drinking age or under the influence of alcohol, or any statute, ordinance or regulation relating to the sale, gift, distribution or use of alcoholic beverages.
- (d) Loss of or damage to property owned by an insured.
- (2) "Bodily injury" to an "employee" or "volunteer worker". This exclusion does not apply to "employment related practices".
- (3) "Personal and advertising injury". However, this exclusion does not apply to an actual or alleged act, error or omission by you or any insured arising out of the violation of any federal, state or local statute, ordinance or regulation that addresses, prohibits, or limits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of individually identifiable health information.
- (4) Breach of contract other than an "employment contract."
- (5) Damages, other than defense costs, for any actual or alleged breach of any "employment contract". This exclusion does not apply to liability for damages that the insured would have in the absence of the "employment contract".
- (6) Liability assumed by an insured in a contract or agreement. This exclusion does not apply to liability for damages that the insured would have in the absence of the contract or agreement.
- (7) Fines or penalties imposed by any federal, state or local governmental authority.
- (8) Costs or expenses incurred by the insured to comply with any demand or order by any federal, state or local governmental authority.
- (9) Any "claim" seeking relief or redress in any form other than monetary damages.

B. Supplementary Payments Coverages A and B is amended to read:

Supplementary Payments – Coverages A, B and D.

C. The following are added to Paragraph 2. of Section II – Who Is An Insured but only with respect to Coverage D Emergency Service Liability:

Spousal Liability

If a "claim" or "suit" for a "wrongful act" committed or allegedly committed by an insured person includes a "claim" or "suit" against the insured person's spouse (whether such status is derived by reason of statutory or common law, or any other law of any country) solely by reason of:

- 1. Such spousal status; or
- 2. Such spouse's ownership interest in property or assets that are sought as recovery for the "wrongful act" committed or allegedly committed by the insured person;

all monetary damages which such spouse becomes legally obligated to pay by reason of such "wrongful act" will be treated, for the purposes of this policy, as monetary damages which the insured person becomes legally obligated to pay. Such monetary damages will be covered under **Coverage D** only if, and to the extent, such monetary damages would be covered if the insured person were legally obligated to pay them.

However, this extension will not afford coverage for a "wrongful act" committed or allegedly committed by the spouse.

Estates, Heirs And Legal Representatives

If a "claim" or "suit" for a "wrongful act" committed or allegedly committed by a insured person includes a "claim" or "suit" against:

- 1. The estate, heirs or legal representatives of that deceased insured person; or
- 2. The legal representative of that insured person in the event of incompetency, insolvency or bankruptcy;

all monetary damages which such estate, heirs or legal representatives become legally obligated to pay by reason of such "wrongful act" will be treated, for the purposes of this policy, as monetary damages which the

insured person becomes legally obligated to pay. Such monetary damages will be covered under **Coverage D** only if, and to the extent, in the absence of such death, incompetency, insolvency or bankruptcy of the insured person such monetary damages would be covered if the insured person were legally obligated to pay them.

D. Paragraph 2. of Section III – Limits Of Insurance is deleted and replaced with the following:

2. The General Aggregate Limit is the most we will pay for the sum of:
 - a. Damages under **Coverage A**, except damages because of "bodily injury" or "property damage" included in the "products/completed operations hazard."
 - b. Damages under **Coverage B**;
 - c. Damages under **Coverage D**; and
 - d. Medical expenses under **Coverage C**.

E. Paragraph 5. of Section III – Limits Of Insurance is deleted and replaced with the following:

5. a. Subject to Paragraph 2. or Paragraph 3. above, whichever applies, the Each Occurrence Limit is the most we will pay for the sum of:
 - (1) Damages under **Coverages A**;
 - (2) Damages under **Coverage D**; and
 - (3) Medical expenses under **Coverage C**;Arising out of any one "occurrence."
- b. For the purposes of determining Limits of Insurance, all "claims" and "suits" under **Coverage D** which arise out of a single "wrongful act" or a series of related "wrongful acts" shall be considered a single "occurrence."

F. Clause a. under Paragraph 2. Duties in the Event of Occurrence, Offense, Claim or Suit of Section IV – Commercial General Liability Conditions is deleted and replaced with the following:

2. Duties in the Event of Occurrence, Offense, Claim or Suit
 - a. You must see to it that we are notified as soon as practicable of a "wrongful act," "occurrence" or an offense which may result in a "claim" or "suit." To the extent possible, notice should include:
 - (1) How, when and where the "wrongful act," "occurrence" or offense took place;
 - (2) The names and addresses of any injured persons and witnesses; and
 - (3) The nature and location of any injury or damage arising out of the "wrongful act," "occurrence" or offense.

G. Section I – Coverages and Section IV – Commercial General Liability Conditions are amended as follows:

All references to **Coverages A** and **B** are amended to read **Coverages A, B, and D**.

H. The following definitions are added to Section V – Definitions:

"Benefits administration" means an actual or alleged act, error or omission by you or any insured arising out of the performance of the following functions as respects your "benefits program":

- a. Determining who is eligible to participate;
- b. Enrolling new participants;
- c. Terminating participants;
- d. Determining benefits, including, but not limited to, maintaining records of service or employment;
- e. Processing claims;
- f. Collecting funds and applying them as required by your "benefits program";
- g. Preparing reports required by state or federal government agencies;
- h. Giving advice to participants or prospective participants, including, but not limited to, providing reports, booklets, pamphlets, memos or messages to participants.

"Benefits program" means:

- a. Any government-mandated insurance program for workers compensation, unemployment, social security or disability benefits operated for the benefit of your officers, directors, commissioners, board members, "employees", or "volunteer workers"; or
- b. Any employee benefit plan so defined by the Employee Retirement Income Security Act of 1974 operated for the benefit of your officers, directors, commissioners, board members, "employees", or "volunteer workers" including, but not limited to, pension plans, profit-sharing plans, group life insurance,

group accident insurance, group health, medical, or hospitalization insurance.

"Claim" means:

- a. A verbal or written demand for monetary damages or for non-monetary relief because of a "wrongful act"; or
- b. A verbal or written notice from any person or organization that it is their intent to seek monetary damages or non-monetary relief from an insured because of a "wrongful act";
- c. A verbal or written request for remedial action by an insured because of a "wrongful act".

"Claim" does not include any labor or grievance proceeding that is subject to a collective bargaining agreement. This definition applies only to **Coverage D Emergency Service Liability**.

"Discharge of professional duties" means work or operations performed by you or on your behalf as a fire department, ambulance company, rescue squad, emergency service association or other organization described in the Declarations. "Discharge of professional duties" includes, but is not limited to, training activities, fundraising, and community service.

"EEOC Proceeding" means an investigative proceeding before the Equal Employment Opportunity Commission or an adjudicatory or investigative proceeding before any similar federal, state, or local government body whose purpose is to address "Employment Related Practices".

"Employment contract" means a two-party contract between you and a single individual "employee". "Employment contract" does not mean a labor union contract or other collective bargaining agreement.

"Employment related practices" means any of the following actual or alleged acts, errors or omissions by you or any insured involving a current or former "employee" or "volunteer worker", applicant for employment, or "volunteer worker" applicant:

- a. Discrimination based on race, ethnicity or national origin, religious or political affiliation, age or medical condition, disability or other protected characteristic of the Americans with Disabilities Act, gender, sexual orientation, marital status, or pregnancy.
- b. Sexual or other illegal workplace harassment including offensive, intimidating, coercive, or unwelcome conduct, advances, contact or communications.
- c. Wrongful dismissal, discharge, or termination of employment or volunteer duties including retaliatory or constructive discharge.
- d. Breach of "employment contract", but we will not defend an employee in a "claim" made by the Named Insured against that employee.
- e. Wrongful failure to employ or promote.
- f. Wrongful deprivation of a career opportunity.
- g. Wrongful disciplinary action.
- h. Wrongful demotion or evaluation, or adverse change in the terms, conditions, or status of employment.
- i. Employment-related invasion of privacy.
- j. Employment-related defamation.
- k. Employment-related wrongful infliction of emotional distress.

"Fire-Rescue Service" means any actual or alleged act, error or omission by you or any insured in:

- a. Providing or failing to provide firefighting services;
- b. Providing or failing to provide emergency rescue services;
- c. Providing or failing to provide hazardous materials response services;
- d. Providing or failing to provide first aid;
- e. Providing or failing to provide professional services of an emergency medical technician (EMT), paramedic, or nurse, including:
 - (1) Furnishing or dispensing, or failing to furnish or dispense drugs, or surgical or medical supplies or devices;
 - (2) Providing or failing to provide ambulance or emergency medical transportation services; and
- f. Dispatching or failing to dispatch personnel to provide any of the above services.

"Suit" means a civil proceeding in which monetary damages are alleged, or seeking remedial action, because of a "wrongful act" to which this insurance applies. "Suit" shall include:

- a. An arbitration or other alternative dispute resolution proceeding to which an insured must submit, or does submit with our consent, alleging a "wrongful act"; and
- b. A formal administrative or regulatory proceeding, including an "EEOC Proceeding", alleging a "wrongful act".

"Suit" does not include any labor or grievance proceeding that is subject to a collective bargaining agreement. This definition applies only to **Coverage D Emergency Service Liability**.

"Wrongful act" means:

- a. An actual or alleged act, error or omission by you or any insured arising out of the "discharge of professional duties" of the Named Insured.
- b. "Benefits administration".
- c. "Employment related practices".
- d. As respects your officers and board members, "wrongful act" shall include actual or alleged malfeasance, misfeasance, or nonfeasance relating to the duties of their office or board position.

ARCH INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FIRE & RESCUE SERVICE

This endorsement modifies the insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

- A. Except with respect to **SECTION V – DEFINITIONS**, wherever the term "occurrence" is used in this Coverage Form, including amendments and endorsements, it is hereby replaced with the following:

"occurrence" or "Fire & Rescue Service"

- B. **SECTION V – DEFINITIONS** is amended as follows:

17. "Property damage" means:

- a. Physical injury to tangible property, including all resulting loss of use of that property. All such loss of use shall be deemed to occur at the time of the physical injury that caused it; or
- b. Loss of use of tangible property that is not physically injured. All such loss of use shall be deemed to occur at the time of the "occurrence" or the "Fire & Rescue service" that caused it.

23. "Fire & Rescue Service" means any actual or alleged act, error or omission by you or any insured in:

- a. Providing or failing to provide firefighting services;
- b. Providing or failing to provide emergency rescue services;
- c. Providing or failing to provide hazardous materials response services;
- d. Providing or failing to provide first aid;
- e. Providing or failing to provide professional services of an emergency medical technician (EMT), paramedic, nurse or other medical personnel, including:
 - (1) Furnishing or dispensing, or failing to furnish or dispense drugs, or surgical or medical supplies or devices;
 - (2) Providing or failing to provide ambulance or emergency medical transportation services; and
- f. Dispatching or failing to dispatch personnel to provide any of the above services.

- C. In **SECTION I - COVERAGES**, Exclusion 2.a. **Expected or Intended Injury** under **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** is amended to read as follows:

- a. "Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage":
 - (1) Resulting from the use of reasonable force to protect persons or property; or
 - (2) Arising from "Fire & Rescue Service".

ENDORSEMENT AGREEMENT
WAIVER OF SUBROGATION

REP 14
9093342-23
RENEWAL
NA
0-76-74-93
PAGE 1



HOME OFFICE
SAN FRANCISCO

EFFECTIVE APRIL 28, 2023 AT 12.01 A.M.
AND EXPIRING APRIL 1, 2024 AT 12.01 A.M.

ALL EFFECTIVE DATES ARE
AT 12:01 AM PACIFIC
STANDARD TIME OR THE
TIME INDICATED AT
PACIFIC STANDARD TIME

SOUTHERN TRINITY HEALTH SERVICES

PO BOX 7
SCOTIA, CA 95565

ANYTHING IN THIS POLICY TO THE CONTRARY NOTWITHSTANDING,
IT IS AGREED THAT THE STATE COMPENSATION INSURANCE FUND
WAIVES ANY RIGHT OF SUBROGATION AGAINST,

COUNTY OF HUMBOLDT

WHICH MIGHT ARISE BY REASON OF ANY PAYMENT UNDER THIS
POLICY IN CONNECTION WITH WORK PERFORMED BY,

SOUTHERN TRINITY HEALTH SERVICES

IT IS FURTHER AGREED THAT THE INSURED SHALL MAINTAIN
PAYROLL RECORDS ACCURATELY SEGREGATING THE REMUNERATION
OF EMPLOYEES WHILE ENGAGED IN WORK FOR THE ABOVE
EMPLOYER.

IT IS FURTHER AGREED THAT PREMIUM ON THE EARNINGS OF SUCH
EMPLOYEES SHALL BE INCREASED BY 03%.

NOTHING IN THIS ENDORSEMENT SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND
ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS POLICY
OTHER THAN AS ABOVE STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE
HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR
LIMITATIONS IN THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO:

MAY 1, 2023

2570

Karl R. V. Lauf
AUTHORIZED REPRESENTATIVE

Norman Steiner
AGENT

Additional Information

APPROVAL TO PROVIDE
ADVANCED LIFE SUPPORT TRANSPORT

SOUTHERN TRINITY AREA RESCUE (STAR)

EMT/AEMT/PARAMEDIC

THIS AGREEMENT is entered into by and between SOUTHERN TRINITY AREA RESCUE (STAR), hereinafter referred to as PROVIDER, and NORTHERN CALIFORNIA EMS, INC., a California non-profit corporation, hereinafter referred to as NOR-CAL EMS.

WHEREAS, NOR-CAL EMS is a regional multi-county Local Emergency Medical Services Agency in northern California including Trinity County, and

WHEREAS, PROVIDER desires to be approved by NOR-CAL EMS to provide Advanced Life Support (ALS) and Basic Life Support (BLS) transport services in certain parts of Trinity County, and

WHEREAS, NOR-CAL EMS, contingent upon PROVIDER complying with the conditions set forth below, approves PROVIDER as an ALS and BLS Transport provider,

NOW, THEREFORE, it is agreed by and between the parties hereto as follows:

When signed by both parties this document serves as the approval and designation by NOR-CAL EMS of PROVIDER as a service provider, to provide emergency medical response per provider availability. PROVIDER agrees to have complied with all requirements of this agreement and with all of NOR-CAL EMS' policies and procedures related thereto.

PROVIDER'S primary response area is STAR boundaries, Trinity County.

PROVIDER'S Trinity County office is located at Mad River, California.

This approval is developed in compliance with the current California Health and Safety Code, California Code of Regulations, Title 22, Division 9, Chapters 2, 3 and 4 and NOR-CAL EMS Policies and Procedures. PROVIDER agrees to comply with all California laws applicable to providers of prehospital emergency medical services.

COPY

1. PROVIDER REQUIREMENTS

As an approved service, PROVIDER agrees to comply with all policies and procedures contained in NOR-CAL EMS' Policies and Procedures Manual. By signing this Agreement, PROVIDER affirms that PROVIDER has read and understands the policies and procedures relating to PROVIDER's type of service. PROVIDER further agrees to keep up to date on changes in those policies and procedures and to implement those that require implementation. In addition PROVIDER further agrees to the following:

A. EMERGENCY MEDICAL TECHNICIAN OPTIONAL SCOPE OF PRACTICE

PROVIDER is approved for the following Optional Scope of Practice:

1. Perilaryngeal Airway: Provider will transition from the Combi-tube to the King Airway by July 1, 2014.
2. Automated External Defibrillation

B. QUALITY IMPROVEMENT

1. PROVIDER will allow inspection, at any time, by NOR-CAL EMS, with or without notice, for the purpose of verifying the Provider Agreement, Regulations, and Policies and Procedures compliance.
2. PROVIDER will participate in the NOR-CAL EMS Continuous Quality Improvement (CQI) program.
3. PROVIDER will designate an employee to act as the CQI program manager to oversee and assist in development and ongoing performance of PROVIDER's CQI program.
4. PROVIDER will establish a CQI program, which will identify methods of improving the quality of care provided. PROVIDER may create its own CQI program, or use the NOR-CAL EMS CQI program. PROVIDER will furnish NOR-CAL EMS with a copy of its CQI program for approval, and provide any changes, as they occur.
5. PROVIDER will submit to NOR-CAL EMS, on a quarterly basis, a CQI data analysis summary.

C. REPORTS/RECORDS

1. PROVIDER will supply NOR-CAL EMS with a roster of all prehospital personnel upon request.
2. PROVIDER is to use an electronic Patient Care Record (PCR) system that is compatible with reporting requirement of the California State Emergency Medical Services Authority and make those records available to NOR-CAL EMS.
3. PROVIDER will comply with any requests from NOR-CAL EMS for records or pertinent materials that may be required in the course of investigations, or inquiries.

4. All records maintained pursuant to this policy will be available for inspection, audit, or examination by NOR-CAL EMS, or by their designated representatives, and will be preserved by PROVIDER for at least three (3) years from the termination of the agreement. PROVIDER's records will not be made available to parties or persons outside NOR-CAL EMS without the PROVIDER's prior written consent; unless a subpoena or other legal order compels disclosure.
5. Upon written request of NOR-CAL EMS, PROVIDER will prepare and submit written reports on any incident arising out of services provided under the agreement. NOR-CAL EMS recognizes that any report generated pursuant to this paragraph is confidential in nature and will not be released, duplicated, or made public without the written permission of the PROVIDER or unless a subpoena or other legal order compels disclosure.
6. PROVIDER will ensure that hand-written PCRs are completed by the PROVIDER's personnel, and left at the receiving facility for each patient transported, prior to personnel leaving the facility, for any response, other than another prehospital call. The electronic PCR shall be completed upon return to the PROVIDER's home location or as quickly as feasible.
7. PROVIDER will provide additional information, and reports as NOR-CAL EMS may require, from time to time, to monitor PROVIDER's performance under this agreement.
8. PROVIDER will ensure that written documentation is provided to the receiving facility staff to provide continuity of patient care personnel per NOR-CAL EMS Policies.

D. STANDARDS

In each instance of an ALS ambulance failure on a medical emergency call, resulting in the inability to continue the response, PROVIDER will submit an Unusual Occurrence Report to NOR-CAL EMS, which will include:

1. How long it took for another ambulance to respond to the same call.
2. Which ambulance service provider responded, and the level of care provided.
3. The reason or suspected reason(s) for vehicle failure, and/or, malfunction.
4. Actions PROVIDER has taken to prevent similar failures.

E. TRAINING

PROVIDER will designate a training officer to oversee the required training and orientation of all new prehospital personnel employed by PROVIDER. Qualifications for training officers for optional scope and required training procedures are outlined in NOR-CAL EMS Policies and Procedures. PROVIDER will ensure that all employees providing patient care comply with training requirements as established by the State of California and NOR-CAL EMS for their level of certification.

F. LEVEL OF SERVICE

All requirements relating to the level of service authorized contained in the Emergency Medical Service System and the Prehospital Medical Care Personnel Act (California Health and Safety Code) and the regulation derived therefrom are hereby incorporated in this agreement as if fully set forth herein.

G. COMPLIANCE WITH LAWS AND POLICIES

PROVIDER will adhere to all federal, state, county and city statutes, ordinances, and NOR-CAL EMS Policies and Procedures related to operations, including qualification of crews and maintenance of equipment.

2. INDEMNITY

PROVIDER and NOR-CAL EMS shall hold each other harmless and indemnify each other against all claims, suits, actions, costs, counsel fees, expenses, damages, judgments, or decrees, arising out of PROVIDER's performance or failure to perform under this agreement including, but not limited to, bodily injury, including death, or property damage caused by PROVIDER, or any person employed by PROVIDER, or in any capacity during the progress of the work, whether by negligence or otherwise.

3. SUSPENSION AND REVOCATION

NOR-CAL EMS may deny, suspend or revoke the approval of PROVIDER for failure to comply with the provisions of this agreement or NOR-CAL EMS Policies and procedures.

4. TERM

This agreement shall, subject to the limitations contained herein, be for an initial term of twenty-four (24) months beginning February 1, 2014, and shall be automatically renewed for successive twenty-four (24) month periods; provided, however, prior to the renewal, NOR-CAL EMS will issue a letter of renewal or nonrenewal. In the event NOR-CAL EMS issues a nonrenewal letter, that letter shall also serve as a sixty (60) day notice of termination of this Provider Agreement. Any notice required by this approval will be in writing and any notice to NOR-CAL EMS will be to the Chief Executive Officer.

5. TERMINATION

This agreement may be terminated by either party, without cause, by giving sixty (60) days written notice to the other party.

6. NOTICE

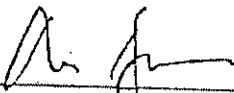
Notices required by this approval will be in writing and be addressed in the following form:

NORTHERN CALIFORNIA EMS, INC.
Chief Executive Officer
1890 Park Marina Dr., Suite 200
Redding, CA 96001


SOUTHERN TRINITY AREA RESCUE (STAR)
Administrator
P.O. 4
Mad River, CA 95552

All terms and conditions of this approval are agreed to be binding on NOR-CAL EMS and PROVIDER.

NORTHERN CALIFORNIA EMS, INC.

Signature:  Date: 1/23/14
Dan Spiess, Chief Executive Officer

SOUTHERN TRINITY AREA RESCUE (STAR)

Signature:  Date: 2/4/14
Print Name: RAMON PERA
Title: CEO

AGREEMENT TO ACT AS BASE HOSPITAL

PROVIDER is assigned to REDWOOD MEMORIAL HOSPITAL, FORTUNA, CA as its Base Hospital, providing medical control as described in the California Health and Safety Code. By signing this agreement the authorized representative of REDWOOD MEMORIAL HOSPITAL agrees that REDWOOD MEMORIAL HOSPITAL will be the base hospital for PROVIDER subject to all the terms and conditions contained in the Base Hospital agreement between NOR-CAL EMS and BASE HOSPITAL.

Base Hospital acknowledges receipt of a fully executed copy of this agreement.

BASE HOSPITAL: REDWOOD MEMORIAL HOSPITAL, FORTUNA

Signature: _____
Print Name: _____
Title: _____

David O'Brien
DAVID O'BRIEN
PRESIDENT

Date: 1 / 31 / 14