



**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: | 3/28/16 |
| Application Fee of \$196.00 Received: | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Waived per Susan Buckley 2/19/16 |
| 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 4 | City/Zip Code | Mad River 95552 |
| Physical Address: | 321 Van Duzen Rd | City | Bridgeville |
| Telephone/Fax Numbers | 707-574-6616/ 707-574-6523 | E-Mail | bjohnston@sthsclinic.org |



County of Humboldt
Eureka, California

| | | | | | |
|---------------------|---|-------------------|----------------------|---------------|-------------|
| Owner Name | Southern Trinity Health Services DBA: Southern Trinity Area Rescue | | | | |
| Address | SAME | | City/Zip Code | SAME | |
| Phone Number | SAME | Fax Number | SAME | E-Mail | SAME |



**County of Humboldt
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. | 2004 | Ford F350 | 1FDWF37PO4ED99719 | 1206886 | 15 Years (73500) | | Type 1 ambulance, with STAR logo and stripe in silver, black and maroon. |
| 2. | 2014 | Ford E 350 | 1FDSS3EL8EDB14606 | 1481361 | < One year (250) | | Type II ambulance, Sothern Trinity Area Rescue written on side with cardiac rhythm pattern. |
| 3. | | None | | | | | |



County of Humboldt
Eureka, California

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|-----|-------------|-------------------|--------------------------------------|------------------------|--|--|--|
| 4. | | | | | | | |
| 5. | | | | | | | |
| | 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 |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |



County of Humboldt
Eureka, California

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|--|--|--|--|--|--|--|--|
| | | | | | | | |
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**County of Humboldt
Eureka, California**

- 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.



**County of Humboldt
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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 | |
| 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 | |



**County of Humboldt
Eureka, California**

| 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 | |
| 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 | |

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

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.



**County of Humboldt
Eureka, California**

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 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



**County of Humboldt
Eureka, California**

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.

(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



**County of Humboldt
Eureka, California**

I, hereby attest that, Southern Trinity Area Rescue, (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: | <i>Amanda Huber</i> |
| Printed Name and Title | Amanda Huber, COO |
| Date: | 3/16/16 |

Required Paperwork Checklist

- Application complete
- Certificate of Automobile and liability coverage
- 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 *(see fee waiver letter)*

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- 8685

ISSUED: 11/24/2015

EXPIRES: 11/23/2016

AREA:

- INITIAL
 REPLACEMENT

- DUPLICATE
 RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

- ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 03 FORD E450

VEHICLE LICENSE NO. 1182164

VIN: 1FDXE45F53HA16670

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

NAME AND MAILING ADDRESS



SOUTHERN TRINITY HEALTH SERVICES 1956
SOUTHERN TRINITY AREA RESCUE
P. O. BOX 4
MAD RIVER, CA 95552-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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- 9364

ISSUED: 11/24/2015

EXPIRES: 11/23/2016

AREA:

- INITIAL
 REPLACEMENT

- DUPLICATE
 RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

- ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 04 FORD

VEHICLE LICENSE NO. 1206886

VIN: 1FDWF37P04ED99719

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

NAME AND MAILING ADDRESS



SOUTHERN TRINITY HEALTH SERVICES 1956
SOUTHERN TRINITY AREA RESCUE
P. O. BOX 4
MAD RIVER, CA 95552-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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: 1956-14202

ISSUED: 2/23/2016

EXPIRES: 11/23/2016

AREA:

INITIAL DUPLICATE
 REPLACEMENT RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 14 FORD E 350

VEHICLE LICENSE NO. 1481361

VIN: 1FDSS3EL8EDB14606

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

NAME AND MAILING ADDRESS



SOUTHERN TRINITY HEALTH SERVICES 1956
SOUTHERN TRINITY AREA RESCUE
P. O. BOX 4
MAD RIVER, CA 95552-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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.

STAR

PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM

"The ability of EMS to optimally meet communities and individual patients' needs in the future is dependent on evaluation processes that assess and improve the quality of EMS. Continuous is essential and should pervade all aspects of every EMS system." *Theodore R. Delbridge MD, MPH*

PURPOSE: To establish a system wide Continuous Quality Improvement Program (CQI) for evaluating of prehospital EMS in the Nor-Cal EMS region. Nor-Cal EMS, base/receiving hospital/facilities, and prehospital providers are committed to establishing standards for prehospital patient care that are optimal and achievable for our region. The Prehospital CQI program will ensure these standards are met so we can provide the highest quality of prehospital care is to the residents and visitors of the communities we serve.

AUTHORITY: California Administrative Code, Title 22, Division 9, Chapter 1.5, 2, 3 and the Health and Safety Code, Division 2.5, Section 1797.220

PRINCIPLES:

1. To be effective, a CQI program must foster a positive working relationship between all components of EMS system.
2. This document will allow each agency to continue meeting its own unique CQI needs as well as providing an avenue for meaningful collaboration on system wide requirements.
3. This CQI program encourages the utilization of the process that affects patient outcome most significantly.

DEFINITIONS:

1. **Certificate:** Includes, certification, accreditation and/or authorization.
2. **Evaluation:** The review and assessment of the quality and/or appropriateness of an important aspect of care for which a pre-established level of performance has been reached during monitoring activities. The review is designed to identify opportunities to improve care and develop a plan of action to address the identified opportunities to improve care.
3. **Forms:** All forms discussed in this Policy are also available @ www.norcalems.org.
4. **Important Aspects of Care:** The patient care activities within the scope of care that are of the greatest significance to the quality and/or appropriateness of patient care. The focus of monitoring and evaluation includes; activities identified as important aspects of care because of high volume, high risk (through either acts of commission or omission), and/or problem prone for patients or providers.
5. **Indicator:** A well defined objective and measurable variable used to monitor the quality of an important aspect of care and upon which data is collected.
6. **Opportunity for Improvement:** Any occasion to provide useful feedback to personnel on an important aspect of care.
7. **Threshold for Evaluation:** A pre-established level of performance related to a specific indicator of quality, of an important aspect care.
8. **Useful Feedback:** An important aspects of quality improvement, which may include but is not limited to the following:
 - a) Recognition, reward and reinforcement for a job well done.
 - b) Case review and counseling on specific issues with focused quality improvement review to monitor for recurrence over a specified period of time.
 - c) Didactic courses.

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PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM, cont.

- d) Focused quality improvement review of ongoing care, including but not limited to:

Policy & Procedure Manual – *Continuous Quality Improvement Module*

Originated: March 1, 2004

Last Revision: March 1, 2004



- Record review
- Field observation
- Peer review
- Case review conference
- Field Care Audits
- Clinical observation.

POLICY:

1. The following agencies are required to develop a CQI plan/program and participate in the regional CQI process:
 - a) First Responder (BLS), that provide the following services:
 - 1) Automated External Defibrillation.
 - 2) Combi-Tube.
 - 3) EMT-I Optional Scope.
 - 4) BLS transport services.
 - b) Advanced life support providers, which includes:
 - 1) ALS non-transport services.
 - 2) ALS transport services.
 - 3) ALS Tactical Weapons Teams and special event teams.
 - c) Emergency Medical Dispatch Centers
2. Providers shall:
 - a) Participate in the Nor-Cal EMS CQI that will include making available all relevant records for program monitoring and evaluation.
 - b) Providers will furnish Nor-Cal EMS with a copy of its CQI for approval and provide any changes as they occur.
 - c) Submit their CQI to Nor-Cal EMS for review every five years.

CQI TOOLS

A recognized tool to facilitate the CQI process is the FOCUS-PDSA:

- F Find a process to improve.
- O Organize an effort to work on improvement.
- C Clarify current knowledge of the process.
- U Understand processes variation and capability.
- S Select a strategy for further improvement.

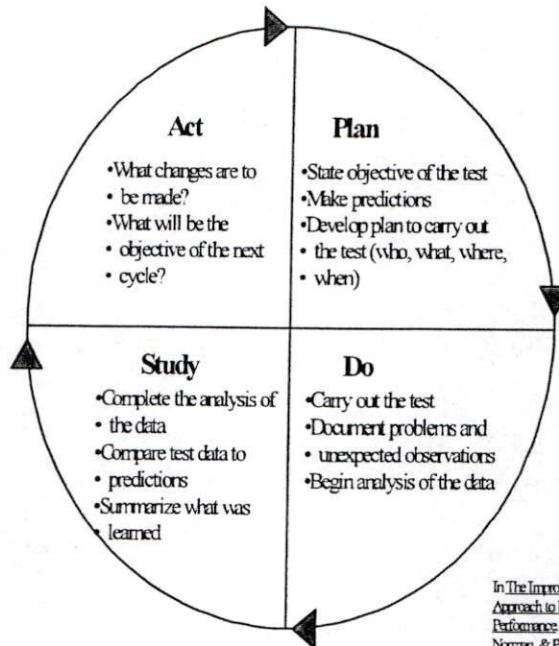
- P Plan a change or test aimed at improvement.
- D Do – carry out the change or test.
- S Study the results, what was learned, what went wrong.
- A Act – adopt the change, or abandon it, or run through the cycle again.

The Plan-Do-Study-Act Cycle is one of the essential elements in the FOCUS-PDSA, is one of the most common system evaluation and improvement models used in EMS.

PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM, cont.



The Plan-Do-Study-Act Cycle (PDSA)



CQI PLANS

1. At a minimum all CQI programs should include:
 - a) Statement of the CQI program goals and objectives. The programs goals and objectives should include the following (Appendix A, is the Health Care Criteria for Performance Excellence of the Baldrige National Quality Program should be reviewed as they provide core values and concepts of CQI):
 - To recognize, reward and reinforce positive behavior.
 - To define standards, evaluate methodologies and utilize the evaluation results for continued system improvement.
 - To establish performance standards and indicators related to these aspects of care.
 - To establish thresholds for evaluation related to the indicators
 - To collect and organize data.
 - To recognize, develop, and enhance opportunities for improvement.
 - To take action to improve care.
 - Establish a peer review process on monthly patient care reports (PCR).
 - To assess the effectiveness of remedial actions and document improvement.
 - To communicate relevant information among the participating agencies and the Regional Committees.
 - b) Description of how the CQI program is integrated into the organization.
 - c) Description of how the CQI program is integrated into the Nor-Cal EMS system.
 - d) Method to document those processes used in CQI activities.
 - e) Common data base from which to compare and contrast data system participants.

PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM, cont.

- f) Methods to retrieve data from participating non-base receiving hospital regarding patient diagnoses and disposition.



2. Prehospital Provider Contributions:
 - a) Implementation and maintenance of an CQI program in conjunction with assigned base hospital and receiving hospitals/facilities.
 - b) Evaluations of prehospital care performance standards.
 - c) Collection of outcome data on all patients brought to the base hospital and receiving hospitals/facilities.
3. Nor-Cal EMS Contributions:
 - a) Implementation and maintenance of an CQI program in conjunction with the prehospital providers.
 - b) Provide multidisciplinary team approach for regional CQI issues.
 - c) Assist in the ongoing monitoring and evaluation of clinical and organizationally performance.
 - d) Provide information to support system improvement of those processes that are important to the quality of patient care.
 - e) Provide confidential patient outcome and informational system reports to assist in improving the functions targeted by the CQI program.

RESPONSIBILITIES

First Responder Agencies: Each participating first responder agency will assign qualified personnel to carry out the following responsibilities:

1. Prospective:
 - a) Provide EMS orientation to new personnel.
 - b) Ensure personnel are meeting Nor-Cal EMS training requirements (i.e., SPORTS, Skills competencies, etc.).
 - c) Establish an in-house quality improvement process.
 - d) Assist Nor-Cal EMS in the development and revision of performance standards.
 - e) Assist Nor-Cal EMS in the development and of performance indicators.
 - f) Review and revise in-house policies as necessary.
 - g) Actively participate in the revision of Nor-Cal EMS Policies and Procedures.
2. Concurrent:
 - a) Provide continuing education and skills training.
 - b) Provide field observation.
 - c) Communicate predetermined relevant performance and education information to Nor-Cal EMS.
3. Retrospective:
 - a) Recognize, reward and reinforce the positive provision of prehospital care.
 - b) Educate and counsel personnel who do not meet established thresholds.
 - c) Provide CQI review for personnel as necessary.
 - d) Participate in Nor-Cal EMS outcome studies of specific patient populations (disease entities) and treatment modalities.
 - e) Participate in the Nor-Cal EMS standardized CQI program.
 - f) A minimum of thirty (30) calls (or all if < 30) must be reviewed each month by the EMS Coordinator or by the designated peer review staff. The review will include at a minimum the following:
 - All patients that are transported code 3 to the hospital (ambulance providers only).
 - Code 2 response that results in code 3 transport (ambulance providers only).
 - Patient complaints.
 - Cardiac arrests.
 - Do Not Resuscitate orders.

PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM, cont.

- Patient refusals (against medical advice).
- AED placement or usage. Providers shall ensure that AED portion of the PCR form has been completed and submitted as required.
- Combi-Tube attempt or placement (providers shall ensure that a completed **Skills/Medication Usage Form** has been submitted as required).

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- Any call that the provider is required to submit documentation as part of a trial study.
- g) All prehospital calls identified in 3(f) shall be the subject of a focused prehospital care review. Each run call should be reviewed for the following indicators:
 - Documentation that is complete, accurate, appropriate and legible.
 - Base contact criteria met and failure to contact base recognized (EMT-I optional scope only).
 - Treatment is appropriate and does not deviate from established Nor-Cal EMS Policies and Procedures.

ALS Agencies: Each participating ALS agency will assign qualified personnel to carry out the following responsibilities:

1. Prospective:
 - a) Provide EMS orientation to new personnel.
 - b) Provide training in the Nor-Cal EMS optional scope of practice, which is in excess of the State of California basic scope.
 - c) Ensure personnel are meeting Nor-Cal EMS training requirements (i.e., SPORTS, Skills competencies, etc.).
 - d) Establish an in-house CQI process.
 - e) Assist Nor-Cal EMS and the assigned base hospital in the development and revision of performance standards.
 - f) Assist Nor-Cal EMS and the assigned base hospital in the development and of performance indicators.
 - g) Review and revise in-house policies as necessary.
 - h) Actively participate in the revision of Nor-Cal EMS Policies and Procedures.
2. Concurrent:
 - a) Provide or participate in monthly continuing education and skills training.
 - b) Provide at a minimum, annual field observation of all ALS personnel.
 - c) Monitor field to hospital communications.
 - d) Communicate predetermined relevant performance and education information to assigned base hospital and Nor-Cal EMS.
3. Retrospective:
 - a) Recognize, reward and reinforce the positive provision of prehospital care.
 - b) Educate and counsel personnel who do not meet established thresholds.
 - c) Provide CQI review for ALS personnel at a minimum:
 - Pre-accreditation (paramedics only): Weekly or consult weekly with assigned Field Training Officer (FTO).
 - Accredited/Certified/Authorized less than one (1) year – quarterly reviews.
 - Accredited/Certified/Authorized more than one (1) year – semi-annual reviews.
 - d) Participate in Nor-Cal EMS outcome studies of specific patient populations (disease entities) and treatment modalities.
 - e) Participate in the Nor-Cal EMS standardized CQI program.
 - f) A minimum of thirty (30) calls (or all if < 30) must be reviewed each month by the ALS Coordinator or by the designated peer review staff. The review will include at a minimum the following:
 - All patients that are transported code 3 to the hospital (ambulance providers only).

PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM, cont.

- Code 2 response that results in code 3 transport (ambulance providers only).
- Patient complaints.
- Patient refusals (against medical advice).
- Cardiac arrests.
- Do Not Resuscitate orders.
- Scene delay of > 20 minutes for a trauma patient.
- Random focused audits of BLS runs.



- Audit critical skills and optional scope medications (providers shall ensure that a completed **Skills/Medication Usage Form** has been submitted as required):
 - ✓ Pleural decompression.
 - ✓ Intraosseous infusion.
 - ✓ Advanced airway attempt or placement.
 - ✓ Magnesium Sulfate.
 - ✓ Pre-Existing Vascular Access.
 - ✓ Pralidoxime Chloride (2 – PAM).
 - ✓ Potassium Chloride (less than or equal to 40 miliequivalents per liter for IFT's only).
 - ✓ Nasogastric intubation and gastric suction.
 - ✓ Oxytocin/Pitocin.
 - ✓ Procanimide.
 - ✓ Verapamil.
 - ✓ Blood and blood products (for IFT's only).
 - ✓ External cardiac pacing.
 - ✓ Intravenous Heparin (for IFT's only).
 - ✓ Intravenous Nitroglycerin (for IFT's only).
- g) All prehospital calls identified in 3(f) shall be the subject of a focused prehospital care review. Each run call should be reviewed for the following indicators:
 - Documentation that is complete, accurate, appropriate and legible.
 - Base contact criteria met and failure to contact base.
 - Treatment is appropriate and does not deviate from established Nor-Cal EMS Policies and Procedures.

MEDICAL DISPATCH CENTERS: Each medical dispatch center will assign qualified personnel to carry out the following responsibilities:

1. Prospective:
 - a) Provide EMS orientation to new personnel.
 - b) Assist Nor-Cal EMS, base hospitals, ALS providers and first responder agencies in the development and of performance indicators.
 - c) Ensure personnel are meeting Nor-Cal EMS training requirements (i.e., SPORTS, Skills competencies, etc.).
 - d) Establish an in-house quality improvement process and committee.
 - e) Assist Nor-Cal EMS in the development and revision of performance standards.
 - f) Review and revise in-house policies as necessary.
 - g) Actively participate in the revision of Nor-Cal EMS Policies and Procedures.
2. Concurrent:
 - a) Provide continuing education and dispatch skills training.
 - b) Provide supervision of dispatch personnel.
 - c) Communicate predetermined relevant performance and education information to Nor-Cal EMS.
3. Retrospective:
 - a) Recognize, reward and reinforce the positive provision of prehospital care.
 - b) Educate and counsel personnel who do not meet established thresholds.

PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM, cont.

- c) Provide CQI review for personnel as necessary.
- d) Participate in Nor-Cal EMS outcome studies of specific patient populations (disease entities) and treatment modalities.
- e) Participate in the Nor-Cal EMS standardized CQI program.
- f) A minimum of thirty (30) calls (or all if < 30) must be reviewed each month by the designated peer review staff.

NOR-CAL EMS: Nor-Cal EMS will assign qualified personnel to carry out the following responsibilities:



1. Prospective:
 - a) Provide personnel orientation guidelines.
 - b) Review the CQI systems management of first responders, ALS providers, and medical dispatch centers.
 - c) Assist CQI program participants in the development of performance standards.
 - d) Develop and assist CQI program participants in the development of performance indicators.
 - e) Coordinate the provision of, or directly provide the necessary training for implementation of new procedures.
 - f) Provide clear and progressive EMS policies and procedures with biennial review and revision as needed.
 - g) Assist in coordination the EMS Communications System to guarantee maximum performance at all times.
 - h) Certify, accredited and/or authorize first responders, EMT-IIs, EMT-IIIs, paramedics, MICNs and field MICNs.
2. Concurrent:
 - a) Act a resource for CQI program participants.
 - b) Provide central information center for educational activities.
 - c) Provide analysis of data received from participants in the CQI program.
 - d) Coordinate region wide CQI activities.
 - e) Communicate to CQI program participants the predetermined relevant systems information and statistics.
3. Retrospective:
 - a) Evaluate CQI program participants utilizing identified indicators.
 - b) Recognize, reward and reinforce the positive provision of prehospital care.
 - c) Take appropriate action with first responder, ALS providers, receiving hospitals/facilities, medical dispatch centers that do not meet established thresholds.
 - d) Perform certificate review and disciplinary action in accordance with State Regulations and Nor-Cal EMS Policies and Procedures.
 - e) Provide statistical analysis and identify trends in prehospital care.
 - f) Initiate and participate in outcome studies on specific patient populations (disease entities) and treatment modalities.

REVIEW PROCESS

PEER REVIEW COMMITTEE:

1. Each provider should establish an in-house peer review committee. The peer review process should be used to evaluate, monitor and report on the quality of care in the agency. Peer review committees should be used to review patient care reports monthly. Appendix B is the recommended form to use for the monthly review.
2. The peer review committee should in addition to reviewing runs should perform the following functions:

PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM, con t.

- Review scope of practice and make recommendations to agency CQI representative.
 - Develop criteria for identifying potential problems before patient care is comprised.
 - Identify concurrent system problems involving patient care.
 - Develop and recommended to Nor-Cal EMS criteria for correcting potential or real problems.
 - Monitor effectiveness of corrective action strategies through re-audit activities. It shall not be the function of this committee to become directly involved in the certification review process or investigating any complaints, this authority lies with Nor-Cal EMS.
3. The peer review committee is a confidential committee. All proceeding, documents and discussions of the Peer Review Committee are confidential. All members shall sign a confidentiality agreement not to divulge of discuss information that has been obtained through the Peer Review Committee.



4. Providers who do not have enough members to form a separate committee to review PCR's, can use the same concept but on an individual basis. The agency CQI representative will distribute PCR's to each prehospital provider each month for review. The person reviewing the forms should be the same level of certifications as the individual that wrote the form. The forms should not be discussed with any other personnel.
5. The CQI representative is responsible for providing counseling and education to the individual providers.

REPORTING:

Opportunity for Improvement: Any opportunity for improvement involves issues that do not violate regulations or protocols but need some type of remedial counseling/instruction. These items should be placed on Opportunity for Improvement Form (Appendix C). All reports and additional comments are considered confidential documents and should not be part of or referenced in the PCR.

1. Each participating agency CQI representative will receive and review all opportunities for improvement related to that agencies personnel. If the issue involves the CQI representative, the form will be forwarded to the Nor-Cal EMS CQI Director. If an agency representative receives or becomes aware of an issue about an individual from another agency, they will inform the designated representative from the other agency. The designated representatives of participating services are titled as follows:
 - a) First Responder Agencies – EMS Coordinator
 - b) ALS Provider Agencies – ALS Coordinator
 - c) Base Hospital – Prehospital Care Coordinator
 - d) Receiving Hospital/Receiving Facilities – Receiving Hospital Coordinator ALS Coordinator
 - e) Medical Dispatch Center – EMD Coordinator
2. The designated representative for the identification and resolution of opportunities for improvement within thirty (30) days of discovery. If extenuating circumstances warrant an extension of the thirty (30) day limit, the designated representative shall contact Nor-Cal EMS CQI Director. The Nor-Cal EMS CQI Director shall notify the Regional Medical Director within seven (7) days of receiving any preliminary report of an opportunity for improvements.
3. The designated representative will maintain detailed documentation that may be reviewed by Nor-Cal EMS. The designated representative will provide useful feedback to personnel. The designated representative may involve first responders, ALS, medical dispatch centers, receiving hospitals/facilities, base hospital and Nor-Cal EMS in useful feedback regarding opportunities of improvement.
4. Agency representatives should, as part of the opportunity for improvement, should ensure that the prehospital provider is counseled and a plan of remediation is outlined. This plan should be written down and signed by all parties.

PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM, cont.

- a) Counseling and Remediation: Counseling and remediation are an important aspect of CQI and include, but are not limited to the items listed under the useful feedback definition. Recurrence of issues at any level may require increased counseling, monitoring and/or additional remediation.
- b) Written Agreements: Written agreements will include, but not limited to:
 - Identification of the specific opportunity to improve.
 - Identification of specific written future expectations including the expected time frames for successful completion.
 - Consequences for failure to comply.
 - Personnel will sign the written agreement.

Investigation Requests: The designated representative from each agency will forward all investigation requests to the Nor-Cal EMS CQI Director as required by the Nor-Cal EMS **Incident**



Reporting Policy.

1. Any of the following items shall be considered evidence of a threat to the public health, safety and welfare and may result in the denial, suspension, probation, or revocation of a certificate by Nor-Cal EMS:
 - a) Violations of State Regulations
 - b) Violation of Nor-Cal EMS Policies and Procedures.
 - c) Gross negligence.
 - d) Repeated negligent acts.
 - e) Incompetence.
 - f) Fraud in the procurement of any certification under division 2.5.
 - g) The commission of any fraudulent, dishonest, or corrupt act, which is substantially related to the qualifications, functions, and duties of prehospital personnel.
 - h) Violating or attempting to violate any federal or state statute or regulation, which regulates narcotics, dangerous drugs, or controlled substances?
 - i) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification/accreditation.
 - j) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
 - k) Any action, which may be added or amended to California regulation.
 - l) Conviction of any crime, which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of such conviction or a certified copy will be conclusive evidence of such conviction.
 - m) Violating or attempting to violate directly or indirectly, or assisting or abetting the violation of, or conspiring to violate, any provisions of Division 2.5 of the Health and Safety Code or of the regulations promulgated by the State Emergency Medical Service Authority pertaining to prehospital personnel.
 - n) Addiction to the excessive use of, or misuse of, alcoholic beverages, narcotics, legal or illegal drugs or controlled substances.
 - o) Unprofessional conduct exhibited by any of the following:
 - The failure to maintain the confidentiality of patient medical information, except, as disclosure is otherwise permitted or required by law.

PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM, cont.

- The mistreatment or physical abuse of any patient resulting from forces in excess of what a reasonable and prudent individual trained and acting in similar capacity engaged in the performance of his/her duties would use if confronted with a similar circumstance. Nothing in this section will be deemed to prohibit an EMT-I, EMT-II, Paramedic or MICN from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT-I, EMT-II, Paramedic or MICN, from using that force that is reasonably necessary to effect a lawful arrest or detention.
 - The commission of any sexuality related offenses specified under Section 290 of the Penal Code.
2. Incidents and/or complaints must be submitted on the Nor-Cal EMS Confidential Investigation Request Form. The reporting party must sign and date the form. Nor-Cal EMS does not accept verbal or anonymous complaints.

EXEMPLARY PERFORMANCE

Along with the reporting of deficiencies in the EMS system, reporting outstanding performance is as equally important. The Nor-Cal EMS Exemplary Form has been developed as a means of reporting

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outstanding performance by any caregiver functioning in the EMS system. Caregiver can include bystanders (citizens) on scene to surgeons in our trauma centers.

The report must demonstrate an exceptional performance by the caregiver and beyond the actions expected during normal duties. The performance must be witnessed and documented by an individual that was on scene. Reports that are submitted will be used in the positive recognition column of the Nor-Cal EMS newsletter and to determine the annual exemplary performance recognition. Providers are encouraged to submit reports as they occur and do not wait until they are requested.



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.

Attachment A: CQI Reporting Calendar

Cycle 1 January, April, July, October Healthcare Plan Review & Tracking

Clinical Tracking

- a. Early entry into prenatal care
- b. Childhood immunizations
- c. Cervical cancer screening
- d. Weight assessment and education – children
- e. Weight assessment and education – adult
- f. Tobacco use assessment
- g. Tobacco use intervention/education
- h. Asthmatic care
- i. Coronary artery disease/lipid therapy
- j. Ischemic Vascular Disease/antithrombotic therapy
- k. Colorectal cancer screening
- l. Adolescent and adult depression screening
- m. Early intervention for HIV care
- n. Diabetes A1c tracking
- o. Hypertension
- p. Birth weight
- q. Oral health
- r. Pain control

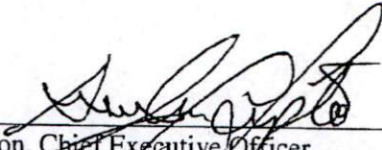
Cycle 2 February, May, August, November Quality Assurance

- a. Annual Evaluation of CQI Program effectiveness (February)
- b. Pharmacy Report
- c. X-ray QC Report
- d. Lab OC Report
- e. Lab Tracking
- f. Referral Tracking
- g. STAR Quarterly QA Report
- h. Peer Review
- i. Patient Satisfaction Survey – continuous

Cycle 3 March, June, September, December Risk Management/Compliance/HR

- a. Patient warnings/dismissals
- b. Variance/Incident reports (medication errors, infectious disease, injuries/falls, HIPAA, etc.)
- c. Loss Control/Safety reports and Forms
- d. Policies & Procedures/Protocols/Standards
- e. Credentialing/privileging/competency
- f. Clinic licenses and certification updates – lab, x-ray etc.
- g. Job Descriptions/Scope – providers and support staff
- h. Employee evaluations – providers and support staff
- i. Training updates - HIPAA, Infectious Disease, EMT, CPR, ACLS, OSHA, etc.
- j. Employee Satisfaction Survey

Approved



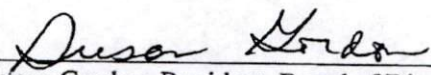
Lee Lupton, Chief Executive Officer

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

Additional

**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

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

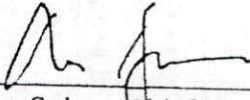
Notices required by this approval will be in writing and be addressed in the following form:

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.

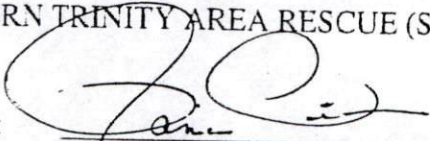
NORTHERN CALIFORNIA EMS, INC.

Signature: 

Dan Spiess, Chief Executive Officer

Date: 1/3/14

SOUTHERN TRINITY AREA RESCUE (STAR)

Signature: 

Print Name: RAMON PERA
Title: CEO

Date: 2/4/14

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: *David O'Brien*
Print Name: DAVID O'BRIEN
Title: PRESIDENT

Date: 1 / 31 / 14



Southern Trinity Health Services Southern Trinity Area Rescue

*New Hire
Packet*

Serving Southern Trinity & Southeastern Humboldt Since 1979

STAR Volunteer Application Packet

Applying For: EMT AEMT Paramedic Dispatcher

Personal Information

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact #1:

Name: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact #2:

Name: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Driver's License Information:

State: _____ Class: _____ Number: _____

Expiration: _____ Restrictions: _____

Ambulance Endorsement Medical Expires: _____

Contact Information:

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

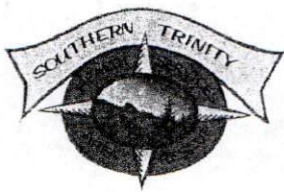
Secondary Phone: (____) _____ - _____ Home Mobile Work

Email Address: _____

Applicant Signature: _____ Date: _____

EMS Coordinator Signature: _____ Date: _____

COPY



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)

| 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.

Issued: February 21, 2003 rev 7.26.2011

- 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

Issued: February 21, 2003 rev 7.26.2011

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.

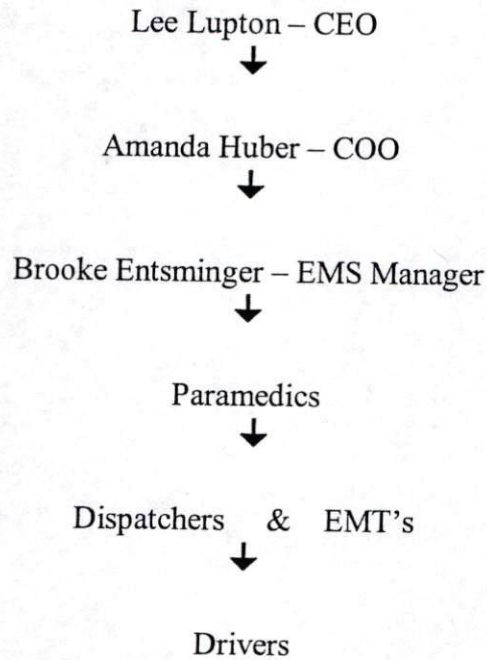
DO NOT RETURN THIS FORM TO DMV.



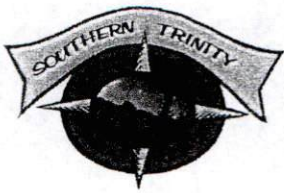
Southern Trinity Health Services Southern Trinity Area Rescue

Serving Southern Trinity & Southeastern Humboldt Since 1979

Management Staff Organization



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.

Unit Dispatched 304
305

Responder # _____ Name _____

Responder # _____ Name _____

Responder # _____ Name _____

COPY

| 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 | _____ |

| 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 | |

| 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 | |
| Vomiting 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 | |

| 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 | |
| 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 | |
| Burn 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 | |

| FRACTURES (open) | | |
|---------------------------|--|--|
| Arm R L _____ | | |
| Leg R L _____ | | |
| Rib | | |
| Other: | | |
| FRACTURES (closed) | | |
| Arm R L _____ | | |
| Leg R L _____ | | |
| Rib | | |
| Other: | | |

| 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 | |

| 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 | |

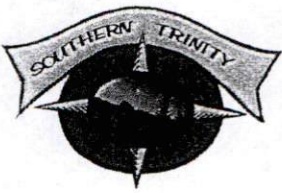
| MED/OTHER | | | |
|---------------------|---------|----------|--|
| OB Kit | A0382.6 | \$ 22.00 | |
| Burn Kit | A0384.1 | \$ 75.00 | |
| Breathing Treatment | A0999 | \$ 15.00 | |
| Fluids, NS 1000 cc | A8394.5 | \$ 12.00 | |
| Fluids, NS 500 cc | A0394.3 | \$ 8.00 | |

| 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 Overtum/Fall Off | E821 | |
| Off Hwy Collis w/obj/animal | E822 | |
| Off Hwy Collis w/fixed 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 | |

| 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 | |

| 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 | |

| 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 | | |



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 it's 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/17/2015

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 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 Anderson Robinson Starkey Insurance Agency Inc. P O Box 1105 Arcata, CA 95518-1105 Laura Knight | | CONTACT NAME: Laura Knight PHONE (A/C, No, Ext): 707-822-7251 FAX (A/C, No): 707-826-9021 E-MAIL ADDRESS: laurak@ars-insurance.com | |
| INSURED Southern Trinity Area Rescue PO Box 4 Mad River, CA 95552 | | INSURER(S) AFFORDING COVERAGE INSURER A: ArchSpecialtyInsuranceCompany INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 21199 | |

COVERAGES

CERTIFICATE NUMBER:

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | <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: | X | | MEPK06766310 | 07/15/2015 | 07/15/2016 | 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 |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | MEPK06766310 | 07/15/2015 | 07/15/2016 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

COPY

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

Certificate Holder is named as Additional Insured as respects the landlord-tenant relationship at 17350 Mad River Rd., Mad River, CA 95552. As per the attached form CG2011.

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| SOUTHER Southern Trinity Volunteer Fire Dept. 17350 Mad River Rd Mad River, CA 95552 | 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 <i>Laura Knight</i> |
|--|--|

POLICY NUMBER: MEPK06766309

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s) |
|--|
| County of Humboldt Dept of Public Health Attn: Clarke Guzzi, 529 I Street Eureka, CA 95501 |
| With respects to the ambulance service permit. |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

ARCH INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

This endorsement modifies the insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

| Schedule | | |
|-----------------|------------------------|--|
| <u>Auto No.</u> | <u>Description</u> | <u>Additional Insured (name and address)</u> |
| | All Vehicles on Policy | County of Humboldt Dept of Public Health Attn: Clarke Guzzi 529 I Street Eureka CA 95501 |

Paragraph c. of 1. Who Is An Insured in A. Coverage under SECTION II - LIABILITY COVERAGE includes the person or organization shown in the Schedule, but only with respect to "bodily injury" or "property damage" resulting from the ownership, maintenance or use of the covered "auto(s)" shown in the Schedule by an "insured" described in Paragraphs a. or b. of 1. Who Is An Insured in A. Coverage under SECTION II - LIABILITY COVERAGE, subject to the following additional provisions:

1. The person or organization shown in the Schedule is not responsible for the payment of any premiums stated in the policy or earned under the policy.
2. In the event of cancellation of the policy, we will send advance written notice of cancellation to the person or organization shown in the Schedule at the address shown in the Schedule.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/30/2016

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 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 Anderson Robinson Starkey Insurance Agency Inc. P O Box 1105 Arcata, CA 95518-1105 Laura Knight | CONTACT NAME: Laura Knight |
| | PHONE (A/C, No, Ext): 707-822-7251 FAX (A/C, No): 707-826-9021 |
| E-MAIL ADDRESS: | INSURER(S) AFFORDING COVERAGE |
| INSURED Southern Trinity Health Services, Inc. Southern TrinityAreaRescue PO Box 4 Mad River, CA 95552 | INSURER A : State Compensation Ins. Fund NAIC # 35076 |
| | INSURER B : |
| | INSURER C : |
| | INSURER D : |
| | INSURER E : |
| | INSURER F : |

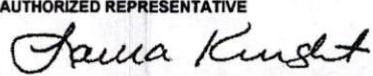
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| 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 | 909334216 | 04/01/2016 | 04/01/2017 | <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 |

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

Re: Southern Trinity Health Services, Inc.
 Proof of Coverage

| | |
|---|--|
| CERTIFICATE HOLDER TRINCOU Trinity County Dept of Public Health P.O. Box 1613 Weaverville, CA 96093 | CANCELLATION 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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POLICY NUMBER: MEPK06766309

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s) |
|--|
| County of Humboldt Dept of Public Health Attn: Clarke Guzzi, 529 I Street Eureka, CA 95501 |
| With respects to the ambulance service permit. |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

ARCH INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

This endorsement modifies the insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

| Schedule | | |
|-----------------|------------------------|--|
| <u>Auto No.</u> | <u>Description</u> | <u>Additional Insured (name and address)</u> |
| | All Vehicles on Policy | County of Humboldt Dept of Public Health Attn: Clarke Guzzi 529 I Street Eureka CA 95501 |

Paragraph c. of 1. Who Is An Insured in A. Coverage under SECTION II - LIABILITY COVERAGE includes the person or organization shown in the Schedule, but only with respect to "bodily injury" or "property damage" resulting from the ownership, maintenance or use of the covered "auto(s)" shown in the Schedule by an "insured" described in Paragraphs a. or b. of 1. Who Is An Insured in A. Coverage under SECTION II - LIABILITY COVERAGE, subject to the following additional provisions:

1. The person or organization shown in the Schedule is not responsible for the payment of any premiums stated in the policy or earned under the policy.
2. In the event of cancellation of the policy, we will send advance written notice of cancellation to the person or organization shown in the Schedule at the address shown in the Schedule.

CALIFORNIA INSURANCE IDENTIFICATION CARD

| | | |
|----------------|------------------------|-------------------------------|
| COMPANY NUMBER | COMPANY | |
| 11150 | ARCH INSURANCE COMPANY | |
| POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE |
| MEPK06766310 | 07/15/2015 | 07/15/2016 |
| YEAR | MAKE/MODEL | VEHICLE IDENTIFICATION NUMBER |
| 2004 | Ford Ambulance | 1FDWF37P04ED99719 |

AGENCY/COMPANY ISSUING CARD

McNeil & Company, Inc.
P.O. Box 5670
20 Church Street
Cortland, NY 13045

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 | COMPANY | |
| 11150 | ARCH INSURANCE COMPANY | |
| POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE |
| MEPK06766310 | 07/15/2015 | 07/15/2016 |
| YEAR | MAKE/MODEL | VEHICLE IDENTIFICATION NUMBER |
| 2003 | Ford Ambulance | 1FDXE45F53HA16670 |

AGENCY/COMPANY ISSUING CARD

McNeil & Company, Inc.
P.O. Box 5670
20 Church Street
Cortland, NY 13045

INSURED

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

SEE IMPORTANT NOTICE ON REVERSE SIDE



Humboldt County
Department of
Health & Human
Services
People helping people
live better lives

Public Health
Susan Buckley, RN, MPH, Director
529 I Street, Eureka, CA 95501

phone: (707) 445-6200 | fax: (707) 445-6097

February 19, 2016

Brooke Entsminger, EMS Manager
Southern Trinity Area Rescue
PO Box 4
Mad River, CA 95552

RECEIVED
FEB 23 2016

BY: *KE*

Dear Ms. Entsminger;

The County has reviewed your January 25th request for consideration of a fee waiver for an Ambulance Service Permit for 2016-17 and determined that Southern Trinity Rescue will receive a fee waiver for the next Fiscal Year. This waiver will only be for one (1) year.

In March 2016, an Ambulance Permit Renewal packet will be sent to your organization. Please include a copy of this letter with your permit packet.

Sincerely,

Susan Buckley

Susan Buckley, RN, MPH
Director

COPY



DHHS Administration
phone: (707) 441-5400
fax: (707) 441-5412

Mental Health
phone: (707) 268-2990
fax: (707) 476-4049

Social Services
phone: (707) 476-4700
fax: (707) 441-2096