

PROVIDER APPROVAL AGREEMENT
PLIOCENE RIDGE COMMUNITY SERVICES DISTRICT
Automated External Defibrillation (AED) Services

This document serves as the approval and designation by **NORTHERN CALIFORNIA EMS INC.**, hereinafter **NOR-CAL EMS**, the local EMS Agency for **PLIOCENE RIDGE COMMUNITY SERVICES DISTRICT**, hereinafter **PROVIDER**, as a service provider for AED (Automated External Defibrillation) services.

PROVIDER is a public agency that desires to participate in the NOR-CAL EMS Emergency Medical Services (EMS) System by responding to medical emergencies within its jurisdiction.

PROVIDER'S primary response area is Pliocene Ridge Community Services District comprising the Fire District of Alleghany, Forest City and Pike City communities' boundaries, Sierra County.

PROVIDER'S Sierra County office is located at 100 Pike City Road, Pike City, California.

This approval is developed in compliance with the current California Health and Safety Code, California Code of Regulations Division 9, Chapters 1.5, 2, and NOR-CAL EMS Policies and Procedures.

1. PROVIDER REQUIREMENTS / AED Equipment

PROVIDER shall submit the following to Nor-Cal EMS:

- 1) A description of the number, type, and location of AEDs.
- 2) Any changes to the number, type, and location of AEDs.
- 3) A description of the organization's AED Maintenance program.
- 4) A description of the organization's procedures for collection and retention of AED utilization medical records.
- 5) A description of the organization's quality improvement (QI) monitoring and oversight processes related to AED utilization.

2. PROVIDER REQUIREMENTS / Personnel and Training

PROVIDER shall continually comply with the following:

- 1) Provide orientation of AED authorized personnel to the AED.
- 2) Ensure initial training and continued competency of AED authorized personnel.
- 3) Maintain a listing of all AED authorized PSFA, EMR and EMT personnel, and provide this information to Nor-Cal EMS upon initial AED Provider approval. Updated staff rosters are to be submitted with any change in staff as well as annually by the end of the first quarter of the calendar year.
- 4) Notify Nor-Cal EMS within 48 hours of any AED equipment malfunction or inappropriate application/use of an AED.
- 5) Submit the AED usage form to Nor-Cal EMS within 48 hours of incident.

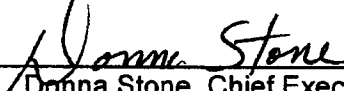
- 6) Collect and submit the following information as part of the EMS prehospital service Emergency Medical Services Quality Improvement Program (EMSQIP) annual report:
 - a. The number of patients with sudden cardiac arrest receiving CPR prior to arrival of emergency medical care.
 - b. The number of patients on whom defibrillatory shocks were administered.
 - c. A summary of QI issues or concerns related to the organizations AED program.
- 7) Any additional AED provider data deemed necessary by Nor-Cal EMS.
3. **PROVIDER** will adhere to all federal, state, county and city statutes, ordinances, policies, and procedures related to operations, including qualification of crews and maintenance of equipment.
4. **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
5. **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.
6. This agreement shall, subject to the limitations contained herein, be for an initial term of twenty-four (24) months beginning May 1, 2021. The agreement may be automatically renewed for successive twenty-four (24) month periods by a letter of renewal issued by Nor-Cal EMS.

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

If to NOR-CAL EMS: Northern California EMS, Inc. Chief Executive Officer 930 Executive Way, Suite 150 Redding, CA 96002	If to PROVIDER: District Manager Pliocene Ridge Community Services District 100 Pike City Road Pike City, CA 95960
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All terms and conditions of this approval are agreed to be binding on **NOR-CAL EMS** and **PROVIDER**.

Agency: **NORTHERN CALIFORNIA EMS, INC.**

Signature:  Date: 4/13/2021
 Donna Stone, Chief Executive Officer

Provider: **PLIOCENE RIDGE COMMUNITY SERVICES DISTRICT**

Signature:  Date: 5/19/2021
 Rae Bell Arbogast, District manager



Dept.	Last Name	First Name
Alleghany	Arbogast	David
Alleghany	Arbogast	Rae Bell
Pike	Baldwin	Lance
Pike	Buckbee	Jim
Pike	Buckbee	Chris
Pike	Buckbee	Sandie
Pike	Buckbee	Justin
Alleghany	Chris	Coons
Alleghany	Coons	Bruce
Alleghany	Cusato	Ned
CHIEF	Dorn	Chris
Pike	Dorn	Christina
Pike	Dricla	Steve
Alleghany	Hooley	Dean
Pike	Kostik	Zac
Pike	Standley	Tim



AED Service Provider

Automated External Defibrillator (AED) - Site Notification Form

Directions:

1. Please use one form for each street address/location at which an AED is located.
2. Submit a copy of the form to Nor-Cal EMS at: mail@norcalems.org.

Date: 5/4/2021 AED Provider Agency Name: Pliocene Ridge CSD
 County: Sierra Fire Chief / Administrator: Rae Bell (Admin)
 Phone: 530-288-0624 Email: plioceneridge@gmail.com
 Address of AED: 1450 Ridge RD Pike
 Description of AED specific location: 6700 Response Vehicle
 (e.g. storeroom, response vehicle, etc.)

AED	
AED Manufacturer	Physio Control
Model Number	LifePak 1000
Serial Number	43174121 3778683
Install Date	5/24/15 5/6/21
Battery Expiration Date	2020-06-17 2025-07-04
Electrode Expiration Date	2022-08-17
Ped Electrode Expiration Date	2022-08-19
Last AED inspected date	5/4/21 5/6/21

Name and Title of individual completing form: Jim Buckner AST Chief

Signature:

6700



AED Service Provider

Automated External Defibrillator (AED) - Site Notification Form

Directions:

- 1. Please use one form for each street address/location at which an AED is located.
- 2. Submit a copy of the form to Nor-Cal EMS at: mail@norcalems.org.

Date: 5/7/21 AED Provider Agency Name: Pliocene Ridge CSD
 County: Sierra Fire Chief / Administrator: Rae Bell (Admin)
 Phone: 530-288-0624 Email: plioceneridge@gmail.com
 Address of AED: 514 Miners St. Allegheny
 Description of AED specific location: 7145 ambulance Allegheny
 (e.g. storeroom, response vehicle, etc.)

AED	
AED Manufacturer	Physio Control
Model Number	Lifepak 100 ⁰
Serial Number	37178682
Install Date	unk.
Battery Expiration Date	2025-07-04
Electrode Expiration Date	2022-08-17
Ped Electrode Expiration Date	2021-04-09 - will re-order
Last AED inspected date	5/7/21

Name and Title of individual completing form: Rae Bell Dist. Manager

Signature: Rae Bell



AED Service Provider

Automated External Defibrillator (AED) - Site Notification Form

Directions:

- 1. Please use one form for each street address/location at which an AED is located.
- 2. Submit a copy of the form to Nor-Cal EMS at: mail@norcalems.org.

Date: 5/7/21 AED Provider Agency Name: Pliocera Ridge CSD
 County: Sierra Fire Chief / Administrator: Rae Bell (Admin)
 Phone: 530-288-0624 Email: plioceridge@gmail.com
 Address of AED: 514 Miners St. Allegheny
 Description of AED specific location: 7100 - Chief's Rig Allegheny
 (e.g. storeroom, response vehicle, etc.)

AED	
AED Manufacturer	Physio Control
Model Number	LifePak 1000
Serial Number	4813424
Install Date	unk.
Battery Expiration Date	2024-09-10
Electrode Expiration Date	2022-08-17
Ped Electrode Expiration Date	2022-08-19
Last AED inspected date	5/7/21

Name and Title of individual completing form: Rae Bell Dist. Manager

Signature:

7100



AED Service Provider

Automated External Defibrillator (AED) - Site Notification Form

Directions:

- 1. Please use one form for each street address/location at which an AED is located.
- 2. Submit a copy of the form to Nor-Cal EMS at: mail@norcalems.org.

Date: 5/7/21 AED Provider Agency Name: Pliocene Ridge CSD
 County: Sierra Fire Chief / Administrator: Rae Bell (district admin)
 Phone: 530-288-0624 Email: plioceneridge@gmail.com
 Address of AED: 514 Miners St. Allegheny
 Description of AED specific location: 7181 Fire truck / Allegheny
 (e.g. storeroom, response vehicle, etc.)

AED	
AED Manufacturer	Physio Control
Model Number	Lifepak 1000
Serial Number	35910621
Install Date	battery 5/7/21
Battery Expiration Date	2025-07-04
Electrode Expiration Date	2022-08-17
Ped Electrode Expiration Date	N/A
Last AED inspected date	5/7/21

Name and Title of individual completing form: Rae Bell Manager

Signature: [Handwritten Signature]

7181



AED Service Provider

Automated External Defibrillator (AED) - Site Notification Form

Directions:

- 1. Please use one form for each street address/location at which an AED is located.
- 2. Submit a copy of the form to Nor-Cal EMS at: mail@norcalems.org.

Date: 5/5/21 AED Provider Agency Name: Pliocene Ridge CSD
 County: Sierra Fire Chief / Administrator: Rae Bell (admin.)
 Phone: 530-288-0624 Email: plioceneridge@gmail.com
 Address of AED: 100 Pike City Rd Pike
 Description of AED specific location: 6740 - rescue truck
 (e.g. storeroom, response vehicle, etc.)

AED	
AED Manufacturer	Physio Control
Model Number	Life pak 1000
Serial Number	37178683 43174124
Install Date	date: 10.1.18
Battery Expiration Date	1/23/2023
Electrode Expiration Date	8/17/2022
Ped Electrode Expiration Date	8/19/2022
Last AED inspected date	5/5/21

Name and Title of individual completing form: Rae Bell District Manager

Signature: [Handwritten Signature]

6740



AED Service Provider

Automated External Defibrillator (AED) - Site Notification Form

Directions:

- 1. Please use one form for each street address/location at which an AED is located.
- 2. Submit a copy of the form to Nor-Cal EMS at: mail@norcalems.org.

Date: 5/7/21 AED Provider Agency Name: Pliocera Ridge CSD
County: Sierra Fire Chief / Administrator: Rze Bell (Admin)
Phone: 530-288-0624 Email: pliocera.ridge@gmail.com
Address of AED: 105 Plaza Court, Allegheny
Description of AED specific location: Engine 7150
(e.g. storeroom, response vehicle, etc.)

AED	
AED Manufacturer	<u>Physio Control</u>
Model Number	<u>Lifepak 1000</u>
Serial Number	<u>43174123</u>
Install Date	<u>unk</u>
Battery Expiration Date	<u>2023-01-13</u>
Electrode Expiration Date	<u>2022-08-17</u>
Ped Electrode Expiration Date	<u>N/A</u>
Last AED inspected date	<u>5/7/21</u>

Name and Title of individual completing form: Rze Bell Dist. Manager

Signature: [Signature]

7150