



# S-SV EMS AGENCY

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

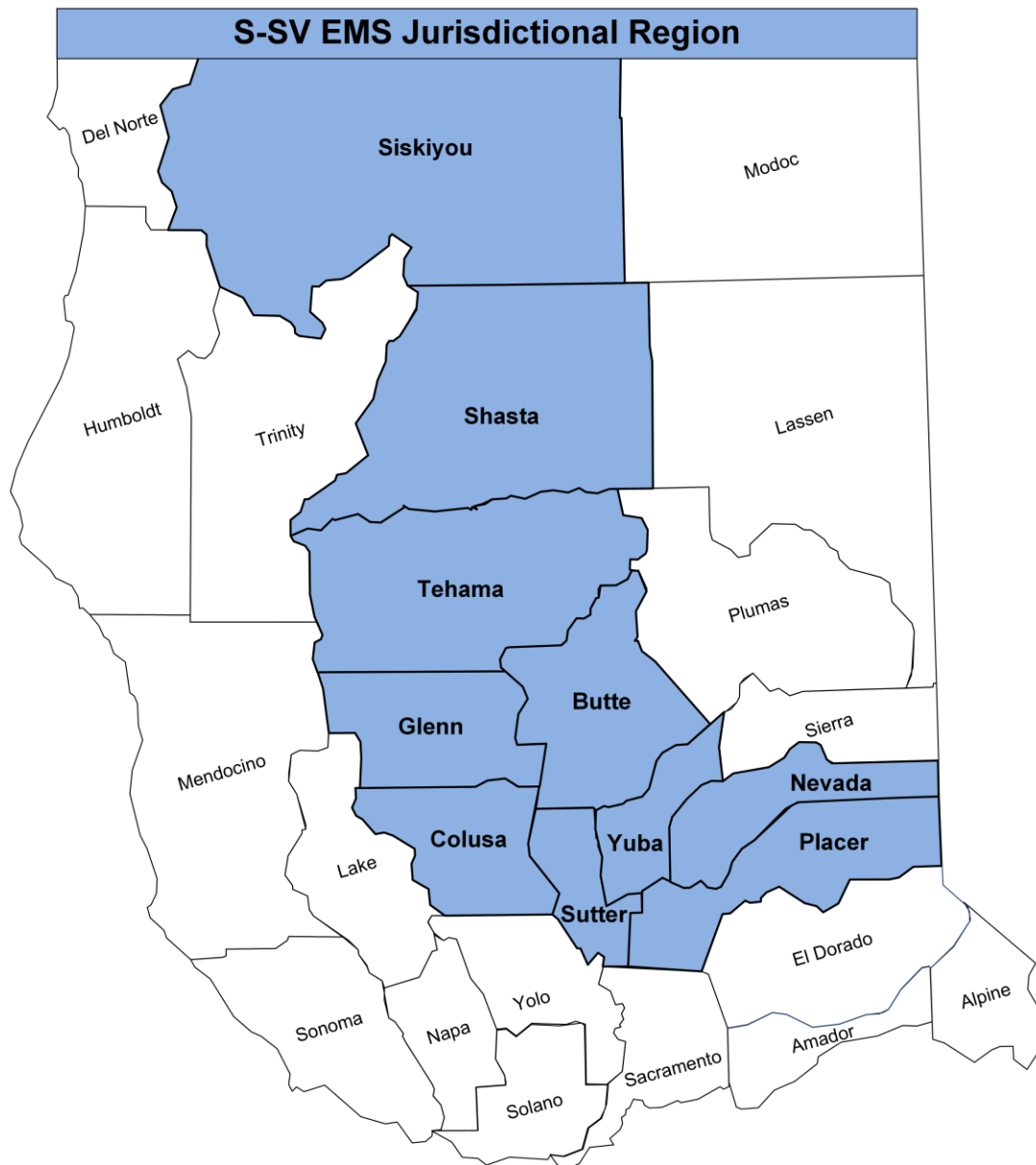
Serving Butte, Colusa, Glenn, Nevada, Placer, Shasta,  
Siskiyou, Sutter, Tehama, & Yuba Counties





### **About S-SV EMS**

S-SV EMS serves as the statutory required local emergency medical services agency (LEMSA) for Butte, Colusa, Glenn, Nevada, Placer, Shasta, Siskiyou, Sutter, Tehama, and Yuba counties. S-SV EMS was established as a multi-county government Joint Powers Agency (JPA) in 1975 and functions pursuant to California Health and Safety Code, Division 2.5, § 1797.200. The 10 county S-SV EMS region encompasses 22,000+ square miles, ranging from remote rural areas to large urban centers, and has a static population of approximately 1,300,000.





## S-SV EMS Overview (Updated September 2022)

### S-SV EMS Governance & Responsibilities

The S-SV EMS JPA Governing Board is comprised of publicly elected County Supervisors from each of the S-SV EMS member counties, and is responsible for planning, development, implementation, and oversight of all EMS system components within the 10 county S-SV EMS jurisdictional region, including:

- Ensuring compliance with all local and state EMS statues/regulations
- Local EMS system design and oversight:
  - Lay rescuer automated external defibrillator (AED) programs
  - EMS dispatch centers
  - EMS components of law enforcement (LE) & fire department (FD) public safety organizations
  - EMS ground and air transport providers (including contracting/permitting activities)
  - Specialty EMS programs (tactical EMS, fireline EMS, etc.)
  - Establishing specialty systems of care (STEMI, stroke, trauma)
  - Designation of EMS base hospitals and specialty receiving centers (STEMI, stroke, trauma)
- Approval, review, and monitoring of EMS training programs
- Certification/accreditation, oversight, and enforcement activities for all prehospital care personnel
- Development, implementation, and maintenance of county/regional EMS system plans
- Development, implementation, and maintenance of EMS system policies & treatment protocols
- EMS system quality management (quality assurance/quality improvement) activities
- Medical and health disaster planning/response, in collaboration with local public health, regional, and statewide medical/health system entities (CAL OES, EMSA, CDPH, DHCS)
- EMS data collection/review/validation and public education activities

### EMS Training Programs & EMS Personnel

EMS Personnel Level	Minimum Required Training Hours	# of S-SV EMS Approved/Monitored Training Programs	# of EMS Personnel in the S-SV EMS Region	Notes
<b>Public Safety First Aid (PSFA)</b>	24 hours	26	1000+	Minimum training for lifeguards, LE, and FD personnel
<b>Emergency Medical Responder (EMR)</b>	48 – 60 hours	19	300	Basic Life Support (BLS)
<b>Emergency Medical Technician (EMT)</b>	170 hours	10	3600	Basic Life Support (BLS)
<b>Advanced EMT (AEMT)</b>	EMT Certification +160 hours	2	25	Limited Advanced Life Support (LALS)
<b>Paramedic</b>	EMT Certification +1094 hours	3	1200	Advanced Life Support (ALS)



### **S-SV EMS System Participants**

S-SV EMS staff work collaboratively with multiple public and private EMS system participants to ensure the ongoing provision of coordinated, professional, competent, consistent, and equitable EMS care for all residents and visitors throughout the S-SV EMS region and surrounding areas, regardless of the patient's location or socioeconomic status. A summary of the S-SV EMS system participants is included below.



- **18** – 911 Public Safety Answering Point (PSAP) dispatch centers (many providing S-SV EMS approved emergency medical dispatch services)
- **3** – Public (CAL FIRE) air ambulance coordination centers
- **7** – Private EMS provider ground and/or air ambulance dispatch centers



- Multiple law enforcement agencies, many providing S-SV EMS approved optional/enhanced EMS services (AED utilization for cardiac arrest patients, naloxone administration for opioid/narcotic overdose patients, tactical EMS, etc.)



- **104** – Basic life support (BLS), limited advanced life support (LALS), and/or advanced life support (ALS) fire department first responder organizations, many providing S-SV EMS approved optional/enhanced EMS services



- **23** – 911 ground ambulance providers (11 public, 12 private)
- **14** – Interfacility, medical transport, special event ground ambulance providers
- **375** – Ground ambulance vehicles



- **5** – Air ambulance providers (7 total helicopter aircraft/bases)
- **1** – ALS air rescue provider (2 total helicopter aircraft/bases)
- **2** – BLS air rescue providers (2 total helicopter aircraft/bases)

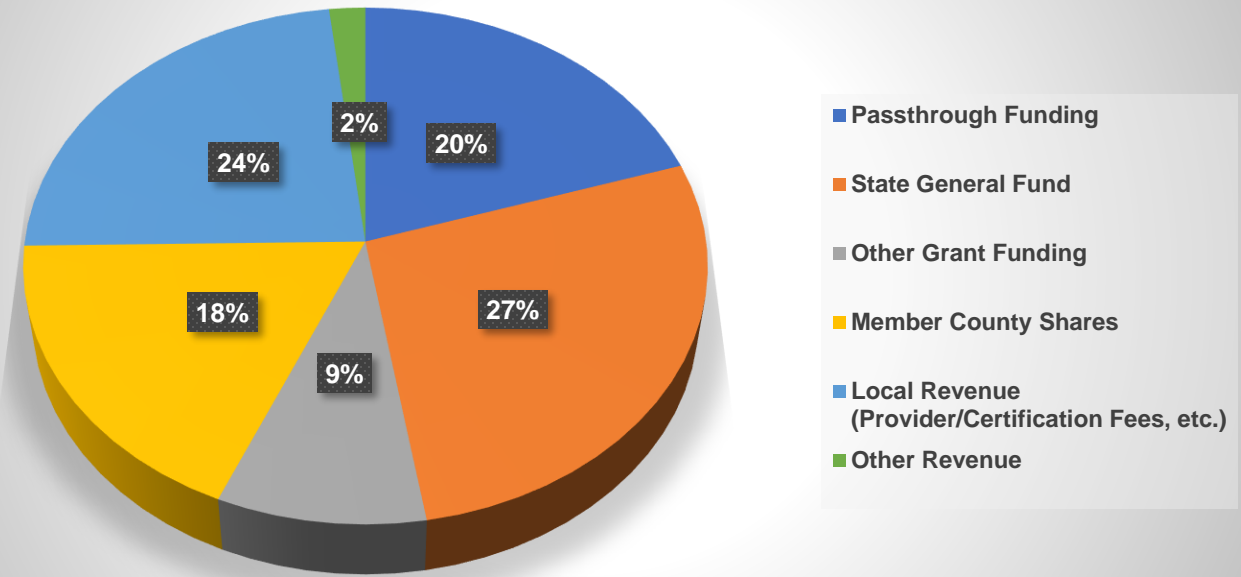


- **17** – Acute care hospitals (including 6 – critical access hospitals, 6 – S-SV EMS designated STEMI receiving centers, 12 – S-SV EMS designated stroke receiving centers, and 8 – S-SV EMS designated trauma centers)

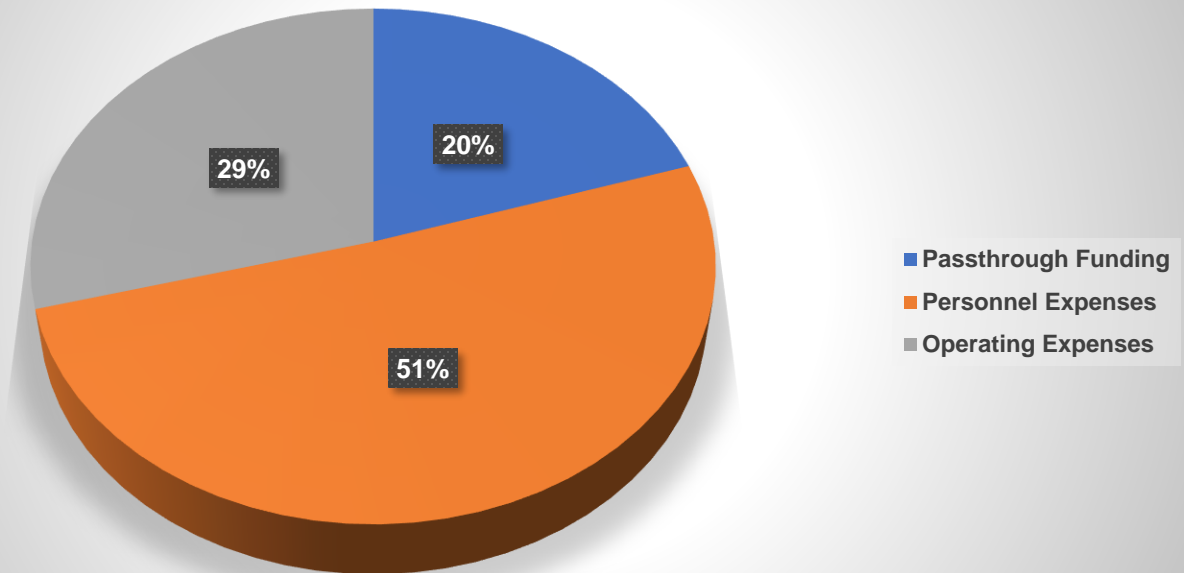


S-SV EMS Budget

S-SV EMS Agency Revenue Sources (based on FY 2022/2023 budget)

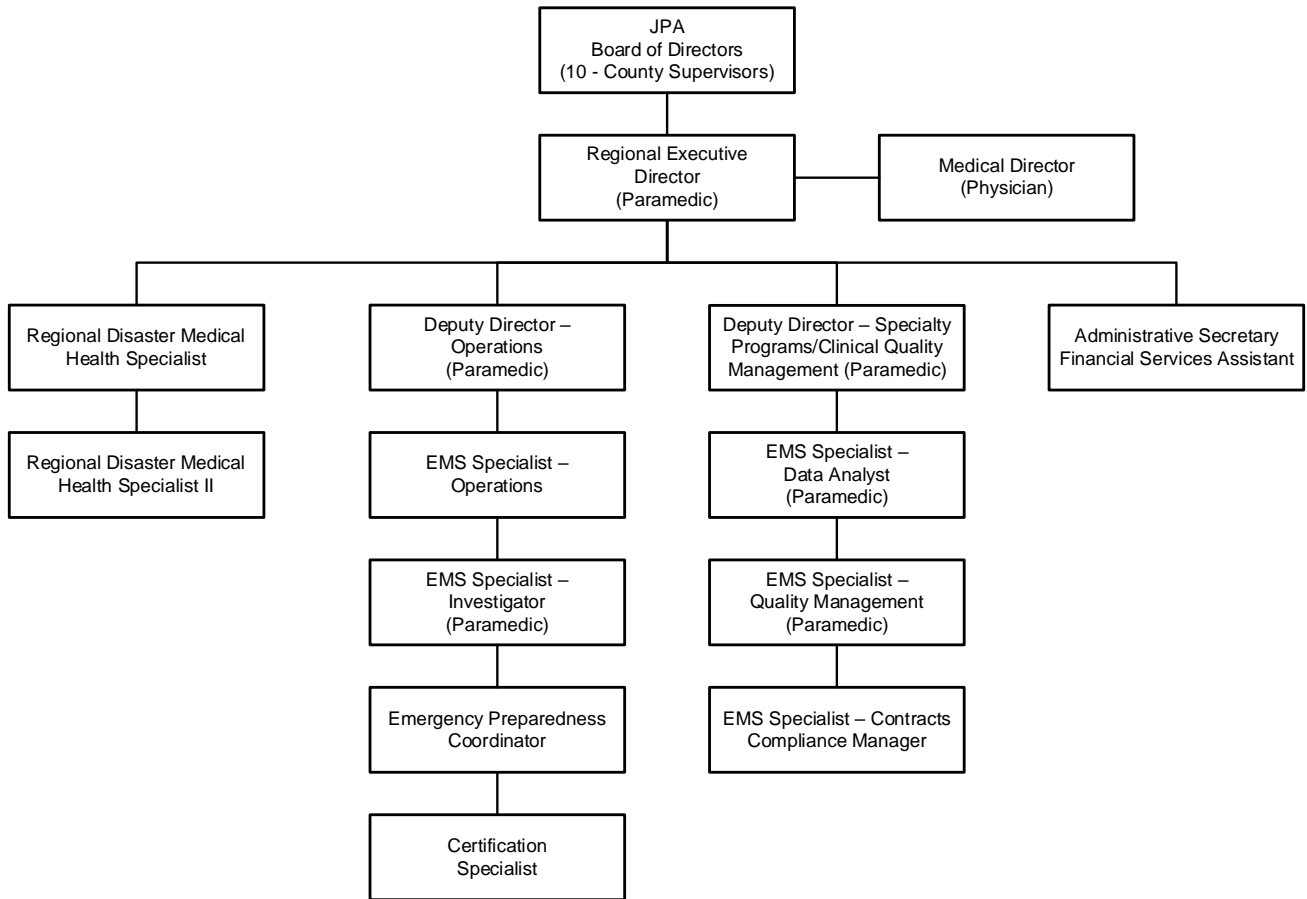


S-SV EMS Agency Expenditures (based on FY 2022/2023 budget)





**S-SV EMS Organizational Chart & Leadership Staff Responsibilities**



**S-SV EMS Leadership Staff Primary Responsibilities**

- **Regional Executive Director:** Responsible for overall administration of the S-SV EMS Agency, including the discharge of all LEMSA responsibilities pursuant to California Health and Safety Code, California Code of Regulations, and other EMS laws, regulations, policies, and procedures.
- **Medical Director:** Responsible for medical control, direction and oversight of the S-SV EMS system and all EMS personnel within the S-SV EMS region. Assists in the development and approval of all S-SV EMS policies and treatment protocols.
- **Deputy Director – Operations:** Assists the Regional Executive Director and Medical Director with management/oversight of S-SV EMS operational activities/responsibilities.
- **Deputy Director – Specialty Programs/Clinical Quality Management:** Assists the Regional Executive Director and Medical Director with management/oversight of S-SV EMS specialty programs (helicopter EMS, STEMI, stroke, trauma) and clinical quality management activities/responsibilities.



**S-SV EMS Leadership Team**



**John Poland, Paramedic  
Regional Executive Director**

John has worked for the S-SV EMS Agency since 2009, including previous positions as Quality Improvement/Education Coordinator, Associate Regional Executive Director, and Interim Regional Executive Director. John is a California licensed paramedic with 30+ years EMS experience, working in multiple field and management capacities for both public and private EMS organizations.



**Troy M. Falck, MD, FACEP, FAAEM  
Medical Director**

Dr. Falck has been the Medical Director of the S-SV EMS Agency since 2008. Dr. Falck received his medical degree from the University of Washington and completed residencies with Loma Linda University Medical Center (General Surgery) and the University of California, Irvine Medical Center (Emergency Medicine). He has practiced Emergency Medicine in both the Sacramento and Roseville areas for the past 21 years. Dr. Falck also serves as President of the Sierra Community Medical Foundation as well as a Director of the Placer-Nevada Medical Society.



**Patrick Comstock, Paramedic  
Deputy Director – Operations**

Patrick has worked for the S-SV EMS Agency since 2017, including his previous position as the Quality Improvement Coordinator. Patrick previously worked fire-based EMS as a firefighter/paramedic. Patrick is a California licensed and Nationally Registered paramedic and has a bachelor's degree in finance as well as a master's degree in Public Administration.



**Michelle Moss, Paramedic, FP-C, CSTR  
Deputy Director – Specialty Programs/Clinical Quality Management**

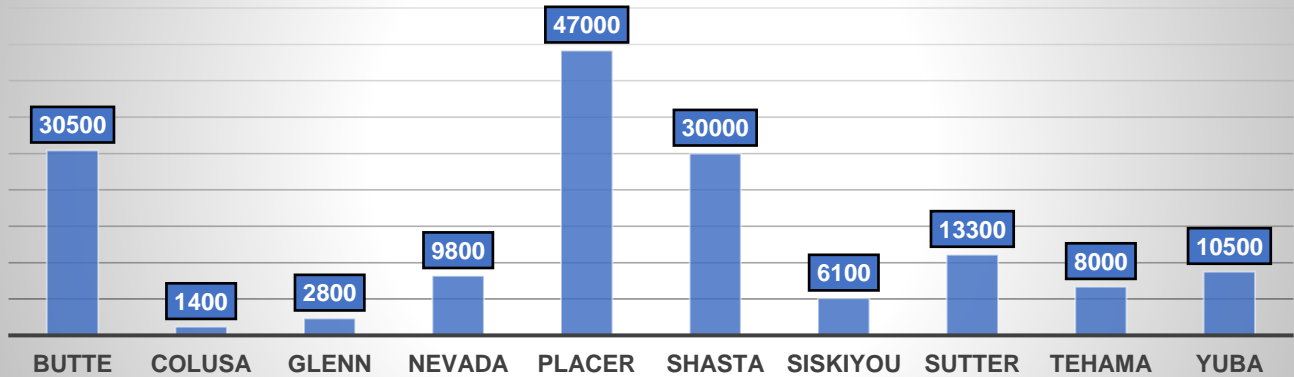
Michelle is a California licensed paramedic and Flight Paramedic (FP-C). She has worked for the S-SV EMS Agency since 2016, previously as the Specialty Programs Manager. She has worked for 27+ years as a critical-care paramedic, in the emergency department, EMS ground and air transport environments, and has held management/leadership positions for several public and private EMS and healthcare organizations.



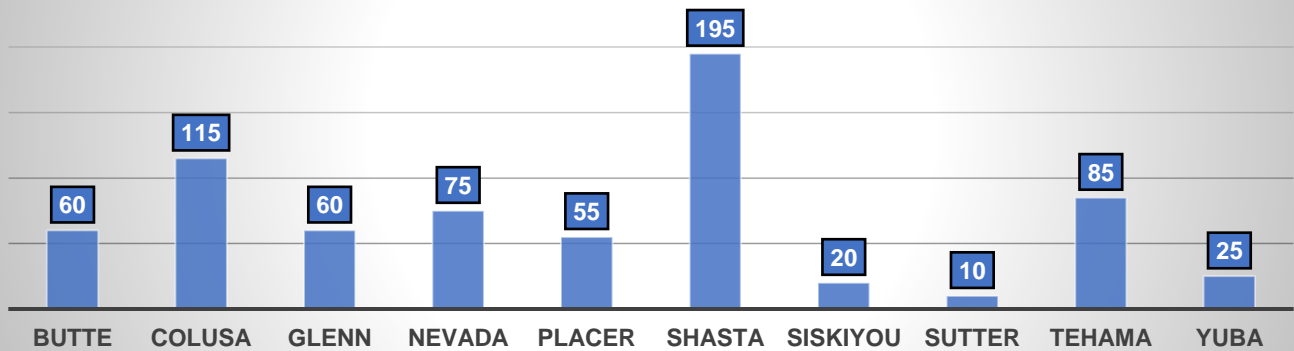
# S-SV EMS Overview (Updated September 2022)

## S-SV EMS System Data

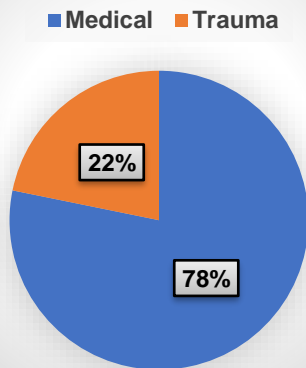
### Ground EMS 911 Patients Per Year By County (159,400 Total)



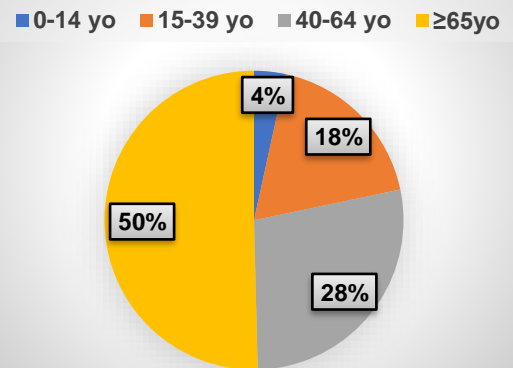
### EMS Aircraft 911 Patients Per Year By County (700 Total)



### 911 Patient Types



### 911 Patient Ages







**S-SV EMS MCI/Disaster Preparedness/Response**

As an integral part of the California disaster healthcare system, S-SV EMS staff work closely with multiple local, regional, state, and federal emergency management and medical/health entities to prepare for and respond to multi-casualty incident (MCI) and disaster events. In addition to the 30+ MCIs occurring throughout the S-SV EMS region each year, notable events include:

- April 2014 Glenn County I-5 bus accident, involving 10 deaths and 30+ injured victims requiring EMS treatment and transport to 7 acute care hospitals in 5 counties using 14 ground and 7 air ambulances.
- February 2017 Lake Oroville Dam Spillway incident, involving the evacuation of 180,000+ residents, including several hospitals and other medical facilities. S-SV EMS staff worked closely with multiple public and private EMS system participants to facilitate the evacuation and transportation of 600+ medically fragile and 50+ acute care hospital patients to alternative medical facilities in 11 California counties.



The S-SV EMS region has also experienced an unprecedented number of large, destructive, and deadly wildfire incidents over the past several years, most of which have required significant initial and ongoing EMS response/coordination (ambulance strike teams, medical facility evacuations, evacuation shelter medical support, etc.) to assist with the medical/health needs of medically fragile individuals and other vulnerable populations. A listing of some of the largest wildfire incidents occurring within the S-SV EMS region over the past several years is included below.

Wildfire Event	Year	California Historical Significance
Camp	2018	#1 deadliest, #1 most destructive wildfire event
August Complex	2020	#1 largest, #19 most destructive wildfire event
Dixie	2021	#2 largest, #14 most destructive wildfire event
Mendocino Complex	2018	#3 largest wildfire event
LNU Lightning	2020	#6 largest, #16 deadliest, #11 most destructive wildfire event
North Complex	2020	#7 largest, #5 deadliest, #5 most destructive wildfire event
Rush	2021	#11 largest wildfire event
Carr	2018	#14 largest, #15 deadliest, #9 most destructive wildfire event
Monument	2021	#15 largest wildfire event
Caldor	2021	#16 largest, #16 most destructive wildfire event
River Complex	2021	#18 largest wildfire event
Klamath Theater Complex	2008	#20 largest wildfire event



### S-SV EMS Regional Disaster Management

S-SV EMS also manages the Regional Disaster Medical Health Coordination Program for the 13 counties in California OES Mutual Aid Region III (Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, and Yuba). This program consists of the statutorily appointed Regional Disaster Medical Health Coordinator (RDMHC) and Regional Disaster Medical Health Specialist (RDMHS) staff, who assist the RDMHC in fulfilling the scope of work required by the California Emergency Medical Services Authority (EMSA) and California Department of Public Health (CDPH).



RDMHS staff work directly with the Medical Health Operation Area Coordinator (MHOAC) in each California OES Mutual Aid Region III County to provide assistance in all aspects of the medical/health system during any type of emergency response/disaster, or as dictated by EMSA or CDPH. This includes all CDPH licensed healthcare facilities, public health agencies, LEMSAs, and any medical aspect of non-licensed healthcare facilities, such as evacuation shelters.

RDMHS staff act as the intermediary between the County and the State, as appropriate, for a variety of medical/health system needs, including development of regional medical preparedness/response plans, securing/overseeing regional emergency medical caches, medical resource requesting and fulfillment, coordinating EMS resources (ambulance strike teams, etc.), and other assistance requested by the MHOACs.

### S-SV EMS Contact Information



**S-SV EMS Agency Office Telephone Number: (916) 625-1702**



**S-SV EMS Agency Website: [www.ssvems.com](http://www.ssvems.com)**



**S-SV EMS Agency Email Address: [info@ssvems.com](mailto:info@ssvems.com)**



**Region III RDMHS 24/7 Duty Officer: (916) 625-1709**



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