

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:		7	7 JU	L 2018	
Application Fe	e of				
\$196.00 Receiv		Yes 🔀	No 🗌		
Proof of Liabili	ity	(
Insurance Attached:		Voc ⊠î	No 🗆	ĺ	
Resumes		Yes	No _		
Attached:		Yes 🕅	No 🗌		
	West States West Office				
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information/ve			ii out this	section a	nd provide all requested
CONTRACTOR OF THE RESERVE OF THE RES					
Level of Service	e: 📈	Basic Life S	upport 🔀	Advance	d Life Support
			0		
	ш	Non-Emerge	incy Iran	sport (che	ck all that apply)
Ambulance	1				
Service Full Name:	V'	M (unam	edical	Conte	· Ambulance
Name of					7 (1707) 001/22
Contact	Ca	meron ?	Smit	h	
Person:	O.				
Mailing Address:	DAR	ox 1288		City/Zip Code	95541
Physical				Code	95546
Address:	53	5 AIR-PO	rt Rd	City	Hoopa
	(530)			
Telephone/ Fax Numbers				E-Mail	Cameron, Smith a
I ax Hullibels	lev.	5-4520			Kimaw.org
					(Ibwercase)



Owner Name	HOOPA	TRIBE			
Address	535 AIR	PORT Rd	City/Zip Code	Hoopa	95546
Phone Number	(530) (625-457C	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	530) 625-4521	E-Mail	



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, ot Distinguishing Characteristics
1.	2015	DODGE RAM 4x4 3500	3C7WRTBU FG66ZZ89	0081R	,		white will Red Stripes
2.	2015	Dodge Ram 4x4 3500	3C7WRTBG FG662288	2 631 0082R			white while stripes
3.	2004	F350	1FDWF37P7 4EE09484	1352694			White W Rep Strips
4.	2016	Podge RAM	3C7WRTBL 6HG619902	G310202			
5.					é)		



	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, ot Distinguishing Characteristics
6.		ş.		7,000			
7.				±			
8.							
9.							
10.							



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.



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
	Boundary	Dountary	Doundary	Doulldary	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	



			Camornia		
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.

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INSURANCE:

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

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



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

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



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

ADDITONAL 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
	Additional	Additional Information	Additional Information statement



I, hereby attest that, Carrow Sund (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:	8					
Printed Name and Title	CAMeron Smith EMT-Paromedic acting EMS Director					
Date:	7-77-18					
Required Paperwork Checklist Application complete						
Certificate of	f 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						
	d documentation of Applicant's policies and programs (as set forth in the attached and complete					
☐ Application	Application fee or proof of payment of application fee					

As a Tribally owned, Federaly funded ambulance company we are exempted from CHP inspections per Title 13 code of regulations. Any questions, local CHP Inspections Officer Atkins can be reached at 707 822 5981

Cameron Smith

EMT-Paramedic/Acting EMS Director

one

Customer Name and Ad	dress	Home Phone	Work Phone	e Res/Bus.
HOOPA AMBULANCE P.O. BOX 1288 535 AIRPORT ROAD		530-625-4520		Residential
HOOPA, CA 95546 Service Type	Eff	Account Exp	Balance Last	44,089.81 Next
Completed	INV	DICE ACTI	V I T Y	Credit Amour

	INVOICE ACTIVITY			
	Completed	Credit	Amount	Balance
₹.#	Date Status Description or Work Performed	Memo	Paid	Due
5911	12/08/00 C KENWOOD TK250 SN 81100124			37.40
7180	01/29/01 C			145.50
7214	02/02/01 C INSTALLED UHF TRUNK MOUNT RADIO, ANTENNA, VHF FRON			344.00
8595	10/15/01 C KENWOOD TK250 SN70300895			94.31
B622	10/18/01 C KENWOOD TK 250 SN81100121			16.00
8738	11/08/01 C INSTALLED VHF AND UHF RADIOS AND ANTENNAS INTO NEW			277,75
9601	03/21/02 C			750.00
9602	03/21/02 C			144.00
9632	03/23/02 C HOOKED UP RADIOS TO MASTER SWITCH			96.00
	06/26/02 C KENWOOD TK250 SN 70300895			67.93
	06/26/02 C KENWOOD TK240 SN 30300311			79.94
	07/31/02 C FOUND AND REPLACED BAD ON/OFF VOLUME CONTROL			74.95
	11/06/02 C			110.00
	07/24/03 C KENWOOD TK250 SN70300894			76.00
	07/24/03 C KENWOOD TK860H SN90400869			32.00
	07/24/03 C KENWOOD TK860H SN 90400320			32.00
	08/13/03 C KENWOOD TK860H SN 80800467			60.00
	08/13/03 C KENWOOD TK760H SN 90302435			60.00
	09/05/03 C REPLACED BAD CHIP LEDS AND CHECKED FOR PROPER OPER			44.00
	06/30/04 C 07/23/04 C KENWOOD TK250 SN 70300895			57.75
	04/26/05 C			72.00
	01/26/06 C HRSA GRANT			346.00
	02/19/08 C WENT TO WILLOW CREEK AMBULANCE BASE PROGRAMMED MOT			225 52
	06/23/09 C INSTALLED TRUNK MOUNT VHF AND ANTENNA, TRUNK MOUNT			336.00
	07/02/09 C INSTALLED TRUNK MOUNT VHF RADIO, TRUNK MOUNT UHF R			835.50
	07/02/09 C			877.85
	07/09/09 C INSTALLED VHF RADIO AND ANTENNNA, UHF RADIO AND AN			190.90 865.90
	10/14/09 C New antennas to replace broken VHF antennas on amb			86.00
	10/14/09 C PICKED UP BY RANDY NEWELL			86.00
	03/10/10 C			32.00
3811	10/19/10 C REPLACED BROKEN ANTENNAS			298.70
3971	12/13/10 C			396.20
4324	04/05/11 C			351.00
4891	08/23/11 C			1,631.70
5601	03/15/12 C			180.00
5713	04/17/12 C			90.00
	06/05/12 C			3,879.00
	12/27/12 C			343.00
	01/02/13 C KENWOOD TK272GK SN 70901060			49.22
	01/02/13 C KENWOOD TK272GK SN 70901058			57.17
	06/25/13 C			490.00
	10/16/13 C			867.30
8132	04/10/14 C REMOVED OLD RADIOS AND INSTALLED PULLED RADIOS			526.05

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	Customer Name and Address Home Phone Work Phone	Res	/Bus.	
	HOOPA AMBULANCE 530-625-4520 INVOICE ACTIVITY	Resi	dential	
v. #	Completed	Credit Memo	Amount Paid	Balance Due
3615	08/13/14 C			31.50
3794	09/26/14 C INSTALLED REMOTE KITS ON BOTH THE KENWOOD TK7150 V			1,414.60
9509	05/13/15 C			378.00
9692	07/13/15 C REPLACED MICROPHONE			173.00
9783	08/07/15 C NEW AMBULANCE			205.00
9796	08/12/15 C NEW AMBULANCE			972.45
9801	08/14/15 C THE FIRST NEW AMBULANCE THIS IS THE LABOR THAT WA			736.00
0378	02/26/16 C REPROGRAMMED VHF MOBILES AND PORTABLES			598.00
1260	12/15/16 C KENWOOD TK8150 KENWOOD TK7			313.04
1506	03/23/17 C UNIT 82 KENWOOD TK790			150.00
1720	06/ 09/ 17 C			578,20
1929	08/08/17 C REPROGRAMMED ALL VHF RADIOS FOR NEW TRIBAL POLICE			350.00
2029	09/13/17 C KENWOOD TK-280 S/N 70300253			122.80
2327	12/14/17 C WENT TO HOOPA AND INSTALLED 5 FRONT MOUNT RADIOS			6,589.50
2384	01/08/18 C			15,333.60
2443	01/29/18 C NEW AMBULANCE			657.10

Part No./Invoice#	PARTS UNDER WARRANTY Part Name/Serial Number	Effective	Expires
TK250USED	RADIO, KENWOOD USED	03/21/02	03/21/02
19601	80701758		
TK250USED	RADIO, KENWOOD USED	03/21/02	03/21/02
19601	80701980		• • • •
TK250USED	RADIO, KENWOOD USED	03/21/02	03/21/02
19601	90200890	, , ,	,
TK272GK1SK	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR	01/26/06	01/26/06
28487	70900704		,,
TK272GK1SK	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR	01/26/06	01/26/06
28487	70900705		,
TK272GK1SK	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR	01/26/06	01/26/06
28487	70901056		,,
TK272GK1SK	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR	01/26/06	01/26/06
28487	70901057		,,
TK272GK1SK	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR	01/26/06	01/26/06
28487	70901058		
TK272GK1SK	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR	01/26/06	01/26/06
28487	70901059		
TK272GK1SK	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR	01/26/06	01/26/06
28487	70901060		
TK272GK1SK	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR	01/26/06	01/26/06
28487	70901091		
TK7150	RADIO, KENWOOD VHF 160 CH 50 WATT	08/23/11	08/23/11
34891	B1700021		
TK890K	RADIO, BASIC FRONT 40 WATT	08/23/11	08/23/11
34891	B1700044	, - 2,	00,20,11
SVR200VBN	REPEATER, VEHICULAR VHF NARROWBAND	06/05/12	06/05/12
35874	752615	-, -,	, 00, 22
SVR200VBN	REPEATER, VEHICULAR VHF NARROWBAND	06/05/12	06/05/12
35874	752616		, ,

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Customer Name a	nd Address Home Phone Work Phone	Res/Bus.
HOOPA AMBULANCE	530-625-4520 PARTS UNDER WARRANTY	Residential
Part No./Invoice#	Part Name/Serial Number	Effective Expire
SVR200VBN 35874	REPEATER, VEHICULAR VHF NARROWBAND	06/05/12 06/05/1
	752617	
TK2312K 37241	RADIO, VHF 128 CH 5 WATT PORTABLE	06/25/13 06/25/1
TK2312K	B3300418	0.5.15.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
37241	RADIO, VHF 128 CH 5 WATT PORTABLE B3300419	06/25/13 06/25/1
TK2312K	RADIO, VHF 128 CH 5 WATT PORTABLE	20/20/20 40/22/2
37668	B3701407	10/16/13 10/16/1
TK2312K	RADIO, VHF 128 CH 5 WATT PORTABLE	10/10/10 10/10/1
37668	B3701882	10/16/13 10/16/1
TK2312K	RADIO, VHF 128 CH 5 WATT PORTABLE	10/15/112 10/15/1
37668	B3701885	10/16/13 10/16/1
TK2312K	RADIO, VHF 128 CH 5 WATT PORTABLE	05/00/12 05/00/1
41720	B6910509	06/09/17 06/09/1
TK2312K	RADIO, VHF 128 CH 5 WATT PORTABLE	05/00/15 05/00/1
41720	B6910510	06/09/17 06/09/1
NX-5700K	RADIO, VHF 50 WATT	10/14/55 10/14/0
42327	B7B10501	12/14/17 12/14/2
NX-5700K	RADIO, VHF 50 WATT	10/14/17 10/14/0
42327	B7B10502	12/14/17 12/14/2
NX~5700K	RADIO, VHF 50 WATT	12/14/17 12/14/2
42327	B7B10503	12/14/1/ 12/14/2
NX-5700K	RADIO, VHF 50 WATT	12/14/17 12/14/2
42327	B7B10504	12/14/1/ 12/14/2
NX-5700K	RADIO, VHF 50 WATT	12/14/17 12/14/2
42327	B7B10505	12/14/1/ 12/14/2
NX-5200K2	PORTABLE, VHF 6 WATT	01/08/18 01/08/1
42384	B7A10802	02/00/10 01/00/1
NX-5200K2	PORTABLE, VHF 6 WATT	01/08/18 01/08/1
42384	B7A10803	01/00/10 01/00/1
NX-5200K2	PORTABLE, VHF 6 WATT	01/08/18 01/08/1
42384	B7A10804	01/00/10 01/00/1
NX-5200K2	PORTABLE, VHF 6 WATT	01/08/18 01/08/1
42384	B7A10805	42,40,20 02,00,1
NX-5200K2	PORTABLE, VHF 6 WATT	01/08/18 01/08/1
42384	B7A10806	,
NX-5200K2	PORTABLE, VHF 6 WATT	01/08/18 01/08/1
42384	B7A10807	
NX-5200K2	PORTABLE, VHF 6 WATT	01/08/18 01/08/1
42384	B7A10808	, , , , , , , , , , , , , , , , , , ,
NX-5200K2	PORTABLE, VHF 6 WATT	01/08/18 01/08/1
42384	B7A10809	
NX-5200K2	PORTABLE, VHF 6 WATT	01/08/18 01/08/1
42384	B7A10810	
NX-5200K2	PORTABLE, VHF 6 WATT	01/08/18 01/08/18
42384	B7A10811	, .
NX-5200K2	PORTABLE, VHF 6 WATT	01/08/18 01/08/18
42384	B7A10816	, , , , , , , , , , , , , , , , , , ,
NX-5200K2	PORTABLE, VHF 6 WATT	01/08/18 01/08/18
42384	B7A10821	

Job Description



Job Title:

Paramedic

Department:

Emergency Medical Services

Reports To:

EMS Coordinator

Salary Level:

HHC-21

FLSA Status:

Non-exempt

Approved By:

Chief Executive Officer

Approved Date:

January 2007

SUMMARY: Administers life support care to sick and injured persons in the pre-hospital setting as authorized and directed by Base Hospital Physician or MICN and NCEMS Protocols by performing the following duties.

FUNCTIONS AND RESPONSIBILITIES:

- 1. Assess nature and extent of illness or injury to establish and prioritize medical procedures to be followed or need for additional assistance.
- 2. Initiates ACLS measures when appropriate.
- 3. Performs duties per North Coast EMS protocols.
- 4. Performs security for ALS/ Controlled medications
- 5. Monitors cardiac patient.
- 6. Emergency Vehicle Operations.
- 7. Ensures vehicle adequacy.
- 8. Performs vehicle maintenance by cleaning inside and outside of entire ambulance on a daily basis.
- 9. Assures that vehicle is completely stocked at all times.
- 10. Ensures basic operational integrity of vehicle at all times.
- 11. Identifies and reports all vehicle deficiencies to supervisor.
- 12. Drives mobile intensive care unit to emergency scene and transports injured to designated facility.
- 13. Assists in extricating trapped victims and transports to treatment center.
- 14. Communicates with Physician and other medical personnel via radio-telephone.
- 15. Station duties; clean inside and out of ambulance bases on a daily basis, always leaving shift with a clean base.
- 16. Other duties as assigned.

SUPERVISORY RESPONSIBILITIES:

Directly supervises 2 to 3 employees on the Ambulance Crew. Carry out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include orientation and training employees; assigning, and directing work; monitoring daily accountability and security of controlled medications; appraising performance; addressing complaints and resolving problems; reporting to EMS Coordinator or other supervisor as appropriate.

Job Description



QUALIFICATIONS: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

BASIC REQUIRED ABILITY:

PUBLIC RELATIONS/ADVANCED INTERPERSONAL SKILLS: Addresses clients by name; smiles when talking to clients, physicians, peers, and families; answers the telephone courteously and promptly; identifies self and department when answering the telephone using pleasant voice tone/verbiage; possesses excellent listening skills; interacts with clients and peers.

AGE-SPECIFIC COMPETENCE: Must demonstrate the knowledge & skills necessary to: 1) provide care appropriate to any age-related needs of the patients; 2) of the principles of growth and development appropriate; 3) to assess and interpret data about the patient's status in order to identify each patient's needs & provide the appropriate care needed by KMC's Life Stage Patient Groups are defined as infants, toddlers, preschool children, school age children, adolescents, young adults, middle-age adults, and late-stage older adults.

QUALITY IMPROVEMENT RESPONSIBILITIES: Responsible for helping to prepare, achieve, and maintain high quality healthcare. By serving on the various performance improvement subcommittees individual employees are directly involved in the generation or modification of policies & procedures that enable KMC to provide continuously improving healthcare.

COOPERATION: Must be a self-starter; seeks solutions; accepts constructive criticism; willing to adjust to changes; loyal to K'ima:w Medical Center.

PROFESSIONALISM: Shows pride in personal appearance and grooming; displays a positive attitude about work; respects the confidentiality of clients; and is congenial with public and peers.

INITIATIVE: Willing to participate in continuing education programs; asks questions; contributes during staff meetings; serves on K'ima:w Medical Center committees as appointed; demonstrates a desire for self improvement.

JOB SPECIFIC SKILLS & ABILITIES:

Demonstrated ability to perform all duties within the scope of practice for California State
 License and NCEMS paramedic Accreditation.

EDUCATION and/or EXPERIENCE:

High school diploma or general education degree (GED); and a Paramedic license from the State of California.

Job Description



CERTIFICATES, LICENSES, REGISTRATIONS:

- Maintain valid California and Ambulance drivers license.
- Possess current State of California Paramedic License,
- Obtain North Coast Emergency Medical Service Paramedic Accredation
- Current and valid CPR card.
- Advanced Cardiac Life Support Certification.
- Padiatric Advanced Life Support or Padiatric Emergencies for Prehospital Providers
- Swift Water Rescue Certificate (Optional) .
- Over the Bank Rescue (Internal Training Provided)
- P.H.T.L.S.=Pre-hospital Trauma Life Support

LANGUAGE SKILLS: Ability to read, analyze, and interpret professional journals, technical procedures, or governmental regulations. Ability to write medical reports in concise easy to interpret terms. Ability to talk clearly and appropriately over sophisticated radio equipment.

MATHEMATICAL SKILLS: Ability to calculate figures in order to accurately and quickly make appropriate drug and fluid administration rates. Ability to convert metric equivalents. Ability to read and understand dosages.

REASONING ABILITY: Ability to solve practical problems and deal with a variety of variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form. Ability to think quickly and act decisively under extreme stress. Ability to formulate and carry out plans of action to affect complex solutions. Must be flexible and innovative.

CONFIDENTIALITY: Employee must be aware of and adhere to Ki'ma:w Medical Center's Confidentiality Policy, HIPPA Policy, and deal appropriately with patient confidentiality at all times.

CONDITIONS OF EMPLOYMENT: Employee is subject to baseline and random drug testing per the Hoopa Tribal Drug & Alcohol Fit for Duty Policy. Employee will serve a 90-day introductory period. Employee is subject to introductory and semiannual performance evaluations. Preference will be given to qualified Indian applicants pursuant to the Tribe's TERO Ordinance.

PHYSICAL DEMANDS: The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this lob. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Employee must pass a pre-employment Annual Physical and TB test to meet the physical demands listed below. While performing the duties of this job, the amployee is frequently required to sit and kneel or crawl. The employee is regularly required to stand; walk distances:

Job Description



use hands to finger, handle, or feel objects, tools, or controls; and reach with hands and arms. The employee must frequently lift and/or move more than 100 pounds, sometimes in awkward positions, over steep or unlevel ground.

WORK ENVIRONMENT: The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly exposed to blood-borne pathogens, infections and other contagious diseases. Employee is regularly required to drive and ride in emergency vehicles during unsafe driving conditions. The employee occasionally works near moving mechanical parts; in high, precarious places; and in outside weather conditions and is occasionally exposed to furnes or airborne particles, toxic or caustic chemicals, risk of electrical shock, and vibration. The noise level in the work environment is variable from quiet to extremely loud.

Employee's Signature	Date
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Supervisor's Signature	Date
Human Resource Director	Date '

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K'Ima:w Medical Center sition Description

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Job Title:

EMTI

Department:

Emergency Medical Service

Reports To:

EMS Coordinator

Salary Level:

HHC-06

FLSA Status:

Nonexempt

Approved By:

Chief Executive Officer

Approved Date:

January 2006

SUMMARY: Administers basic life support (BLS) care to sick and injured persons in pre-hospital setting as authorized and directed by Base Hospital Physician, MiCN or Paramedic by performing the following duties.

FUNCTIONS & RESPONSIBILITIES:

- 1. Emergency Vehicle Operations.
- 2. Support person for ALS personnel on scene and transporting.
- 3. Ensures vehicle adequacy.
- 4. Performs vehicle maintenance
- 5. Assuring that vehicle is completely stocked at all times.
- 6. Ensures basic operational integrity of vehicle at all times.
- 7. Identify and reports all vehicle deficiencies to supervisor.
- 8. Responds to all calls in the absence of ACLS, providing BLS and transportation to an ALS team or treating facility.
- 9. Practices BLS within scope of Practice for EMT-1.
- 10. Communicates with Base Hospital Physician, MICN or other medical personnel via radio, telephone or in person.
- 11. Assists in extricating trapped victims and transports sick and injured persons to treatment center.
- 12. Drives mobile intensive care unit to emergency scene and transports injured to designated facility.
- 13. Station duties as assigned; clean inside and out.
- 14. Other duties as assigned.

SUPERVISORY RESPONSIBILITIES: This job has no supervisory responsibilities.

QUALIFICATIONS: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

BASIC REQUIRED ABILITY:

PUBLIC RELATIONS/ADVANCED INTERPERSONAL SKILLS: Addresses clients by name; smiles when talking to clients, physicians, peers, and families; answers the telephone courteously and

Documentation

K'ima:w Medical Center Ambulance requires documentation be completed on every call for service. These reports are generated each time our resources respond to provide service. This report includes dispatch information regarding time of call, responding time, time at scene, time in service to hospital, time at the hospital, location of call, and chief complaint. Our PCR includes dispatch times, patient address, medical history, patient assessment, treatment given and the patient's response to treatment. Our billing forms include patient address, services and equipment provided to the patient during our intervention with them.

We have identified and implemented a comprehensive system to track patient care and have developed a CQI form to assist with data collection. We will have and use as an ongoing operations performance program reviewed on a monthly basis. Topics will be assigned and investigated, and actions taken to resolve problems and improve patient care. The information will be documented on the CQI worksheet and be reviewed within staff in-services. This form or data collection is not intended to be used for punitive use but to improve patient care. This form will be used on 100% of all Ambulance runs. We will use the deficiency areas as a training tool through the monthly CE and training programs for all staff. We are also in the process of gathering percentages of successfully preformed skills. This information will be used to identify the need for special skills training on a personal need basis. This information will be presented upon written request.

Clinical Care and Patient Outcome

Our in House CQI program is going well. The oncoming Paramedic is being asked to review and audit patient care reports to ensure appropriate field care is provided. Currently approximately 100% of charts are audited per month. We continue to do CQI planning and discussion among the staff to improve quality care.

K'ima:w Medical Center Ambulance is compassionate regarding the pre-hospital clinical care and patient outcome and our mission statement refers to providing the absolute best pre-hospital care to our citizens, through open lines of communication between our personnel, base hospital personnel, patients and periodic patient follow-up. We are able to evaluate and review our pre-hospital clinical care and gather feedback from hospital personnel regarding short term and long term patient outcomes. We are developing a services rendered evaluation form, to be sent to 75% of our patient contacts. This is going to provide areas in need of improvement as seen by the community. This form or data collection is not intended to be used for punitive

All of our staff, EMT and Paramedics are cleared through our Insurance Dept. to drive the Ambulances.

Public Education and Prevention

The Hoopa Ambulance Dept. participates in community events to increase awareness and prevention activities. We attended that Health Fair held in Hoopa and handed out information related to speeds and seatbelts. Since we are located in such a remote area we feel that it is very important that we participate in the community with education and prevention. We also work closely with our local fire, police, accident prevention, medical clinic, volunteer fire, tribal operations, and office of emergency services departments.

We provide backup services at local community activities.

We also provide ride-a-longs for public education purposes.

KMC does an annual community satisfaction survey and use the findings to train staff, and improve services to our community.

Risk Management

A company ride-a-long waiver for ride is implemented, and used for anyone who is not part of our regular staff.

PPE (Personal Protection Equipment) meets requirements. This equipment is stored in all units.

K'ima:w Ambulance is currently offering all patients HIPPA forms. All staff is trained in HIPPA regulations.

Addressing Identified Quality Issues

Field care audits are done with PCNC and Mad River Community Hospital Dr. to discuss and identify current issues based on PCR documentation with findings and recommendations with corrections by base hospital MD.

We are continuously training staff on the importance of filling out the patient clinical record form correctly. We are also continuously training staff of the importance of assessing the patient and documenting findings as needed.

use but to improve patient care. We feel this gives our personnel confidence regarding the protocols they follow and increase their ability to recognize and treat all medical and/or trauma patients they may encounter.

Continuous HIPPA, Blood borne pathogen, lifting, and work related injuries, sexual harassment, and customer service on-line workshops are completed by all staff.

Every year the National Guard come to the Hoopa valley to provided specialized care for the Clinic and for the Dental. The KMC ambulance only uses the National Guard for Ride a longs. Their arrival dates is unknown at this time

We have noticed a drop in response to scene times since the mandatory "area familiarization" policy.

Skills and Maintenance/Competency

All paramedics have participated in the AHA cardiac arrest update course.

PEPP training has been provided to all staff within the Ambulance Department.

Orientation for new employees, ACLS, PHTLS, Etc. is offered.

All Paramedics update and train EMT's on duty.

We have periodic technical skills competencies reviewed by staff.

All staff receives ACLS, PALS, PHTLS, Rope Rescue and additional training to meet the needs of our coverage area.

Transportation/Facilities

Hoopa Ambulance is 57 miles + from the nearest hospital Our out laying areas from the Hospital can be up to 2 hour away +. Our ETA to a Hospital in our area is approximately 50 minutes to 2 hours +

We will review response times with our new Quality Improvement Form and review with the staff.

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K'ima:w Medical Center
P.O. Box 1288, Hoopa, California 95546
Telephone (530) 625-4261 Admin Fax: (530) 625-4842 Medical Fax: (530) 625-4781

An entity of the Hoopa Valley Tribe

HOOPA AMBULANCE LISTING OF CHARGE

BLS BASE RATEA0429- \$1200.00
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CURRENT CHARGES AS OF 7/26/2018 CAROLYN LEWIS/AMBULANCE BILLING Ryan,

I am not able to locate a copy of our policy or program for vehicle maintenance; however, I can provide a brief description.

Our ambulances are received through GSA. Recalls, scheduled maintenance and other issues of that nature arrive in email or mail form from GSA and we act upon them. If any other issues arise we immediately notify GSA and work together to remedy the problem. All problems of any nature are also immediately relayed to the EMS Director.

Sincerely,

Cameron Smith

Acting EMS Director

AMBULANCE INSPECTION REPORT CHP 299 (Rev. 9-12) OPI 061					INSPECTION		
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3. Taillamps 24252, 246		<u> </u>					
4. License plate lamp 24252, 246		<u> </u>		· · · · · · · · · · · · · · · · · · ·			
5. Backup lamps 24252, 246		<u> </u>					
8. Reflectors 24252, 246	_	<u> </u>					
7. Glass 24252, 246		4	_				
26700, 26701, 26708, 26708.5, 267	0 .						
26706, 2670	7 4						
. Mirrors 2671	2 1	/ I	_				
. Horn 2670	9 🗸						
. Siren* 2700	0 1	7					
26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a) 1						
Steering; suspension 26301.5, 26450-26454	1						
Tires; wheels	1	Ī					
Fuel system 24002, 27465; 13 CCR 1086, 1087	1	1	-				
24002, 27155, 27156.1 Exhaust system	+	†-	+				
Exhibitist System 24002, 27150, 27151-27154		1					
27245. 42.00-	1	†-	+				
The extiliguisher (minimum 48:C)	1	†-	+-				
12.000 4 1 1	<u>'</u>	┼─-					
27465: 13 CCD 4450/ 14 CCD	'	-	 				
13.000 ///		-	: -				
Decreases	√		+-			.	
Other safety defects (if yes, explain) 24002 IE: It is the responsibility of the licensee to ensure that the warning lamp(s) the California Vehicle Code and Title 13 CCR. The licensee shall furnish	V	<u></u>	 	·			
E: It is the responsibility of the licensee to ensure that the warning lamp(s) the California Vehicle Code and Title 13 CCR. The licensee shall furnish	✓]		Ĺ				

AMBULANCE INSPECTION REPORT				INSPECTION		
				□INITIAL	Annual	COMPLIANCE
	,					
SERVICE NAME / DOING BUSINESS AS		- fr	ه است ، صد : حد :	VEHIOLE VELO	MAKE AND MOD	
browns auto / hoopa Ambualnee				2015 dodge		EL
SERVICE ADDRESS (number and street)				VEHICLE IDENT	FICATION NUMB	ER (VIN)
535 airport rd (city, state, and zip code)	_,			3c7wrtbl4fg	g662289	
Hoopa ca 95546					SE PLATE NUMBE	R AND STATE
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)				G310081R	* ***** *	
ATTIC IN COLUMN 1				·····		
ITEM INSPECTED AND IN COMPLIANCE CVC / 13 CCR		NO	IF NO, DESCRIP	TION OF DEF	ICIENCIES	COMPLIANCE DATE
1. Registration; plates 4000, 4160, 4454, 4457, 5200-5204						
2. Identification certificate (annuals/compliance only) 13 CCR 1107.2(a)	1	<u> </u>	•			
3. Ambulance identification sign 13 CCR 1100.4	1	1				
4. Headlamps - 24252, 24400, 24407	1					
5. Beam selector/indicator 24252, 24406, 24408	/	ļ.,				
6. Headlamp flasher (if equipped) 24252, 25252.5	+					
7. Steady red warning lamp (required)* 24251, 24252, 25252, 26100; 13 CCR 1103(a)						
8. Optional warning lamp(s)* 24252, 25252, 25258(a), 25259, 26100	V	<u> </u>				
9. Turn signals 24252, 24951-24953; 13 CCR 697-699	1					
10. Clearance/sidemarker lamps (If required) 24252, 25100, 25100.1; 13 CCR 688	1	<u> </u>				
11. Warning devices (if required) 25300	✓					
12. Stoplamps 24252, 24603	✓					
13. Tailamps 24252, 24600	1					
14. License plate lamp 24252, 24601	V				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 	
15. Backup lamps 24252, 24606	✓					
16. Reflectors 24252, 24607	✓				·	
17. Glass 26700, 26701, 26708, 26708.5, 26710	✓			,		
18. Windshield wipers 26706, 26707	✓					
19. Defroster 26712	✓					
20. Mirrors 26709	✓					·
21. Horn 27000	1					
22. Siren 26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	✓					
23. Brake system 26301.5, 26450-26454	•					
24. Steering; suspension 24002	✓					· · · · · · · · · · · · · · · · · · ·
25. Tires; wheels 24002, 27455; 13 CCR 1085, 1087	1					
26. Fuel system 24002, 27155, 27156.1	✓		•			
27. Exhaust system 24002, 27150, 27151-27154	V .					
28. Seat belts 27315; 13 CCR 1103(b)	1					<u> </u>
29. Fire extinguisher (minimum 48:C) 13 CCR 1103(c), 1242	1			·		
30. Portable light 13 CCR 1103(d)	1	\neg	······································			
31. Spare tire; jack and tools 27465; 13 CCR 1103(e) & (f)	1					
32. Maps 13 CCR 1103(g)	7					
33. Door latches 13 CCR 1103(h)	1					
34. Other safety defects (if yes, explain) 24nn2	1					
NOTE: It is the responsibility of the licensee to ensure that the warning lamp(s) the California Vehicle Code and Title 13 CCR. The licensee shall furnish	and :	sinen a	re in compliance witi	n the requiren	nents establisi	hed by the CHP in

AMBULANCE INSPECTION REPORT					INSPECTION	
					INITIAL ANNL	IAL COMPLIANCE
SERVICE NAME / DOING BUSINESS AS		• - •	•		1.00	
browns auto / hoops Amburda-				1		
SERVICE ADDRESS (number and street)				(VEHICLE YEAR, MAKE, AND N	MODEL
333 airport rd					2017 dodge Ram 350 VEHICLE IDENTIFICATION NO.	0
(c/ly, state, and zip code) Hoopa ca 95546					130/Wrtbl6hg66190no	
USUAL VEHICLE LOCATION (Sumbour					VEHICLE LICENSE PLATE NUM	IBER AND STATE
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service add	ress)				Q210Z0Z3	,
ITEM INSPECTED AND IN COMPLIANCE					CERTIFICATE NUMBER	(annuals and compliance only
1. Registration: place	CCR	YE	S NO	IF NO. DESCRIP	TION OF DEFICIENCIES	
2. Identification certificate (annuals/compliance only) 13 CCR 110	5204	1		1120014	TION OF DEFICIENCIES	COMPLIANCE DAT
Ambulance identification sign	.2(a)	1	 			
4. Headlamps 13 CCR 1	100,4	1	-			
5. Beam selector/indicator	4407	1				
6. Headlamp flasher (if equipped)	408	1				
7 Steady and 24252, 252	52.5	1	<u> </u>			
8. Optional warning lamp(s)* 24251, 24252, 25252, 26100; 13 CCR 110	3(a)	1	1			
9. Tum signate 24252, 25252, 25258(a), 25259, 26	100	1				
9. Clearance/sidernarker lamps (if required) 24252, 24951-24953; 13 CCR 657-	699	1				
1. Warning devices (if required) 24252, 25100, 25100, 1; 13 CCR		V 1				
devices (if required)	300	7				
3. Talliamps 24252, 246	03	7	-			
4. License plate temp	00	1				
5. Backup tamps 24252, 246		1	-+			
24252, 246 3. Reflectors	06	/	_			
Glass 24252, 2460		1	_†			
25700, 26701, 26708, 26708.5, 267		7				
Defroster 25705, 2670	_	7	+			
Mirrors 2571	- ∤	, -	-+-			
Horn 2670	9 1	/	-{-			
Siren* 2700	0 /	, † -	+-			
26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a	1	_	+-			
Steering; suspension 26301.5, 26460-26454						
Tires; wheels 24002	+-	 				
Fuel system 24002, 27465; 13 CCR 1085, 1087	1	-				
7,50,11	1	+	-			
Exhaust system 24002, 27155, 27156.1 Seal belts		+	+-			
A Paris		+-	 			
Fire extinguisher (minimum 4B; C) 27315; 13 CCR 1103(b) Portable light		†-	┼			
- Igit	7	†-	 -			
Spare tire; jack and tools 27465; 13 CCR 1103(e) & (f)		-	1			
	7		 -			
Montps	-	 				
E: If is the connection (if yes, explain)	;		 			
the California Vehicle Code and Title 13 CCR. The licensee shall furnish	لبن			·		

EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIE	s Y	5	REQUIRED RECORDS AND DOCUMENTS	Ø
ITEM INSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE CVC / 13 CCR YE	SN
36. (1) Ambufance col and (1) collapsible stretcher	1		RECORD OF CALLS	
36. Securement straps for patient and cot/stretcher	1			
37. Anide and wrist restraints. Soft ties are acceptable. Total 8	1		C4 Date the second leaves of t	
 Min. 2 sets clean linen per col/stretcher; sheets, pfllow cases, blankets, towels, pillovs 	1	-	61. Date, time, and location of call; received by whom 62. Name of requesting person or agency (b) (c)	+
39. (6) Oropharyngeal altways: (2) adult, (2) children, (1) Infant, (1) newborn	1		63. Unit ID; personnel dispatched; red light/siren use (c) 🗸	,
40. Rigid splints (4)	1		64. Explanation of failure to dispatch (d) 🗸	,
41. Resuscitator - capable of use with oxygen	1		65. Dispatch time; scene arrival and departure times (e) √	-
42. Oxygen and regulators, portability required	1		66. Destination of patient; arrival time	7
43. Rigid corvicel collars. Min. (2) adult, (2) children, (2) infant	1	_	67. Name of patient transported (9) ✓	7
44. Sterile gauze pads (12 - 4" x 4" or equivalent)	1		PERSONNEL RECORDS	
45. Soft rofled bandages (6 - 2", 3", 4", or 6")	1		68. Employment date 13 CCR 1100,8(a) ✓	7
46. Adhesive tape (2 rolls - 1", 2", or 3")	1		69. Facsimile of driver license (b) 🗸	
17. Bandage shears	1		70. Facsimile of ambulance driver certificate (b) ✓	+
18. Universal dressings (2 - 10" x 30" or larger)	1		71. Facsimite of medical exam certificate (b) 🗸	
49. (Min. 2) Emesis basin or disposable bags; covered waste container	1		72. Facsimile of EMT certificate or medical ticense (c) 🗸	-
50. Portable suctioning apparatus	1		73. Work experience summary (d) 🗸	
Two devices or material to restrict head and spinal movement (adult and pediatric sizes)	1		74. Affidavil certifying not subject to 13 CCR 1101(b) and/or 13372 CVC prohibitions. (e)	
52. (2) liters sterile water or (2) liters sterile isotonic saline	1		75. Employer notification (DMV Putl Notice System) 1808.1 ✓	,
53. Half-ring traction splint (Hare/Sager) or equivalent device	1		COMPANY INSPECTION	
4. Blood pressure cuff (adult, children, and infant sizes)	1		76. Company or corporation ownership 13 CCR 1107(b)(1) ✓	7
55. Sterile obstetrical supplies	✓		77. One or more ambulances available 24 hours 13 CCR 1107	+
56. Personal protection equipment (masks with one-way values, gloves, gowns, poggles)	1	ļ	78. Fees posted/maintained 13 CCR 1107(d) ✓	,
57. Bedpan or fracture pan	✓		78. Financial responsibility 15020, 16500, 16500.5; 13 CCR 1106.2 🗸	,
8. Urinal	1		B0. 24-hour direct (elephone service 13 CCR 1107(e) 🗸	+
 Two spinal immobilization devices, one at least 30" in length and one at least 60" in length. Both devices require straps to adequately secure patients to the device (a combination short/long boards are acceptable) 	1		Olle Cus Director	—
11. INSURANCE CARRIER'S NAME			POLICY NOMBER POLICY EXPIRATION	AN DATE

LICENSEE (CERTIFICATION IN L	EU OF OFFICIAL	BRAKE CERTIFICATI		
I certify that there is no official brake adjusting station with and road-tested by a competent mechanic and is in comp	in 30 miles of the opera liance with the requirem	ling bace of this yehi	ola: housement the broken	makes of this control of	s been inspected
83. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE			<u> </u>		DATE 18-18
e4. CHECK ALL APPLICABLE BOXES (If Initial inspection, Indicate whether the compliance in compliance only after correction	Addition to flee Replacement	t	ID certificate Absence of o	<i>renicte)</i> of replaced vehicle affact fficial brake adjusting sta	
85. NO TEMPORARY OPERATING AUTHORIZATION. TEMPORARY OPERATING AUTHORIZATION: Thi when used in lieu of the special vehicle identific	s venicie may be ober	aied as an emerner	ncy ambulance. This s	ulthorization must be	·
86. SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER			INSPECTION OURATION	DATE
	DESTROY	REVIOUS EDITIONS			

EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES AND SUPPLIE	JES Y	OF S	REQUIRED RECORDS AND DOCUMENTS	W	4
ITEM INSPECTED AND IN COMPLIANCE 35. (1) Ambulgage and and (1) and (2)	YES	NO	The state of the Arte it Compliants	Ţ	٦
(1) collabstole stretcher	1		-1.5	YES	اِد
The straight for patient and coveretcher	1		RECORD OF CALLS		_
37. Ankle and wrist restraints. Soft lies are acceptable. Total 8	1		13 CCR 1100.7	1	
 Min. 2 sets clean linen per cot/stretcher: sheets, pillow cases, blankets, lowefs, pillows 	1		(a)	1	_
39, (6) Oropharyngeal airways: (2) adult. (2) children, (1) infant, (1) newborn	1	┿	62. Name of requesting person or agency (b)	1	
40. Rigid splints (4)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		63. Unil ID; personnel dispatched; red light/siren use (c)	1	1
41. Resuscitator - capable of use with oxygen	+-	<u> </u>	64. Explanation of failure to dispatch (d)	1	1
	<u> </u>		65. Dispatch time; soene arrival and departure times (e)	1	1
	1		66. Destination of patient; arrival time (f)	<u> </u>	-
3. Rigid cervical collars. Min. (2) adult, (2) children, (2) infant	1		67. Name of patient transported	<u>,</u>	~
4. Sterile gauze pads (12 - 4" x 4" or equivalent)	1		DEEC CANAGE TO SEE (g)		_
5. Soft rolled bandages (6 - 2", 3", 4"; or 6")	1		PERSONNEL RECORDS 68. Employment date 11 CCP 1100 Riv		_
6. Adhesive tape (2 rolls - 1", 2", or 3")	1		13 CUR 1100.8Ia1	✓	
. Bandage shears	1		69. Facsimile of driver license (b)	✓	
3. Universal dressings (2 - 10" x 30" or larger)	1		70. Facsimile of ambulance driver certificate (b)	√	l
. (Min. 2) Emesis basin or disposable bags; covered waste container	1		71. Facsimile of medical exam certificate (b)	7	1
. Portable suctioning apparatus			72. Facsimile of EMT certificate or medical license (c).	1	İ
Two devices or material to restrict head and spinol management	\ <u>'</u>		73. Work experience summary (d)	7	t
	/		74. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 CVC prohibitions (e)	1	ŀ
(2) mers sterile isotonic saline	< ✓		75. Employer notification (DMV Pull Notice System) 1808,1	'	ŀ
. Half-ring fraction splint (Hare/Sager) or equivelent device	1		COMPANY INSPECTION	<u>~</u> .	Ļ
Blood pressure cutf (adult, children, and infant sizes)	1		76 Company or account of		_
. Sterile obstetrical supplies	1	- 1	10 0017 1107(0)[7]	1	_
Personal protection equipment (masks with one-way valves, gloves, gowns, goggles)	1	—- <u>}</u>	13 CCR 1107		
Bedpan or fracture pan	7		13 CCR 1107(d)	1	
Urinal	1		16020, 16500, 16500,5; 13 CCR 1106.2	√	
Two spiral immobilization devices, one at least 30" in length and one at least 60" in length. Both devices require straps to adequately secure patients to the device (a combination short/leng boards are acceptable)	/	\dashv	_ \(\(\) \(\)	✓	-
INSURANCE CARPIER'S NAME			21 St - cms Dwetty		
		٦	POLICY NUMBER POLICY EXPIRAT	ION DA	Ã
REMARKS					

LICENSEE C	ERTIFICATION IN LIE	U OF OFFICIAL	SDAVE CERTIFICAT		
I certify that there is no official brake adjusting station within and road-tested by a competent mechanic and is in compliant.	30 miles of the energin		BRAKE CERTIFICA	E	
and road-lested by a competent mechanic and is in compli-	inco with the requirement	g base of this vet	icle; however, the brake	system of this vehicle ha	e heen increased
and road-lested by a competent mechanic and is in compli- as proparties of Licensee or Authorized Representative	moe with the requiremen	rs of the California	Vehicle Code and Title	13. Callfornia Code of R	carretions
				2000 0//	
					DATE
84. CNECK ALL APPLICABLE BOXES (if initial inspection, indicate whothe	Transcement or saddle		····		1 R-10-1
In compliance	A TO HOLINDE IN MINISTER IN A MINISTER IN	per; if replacement, re	lum ID certificate for replaced	vehicle)	
In compliance only after correction			ID certificate	of replaced vehicle attacl	104
	Replacement		1 1 4 4	Minist hanks added to	
LINU EMPORARY OPERATING AUTUODITATION F	EVIEW PEOUROS /	1		official brake adjusting sta	lion verified
TEMPORARY OPERATING AUTHORIZATION: This when used in lieu of the special vehicle identificat as. SIGNATURE OF COMMANDER OF INSPECTATION.	which we worken (exp	piain in remarks)			
when used in lieu of the special vehicle identificant	verlicle may be operate	ed as an emerge	ncy ambulance. This.	authorization must be a	constant to the annual of
when used in lieu of the special vehicle identificat 86. SIGNATURE OF COMMANDER OR INSPECTING OFFICER	on cermicate and expi				arried in the AGUICIE
TO THE OFFICER	ID NUMBER	LOCATION CODE	OFFICER'S TRAVEL TIME	INSPECTION DURATION	
		1	The state of the s	MOLECTION DOKATION	DATE
	DC07704	1		L	!
	DESTROY PRE	VIOUS EDITIONS			

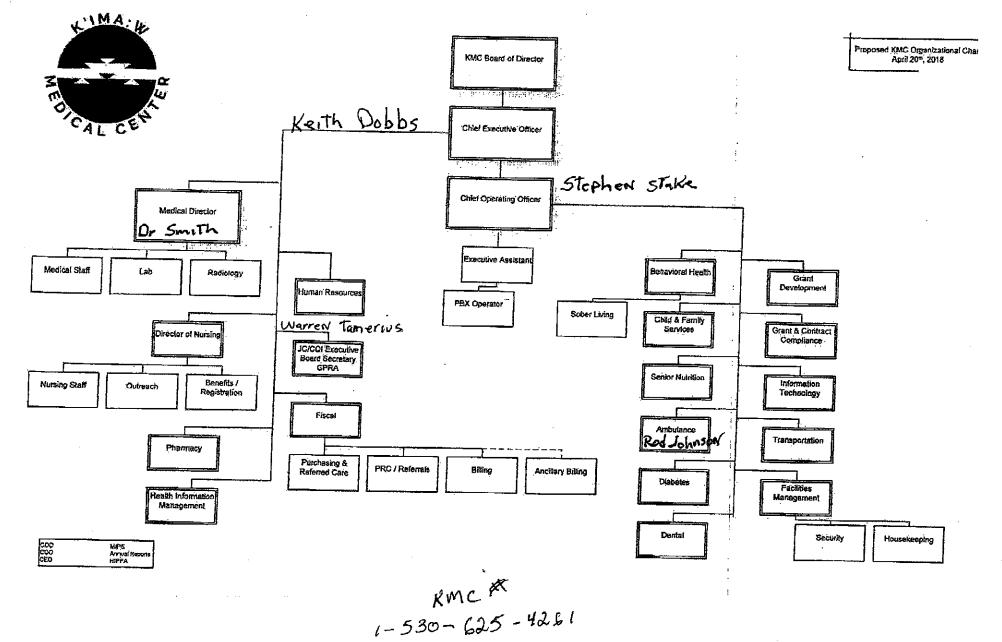
EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLITEM INSPECTED AND IN COMPLIANCE	7-	100	REQUIRED RECORDS AND DOCUMENTS		10
35. (1) Ambulance cot and (1) collapsible stretcher		NO.	ITEM INSPECTED AND IN COMPLIANCE CVC / 13 CCR	VEC	_~
36. Securement straps for patient and cot/stretcher	11	 -	RECORD OF CALLS	1	. 140
37. Ankle and wrist restraints. Soft ties are acceptable. Total 8	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	┼	60. Location of records; retained for 3 years 13 CCR 1100.7	Γ	Τ
 Min. 2 sets clean linen per cot/stretcher; sheets, pillow cases, blankets, towels, pillows 	 	┼	61. Date, time, and location of call; received by whom (a)	<u> </u>	
39. (6) Oropharyngeal airways: (2) adult, (2) children, (1) infant, (1) newborn	1	ļ	62. Name of requesting person or agency	7	
40. Rigid splints (4)		 -	63. Unit ID; personnel dispatched; red light/siren use	-	╀─
41. Resuscitator - capable of use with oxygen	- ✓	<u> </u>	64. Explanation of failure to dispatch (d)	Ť	
42. Oxygen and regulators, portability required	/		85. Dispatch time; scene arrival and departure times	7	一
43. Rigid cervical collars. Min. (2) adult. (2) children, (2) infant	1		S6. Destination of patient; arrival time	·	
44. Sterile gauze pads (12 - 4" x 4" o/ equivalent)	11		67. Name of patient transported (g)	1	_
45. Soft rolled bandages (6 - 2", 3", 4", or 6")	1		PERSONNEL RECORDS		
46. Adhesive tape (2 rolls - 1", 2", or 3")	 		68. Employment date 13 CCR 1100.8(a)	7	-
47. Bandage shears	1		69. Facsimile of driver license	7	
48. Universal dressings (2 - †0" x 30" or larger)	//		70. Facsimile of ambulance driver certificate (b)	1	
49. (Min. 2) Emesis basin or disposable bags; covered waste container	1		71. Facsimile of medical exam certificate (b)	7	
50. Portable suctioning apparatus	1		72. Facsimile of EMT certificate or medical license	<u>;</u> †	
Two devices or material to restrict head and spinal movement (adult and pediatric sizes)	1	<u> </u>	73. Work experience summary	,	
52. (2) liters sterile water or (2) liters sterile isotonic saline	/		74. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 CVC prohibitions (e)	1	
Half-ring traction splint (Hare/Sager) or equivalent device	~		75. Employer notification (DMV Pull Notice System) 1898.1	1	
4. Blood pressure cutt (adult, children, and infant sizes)	~		COMPANY INSPECTION		
5. Sterile obstetrical supplies	V		76. Company or corporation ownership 13 CCR 1107(b)(1)	ZΤ	
Personal protection equipment (masks with one-way valves, gloves, gowns, goggies)			77. One or more ambulances available 24 hours 13 CCR 1107	+	
7. Bedpan or fracture pan	<u> </u>	_	78. Fees posted/maintained 13 CCR 1107(d)	十	
8. Urinal	<u> </u>		79. Financial responsibility 16020, 16500, 16500.5; 13 CCR 1106.2	$\overline{}$	
9. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length. Both devices require straps to adequately secure patients to the device (a combination short/long boards are acceptable). INSURANCE CAPPLED'S NAME.	<u>/</u> /	-	80. 24-haur direct telephone service 13 CCR 1107(e)		
. INSURANCE CARRIER'S NAME		- ;	OLICY NUMBER		
REMARKS		ľ	POLICY DOFIRATE	ON DAT	TE

LICENSEE OF	Printed A Printed				
I certify that there is no official brake adjusting station within and road-tested by a competent mechanic and is in complia	RIFICATION IN LIE	U OF OFFICIAL	BRAKE CERTIFICAT	E	
and road-fested by a competent mechanic and is in complia 83. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	ou miles of the operating	g base of this vet	icle; however, the brake	system of this vehicle ha	se hoon inone de d
TO THE OF PROCESSES ON AUTHORIZED REPRESENTATIVE	nee wan me requiremen	is of the Californi.	a Vehicle Code and Title	13, California Code of R	soulations
() 1 () () () () () () () () (DATE 1
B4. CHECK ALL APPLICABLE BOXES (if invalinspection, indicate whether in compilance	mplacóma de la della de la				848-18
in compliance	Addition to fleet	sel; it replacement, ro	turn ID certificate for replaced	vehicle)	0 10 10
In compliance only after correction	Replacement		U certificate	of replaced vehicle attacl	heat
85. NO TEMPORARY OPERATING AUTHORIZATION. RI			Absence of	official brake adjusting sta	lion verified
TEMPORARY OPERATING AUTHORIZATION. RI when used in lieu of the special vehicle identification 86. SIGNATURE OF COMMANDER OF INSPECTING OFFICERS.	eview REQUIRED. (exp	olain in remarks)			
when used in fieu of the special vehicle identification as, SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ou certificate and ever	o 30 days at	ncy ambulance. This a	authorization must be o	acried in the vehicle
86, SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	Larman		STATE ACTION
			OFFICER'S TRAVEL TIME	INSPECTION DURATION	DATE
	DESTROY POR	VIOUS EDITIONS			<u> </u>
•	-1011(O1 FAE	WOOS EDITIONS			



County of Humboldt Eureka, California

Year	Model/Make	ka, California Vehicle Identification Number	License Plate #	Length of Time in Use finclude current mileage	State or Federal Aviation Agency License Number	Description of Color Settema Insignia Name Monogram of Distinguishing Characteristic
2017	Jale Ram 3500 Dolfe Ram 3500 3500	3C7WRTBL 4FG-662289 3C7WRTBL6 HG6619902 3C7WRTBL2 FG-662288		shown on odometer. 20(5) 3w 20(7) 5el 20(5) 20(7)		white ST white Ped ST



MISSION STATEMENT

TO PROVIDE HIGH QUALITY HEALTH CARE TO THE NATIVE AMERICAN PEOPLE AND ALL OTHERS WHO MAY SEEK AND/OR REQUIRE THE SERVICE WE PROVIDE IN THE HOOPA VALLEY INDIAN RESERVATION & SURROUNDING AREA.

VISION STATEMENT

IN SERVICE OF ITS MISSION, BY CONTINUOUSLY IMPROVING THE QUALITY OF OUR SERVICE, K'IMA:W MEDICAL CENTER WILL BE THE BEST & MOST QUALIFIED HEALTH CENTER FOR THE HOOPA VALLEY & SURROUNDINGS, THE PRIMARY FORCE IN IMPROVING THE QUALITY OF LIFE OF OUR PEOPLE.

RAYUB

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/02/2018

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

this certificate does not confer rights to the certificate holder in lieu of serioucer. Alliant Insurance Services, Inc. P.O. Box 609015						contact CONTACT CARE CONTACT CARE CONTACT						
						PHONE (A/C, No, Ext): (858) 505-4000 FAX (A/C, No):						
San Diego, CA 92160							ADDRESS:					
									RDING COVERAGE		NAIC#	
NAPP-						INSURER A : Hudson Insurance Company					25054	
INSURED Hoopa Valley Tribal						INSURER B:					L.	
Hoopa Ambulance K'ima:w Medical Center PO Box 218						INSURE	RC:	 -				
						NSURE	RD:					
Hoopa, CA 95546							INSURER E :					
COVERAGES CERTIFICATE NUMBER:							INSURER F:					
					E NUMBER:				REVISION NUMBER:			
Ċ	ERTIFIC,	TO CERTIFY THAT THE POLICI D. NOTWITHSTANDING ANY F ATE MAY BE ISSUED OR MAY DNS AND CONDITIONS OF SUCH	PFR	n⊏iyii TAIN	THE INSURANCE AFFOR	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESPE			
INSR LTR	t	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
A		COMMERCIAL GENERAL LIABILITY					10/01/2017	10/01/2018	EACH OCCURRENCE	s	10,000,000	
		CLAIMS-MADE OCCUR			NAA0000517				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	Included	
								10/0 //20 10	MED EXP (Any one person)	\$	Included	
	X no	gen agg applies							PERSONAL & ADV INJURY	\$	10,000,000	
	GEN'L A	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	4		
	POL	LICY FRO	İ						PRODUCTS - COMP/OP AGG	\$	10,000,000	
	ОТН	HER;							SIR	ф -	100,000	
Α.	AUTOMOBILE LIABILITY						·		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		AUTO ED SCHEDULED OS ONLY AUTOS			NAA0000517		10/01/2017	10/01/2018	BODILY INJURY (Per person)	\$		
									BODILY INJURY (Per accident)	\$		
	W X	TOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									i or acondomy	\$		
	UMI	BRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXC	CESS LIAB CLAIMS-MADE							AGGREGATE	\$		
A	DEL									- s		
	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	NAA0000517		10/01/2017	10/01/2018	PER X OTH-			
									E.L. EACH ACCIDENT	\$	1,000,000	
									E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
									E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
		•						-				
			l	ĺ								
DESC		CTION OF OPERATIONS below TION OF OPERATIONS below OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	niuper el esaqe e	E.L. DISEASE - POLICY LIMIT	\$	1,0	
CEF	RTIFICA	TE HOLDER	-			CANC	ELLATION					
County of Humboldt 1108 Second Street Eureka, CA 95501						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
		I				AUTHOR	IZED REPRESEN	ITATIVE				

Organizational Chart of Management Staff:

CEO

 \mathbf{COO}

EMS Director

Acting EMS Director (When EMS Director is on Leave)

On Duty Paramedic at Hoopa Base