

*County of Santa Clara*  
*Emergency Medical Services Agency*

EMERGENCY MEDICAL SERVICES PLAN  
ANNUAL UPDATE - 1996

Santa Clara County Emergency Medical Services Agency  
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# EXECUTIVE SUMMARY

Santa Clara County's Emergency Medical Services system has developed over a number of years, beginning with the Coordinated Ambulance Program in 1961. The EMS system has changed dramatically over the past 35 years to encompass a number of diverse, yet inter-related services. The Santa Clara County EMS Agency in carrying out its charge interacts with 53 local provider agencies, 37 communications centers, 13 acute care hospitals, a variety of other public and private agencies, and over 5,000 public safety and prehospital care personnel.

Providing the necessary structure, planning and oversight of a system this large is challenging, and can result in program areas that do not always receive the attention they deserve. As noted in Table 1, there are deficiencies in the existing system that require corrective action. The areas identified in our 1995 EMS Plan as requiring the greatest amount of improvement were:

- Written agreements with EMS providers
- Mutual Aid/Disaster Planning
- Facilities
- Data Management
- Emergency Medical Dispatch

The EMS Agency established an aggressive approach to correcting the deficient areas, and has made significant progress in achieving our goals. At the time the 1995 EMS Plan was submitted, the EMS Agency did not meet twenty of the EMS standards and guidelines. With the support of the local community, we have been able to improve our performance, leaving only thirteen items below standard, and have also been able to meet recommended guidelines in six (6) additional areas.

Although the EMS Agency has calendared activities and projects that will resolve the most significant deficiencies in the current system, the uncertainty of future system design and financing make it impossible to state categorically that we can accomplish all our goals within the stated time. However, every effort will be made to meet or exceed minimum guidelines wherever it is fiscally possible and consistent with local needs.

We often focus on the areas that are not up to standard, and forget those that are operating well. Santa Clara County's EMS system certainly has areas that require immediate attention; however, the majority of the system operates at or well above standard. The attached EMS Plan Annual Update demonstrates that point, and illustrates the operational and planning complexities involved. Fulfillment of our objectives will result in meeting or exceeding all state standards, and provide for appropriate local system planning, regulation and oversight.

**TABLE 1: Summary of System Status**

Current status for each standard is indicated by a “C”. To help identify what if any improvement has been made, the status at the time the EMS Plan was submitted is indicated by an “X”.

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

Agency Administration	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
1.01 LEMSA Structure		X/C			
1.02 LEMSA Mission		X/C			
1.03 Public Input		X/C			
1.04 Medical Director	C		X	X	

**Planning Activities**

1.05 System Plan		X/C			
1.06 Annual Plan Update	X	C			
1.07 Trauma Planning*			X/C		
1.08 ALS Planning*		X/C			
1.09 Inventory of Resources		X/C			
1.10 Special Populations	X/C			X	
1.11 System Participants		X/C			

<b>Regulatory Activities</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
1.12 Review & Monitoring		X/C			
1.13 Coordination		X/C			
1.14 Policy & Procedures Manual		X/C			
1.15 Compliance w/ Policies	X	C			X

**System Finance**

1.16 Funding Mechanism	X/C			X	
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**Medical Direction**

1.17 Medical Direction*		X/C			
1.18 QA / QI			X/C		
1.19 Policies, Procedures, Protocols			X/C		
1.20 DNR Policy		X/C			
1.21 Determination of Death		X/C			
1.22 Reporting of Abuse		X/C			
1.23 Interfacility Transfer		X/C			

**Enhanced Level: Advanced Life Support**

1.24 ALS Systems	X/C		X/C	X	
1.25 On-Line Medical Direction		X/C			

<b>Enhanced Level: Trauma Care System</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
1.26 Trauma System Plan		X/C			

**Enhanced Level: Pediatric Emergency & Critical Care System**

1.27 Pediatric System Plan	X	C		X	
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**Enhanced Level: Exclusive Operating Areas**

1.28 EOA Plan		X/C			
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## B. STAFFING / TRAINING

Local EMS Agency	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
2.01 Assessment of Needs		X/C			
2.02 Approval of Training		X/C			
2.03 Personnel		X/C			

### Dispatchers

2.04 Dispatch Training	X/C			X	
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### First Responders (non-transporting)

2.05 First Responder Training		X	C		
2.06 Response		X/C			
2.07 Medical Control		X/C			

### Transporting Personnel

2.08 EMT-I Training			X/C		
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### Hospital

2.09 CPR Training		X/C			
2.10 Advanced Life Support		X/C			

<b>Enhanced Level: Advanced Life Support</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
2.11 Accreditation Process		X/C			
2.12 Early Defibrillation		X/C			
2.13 Base Hospital Personnel		X/C			

## C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
3.01 Communication Plan*			X/C		
3.02 Radios		X/C			
3.03 Interfacility Transfer*		X/C			
3.04 Dispatch Center		X/C			
3.05 Hospitals		X/C			
3.06 MCI/Disasters		X/C			

### Public Access

3.07 9-1-1 Planning/ Coordination			X/C		
3.08 9-1-1 Public Education		X/C			

### Resource Management

3.09 Dispatch Triage		X/C			
3.10 Integrated Dispatch			X/C		

## D. RESPONSE / TRANSPORTATION

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
4.01 Service Area Boundaries*			X/C		
4.02 Monitoring			X/C		
4.03 Classifying Medical Requests		X/C			
4.04 Prescheduled Responses		X/C			
4.05 Response Time Standards*	X/C			X	
4.06 Staffing		X/C			
4.07 First Responder Agencies		X/C			
4.08 Medical & Rescue Aircraft*	X/C			X	
4.09 Air Dispatch Center		X/C			
4.10 Aircraft Availability*	X	C			X
4.11 Specialty Vehicles*		X/C			
4.12 Disaster Response		X/C			
4.13 Intercounty Response*		X	C		
4.14 Incident Command System		X/C			
4.15 MCI Plans		X/C			

### Enhanced Level: Advanced Life Support

4.16 ALS Staffing			X/C		
4.17 ALS Equipment		X/C			

<b>Enhanced Level: Ambulance Regulation</b>	<b>Does not currently meet standard</b>	<b>Meet minimum standard</b>	<b>Meet recommended guideline</b>	<b>Annual Implementation</b>	<b>Long-range Plan</b>
4.18 Compliance		X/C			

**Enhanced Level: Exclusive Operating Permits**

4.19 Transportation Plan		X/C			
4.20 Grandfathering		X/C			
4.21 Compliance	X/C			X	
4.22 Evaluation		X/C			

## E. FACILITIES / CRITICAL CARE

	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
<b>Universal Level</b>					
5.01 Assessment of Capabilities		X/C			
5.02 Triage & Transfer Protocols*		X/C			
5.03 Transfer Guidelines*		X/C			
5.04 Specialty Care Facilities*	X/C			X	
5.05 Mass Casualty Management			X/C		
5.06 Hospital Evacuation*	X	C			

### Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation*		X/C			
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### Enhanced Level: Trauma Care System

5.08 Trauma System Design		X/C			
5.09 Public Input		X/C			

### Enhanced Level: Pediatric Emergency & Critical Care System

5.10 Pediatric System Design		C			
5.11 Emergency Departments			C		
5.12 Public Input		C			

### Enhanced Level: Other Speciality Care System

5.13 Speciality System Design		N/A			
5.14 Public Input		N/A			

## F. DATA COLLECTION / SYSTEM EVALUATION

	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
<b>Universal Level</b>					
6.01 QA/QI Program	X/C			X	
6.02 Prehospital Records		X/C			
6.03 Prehospital Care Audits		X/C			
6.04 Medical Dispatch		X/C			
6.05 Data Management System*	X	C			
6.06 System Design Evaluation	X	C			
6.07 Provider Participation		X/C			
6.08 Reporting		X/C			

### Enhanced Level: Advanced Life Support

6.09 ALS Audit		X/C			
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### Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation		X/C			
6.11 Trauma Center Data		X	C		

## G. PUBLIC INFORMATION AND EDUCATION

	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
<b>Universal Level</b>					
7.01 Public Information Materials			X/C		
7.02 Injury Control			X/C		
7.03 Disaster Preparedness		X/C			
7.04 First Aid & CPR Training		X/C			

## H. DISASTER MEDICAL RESPONSE

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
8.01 Disaster Medical Planning*		X/C			
8.02 Response Plans			X/C		
8.03 HazMat Training		X/C			
8.04 Incident Command System			X/C		
8.05 Distribution of Casualties*		X/C			
8.06 Needs Assessment		X/C			
8.07 Disaster Communications*		X/C			
8.08 Inventory of Resources	X/C			X	
8.09 DMAT Teams			X/C		
8.10 Mutual Aid Agreements*		X/C			
8.11 CCP Designation*	X/C			X	
8.12 Establishment of CCPs	X/C			X	
8.13 Disaster Medical Training		X	C		
8.14 Hospital Plans		X	C		
8.15 Interhospital Communications		X/C			
8.16 Prehospital Agency Plans	X		C		X

	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
<b>Enhanced Level: Advanced Life Support</b>					
8.17 ALS Policies		X/C			

**Enhanced Level: Specialty Care Systems**

8.18 Specialty Center Roles		X/C			
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**Enhanced Level: Exclusive Operating Areas/Ambulance Regulation**

8.19 Waiving Exclusivity		X/C			
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**STANDARD:**

1.04 Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

**CURRENT STATUS:**

The Santa Clara County Public Health Officer is the Acting EMS Medical Director. The Public Health Officer is a licensed physician with substantial experience in public health administration, but is not board certified in emergency medicine. The Medical Director has established several general and specialty advisory groups with representation from emergency and community physicians, prehospital care, nursing, and other allied health care professionals.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

A physician board certified in emergency medicine to function as the EMS Medical Director.

**OBJECTIVE:**

OBJECTIVE 1-2 Reorganize the clinical specialty committees in a manner that maximizes their benefit to the EMS system.

OBJECTIVE 1-20 Solicit qualified physicians to fill the EMS Medical Director position.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

Long-range Plan

**STANDARD:**

1.06 Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

**CURRENT STATUS:**

The EMS Agency's last approved EMS Plan update was in 1995. Objective 1-3 achieved with the approval of the EMS Plan and submittal of this annual update.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

OBJECTIVE 1-3 Develop an annual update to this EMS Plan, and submit to the Authority on or before the established due date.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

1.10 Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

**CURRENT STATUS:**

The EMS Agency has developed and is developing some programs to serve targeted special service population groups. A special service needs assessment has not been performed due to a lack of effective data management capabilities. Information system enhancements have been made which will begin to make the necessary information available in the coming year.

**COORDINATION WITH OTHER EMS AGENCIES:**

The EMS Agency has coordinated development of its pediatric sub-system with three neighboring EMS systems. Coordinated activity to address other target groups has not taken place.

**NEED(S):**

A special service population needs assessment.

**OBJECTIVE:**

OBJECTIVE 1-6 Conduct a needs assessment with special focus on special needs population groups.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

Long-range Plan

**STANDARD:**

1.15 Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

**CURRENT STATUS:**

A lack of provider agreements with several fire service providers, hospitals, and communication centers has limited the EMS Agencies ability to enforce system policies. However, constituents have generally accepted EMS Agency authority and responsibility. The County ambulance ordinance and agreements with the trauma centers and all but one advanced life support provider provide the necessary monitoring and enforcement mechanisms for those agencies. Medical Control Advisory and Quality Improvement committees have been established with support and attendance from all of the local medical services agencies.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Agreements with all EMS system participants.

**OBJECTIVE:**

OBJECTIVE 1-11 Develop draft agreements between the EMS Agency and all of the system participants.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

X Long-range Plan

**STANDARD:**

1.16 Each local EMS agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

**CURRENT STATUS:**

SB12 Fund collections and general fund support continued to decline. General operating budget needs are currently being met through salary savings. Other revenue sources (e.g., certification fees, ambulance permits) continue to fully fund the programs they support. Objective 1-12 was achieved - the EMS Agency was successful in being awarded \$220,000 in grant monies in FY 95.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Additional stable revenue sources.

**OBJECTIVE:**

OBJECTIVE 1-12 Seek and obtain grant funding.

OBJECTIVE 1-21 Identify and obtain other stable sources of funding.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

Long-range Plan

**STANDARD:**

1.24 Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

**CURRENT STATUS:**

Santa Clara County has four exclusive operating areas, providing ALS service to 100% of the county. Agreements are in place with San Jose, Santa Clara County, and Santa Clara fire departments, and AMR-West. Palo Alto Fire Department provides ALS service to the City of Palo Alto; however, no agreement is in place.

**COORDINATION WITH OTHER EMS AGENCIES:**

Santa Clara County has informal agreements and procedures with neighboring counties to provide ALS services if needed or requested for mutual aid.

**NEED(S):**

Formal agreements with all ALS providers.

**OBJECTIVE:**

OBJECTIVE 1-16 To collectively develop ALS provider agreements.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

Long-range Plan

**STANDARD:**

1.27 The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- a) the optimal system design for pediatric emergency and critical care in the EMS area, and
- b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

**CURRENT STATUS:**

Santa Clara County has developed an EMSC project for delivery of care to pediatric patients, and is in the process of writing its pediatric emergency and critical care integration plan. Objective 1-18 was achieved with the award of a Prevention 2000 grant in June 1995.

**COORDINATION WITH OTHER EMS AGENCIES:**

The EMSC system is being developed in cooperation with San Mateo, Contra Costa and Alameda counties.

**NEED(S):**

Staff personnel to oversee the implementation and maintenance of the EMSC program.

**OBJECTIVE:**

OBJECTIVE 1-18 Obtain a Prevention 2000 grant.

OBJECTIVE 1-22 Hire a Specialty Projects Nurse Coordinator.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

Long-range Plan

**STANDARD:**

2.04 Public Safety Answering Point (PSAP) operators with medical responsibility shall have medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

Public Safety Answering Point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

**CURRENT STATUS:**

Emergency medical dispatch training and testing has taken place in four public safety dispatch centers, and Pre-Arrival Instructions are now available to callers in at least 75% of the county. Medical orientation is contained within the POST Basic dispatch course taken by most, but not all of the PSAP dispatchers. Objective 2-3 was achieved with the delivery of at least four (4) EMD courses.

**COORDINATION WITH OTHER EMS AGENCIES:**

The EMS Agency has supported and provided technical assistance to other local EMS agencies in the development and implementation of emergency medical dispatch programs in their areas.

**NEED(S):**

1. Addition of a call prioritization component to the existing emergency medical dispatch system.
2. Level 3 training for at least 50 dispatchers.

**OBJECTIVE:**

OBJECTIVE 2-2 Develop and implement prioritized medical dispatch.

OBJECTIVE 2-3 Provide for an emergency medical dispatch training course.

OBJECTIVE 2-11 Provide for medical orientation courses for Level 3 communication centers.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

Long-range Plan

**STANDARD:**

4.05 Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses,:

[response time standards not listed due to confines of space]

**CURRENT STATUS:**

Santa Clara County EMS is currently able to monitor the interval between receipt of call at the primary PSAP and the receipt of call at the CMED on approximately 75% of the calls. Response time standards have been established for transport units, and work is in progress to establish first responder, defibrillation capable responder, and non-transport ALS responder response time standards. Objective 4-4 has been partially achieved with the implementation of a CAD to CAD link between the City of San Jose and County of Santa Clara.

**COORDINATION WITH OTHER EMS AGENCIES:**

No coordination with other EMS agencies has occurred. Other EMS agencies have been surveyed for their ability, or lack thereof, to provide monitoring; and the monitoring mechanisms used in their local system.

**NEED(S):**

1. Computer Aided Dispatch (CAD) links with all primary PSAP's.
2. Collection and analysis of all response time intervals (PSAP, first response, ambulance dispatch, and transport response).

**OBJECTIVE:**

OBJECTIVE 4-4 Establish CAD links with all primary PSAP's within five (5) years.

OBJECTIVE 4-5 Determine the systems best possible response times for first responders, defibrillation capable responders, non-transport ALS responders, and medical transport units; and establish response time parameters for each, based on call receipt at the primary PSAP.

**TIMEFRAME FOR OBJECTIVE:**

- X Annual Implementation Plan
- Long-range Plan

**STANDARD:**

4.08 The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- a) authorization of aircraft to be utilized in prehospital patient care,
- b) requesting of EMS aircraft,
- c) dispatching of EMS aircraft,
- d) determination of EMS aircraft patient destination,
- e) orientation of pilots and medical flight crews to the local EMS system, and
- f) addressing and resolving formal complaints regarding EMS aircraft.

**CURRENT STATUS:**

The EMS Agency has developed procedures for EMS aircraft authorization, requesting and dispatching EMS aircraft, patient destination, and complaint resolution; however, no progress has been made in EMS aircraft classification and/or crew orientation.

**COORDINATION WITH OTHER EMS AGENCIES:**

The EMS Agency has interacted with a number of local EMS agencies across the state in developing an aircraft classification process, and will continue to do so as program enhancements are developed.

**NEED(S):**

1. An EMS aircraft resource assessment and classification process.
2. An EMS aircraft medical and flight crew orientation program.

**OBJECTIVE:**

OBJECTIVE 4-7 Classify all EMS aircraft.

OBJECTIVE 4-8 Develop an EMS medical and flight crew local EMS system orientation program.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

Long-range Plan

**STANDARD:**

4.10 The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

**CURRENT STATUS:**

The availability and staffing of medical aircraft has been identified, and information on rescue aircraft availability is being compiled. An ambulance ordinance is in place which includes standards and minimum requirements for air ambulances. Objective 4-9 has been achieved through an aircraft assessment currently under way. Objective 4-10 has been partially achieved through the ambulance ordinance; however, more detailed agreements need to be developed.

**COORDINATION WITH OTHER EMS AGENCIES:**

There has been no coordination with other EMS agencies in identifying the availability or staffing of medical and rescue aircraft.

**NEED(S):**

Agreements with all local medical and rescue aircraft providers.

**OBJECTIVE:**

OBJECTIVE 4-9 Conduct a medical and rescue aircraft resource assessment.

OBJECTIVE 4-10 Enter agreements with all medical and rescue aircraft providers.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

X Long-range Plan

**STANDARD:**

4.21 The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

**CURRENT STATUS:**

A mechanism exists to ensure that the County's contracted provider, AMR-West, is in compliance with all applicable policies and procedures. However, no mechanism currently exists to assure compliance by Palo Alto Fire Department.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

Definitive legislation.

**OBJECTIVE:**

OBJECTIVE 4-18 Pursue a service agreement between the County and the City of Palo Alto.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

Long-range Plan

**STANDARD:**

5.04 The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

**CURRENT STATUS:**

Only one (1) facility has undergone a formal designation process. All other facilities with a basic or comprehensive emergency certificate have been allowed to continue their historic participation in the EMS system. Level 1 and 2 Trauma Centers have been designated, and the EMS Agency is in the process of designating PCCCs. Receiving facility monitoring is limited to patient diversion and cardiac arrest outcome reporting. Trauma Centers are regularly reviewed, and participate in multi-disciplinary audit committees. Additional specialty designation is also being considered by the EMS System Redesign Task Force.

**COORDINATION WITH OTHER EMS AGENCIES:**

Two (2) receiving facilities located in Santa Clara County have been designated as receiving facilities for a neighboring county; and the EMS Agency is working with three surrounding counties in the designation of PCCCs.

**NEED(S):**

1. Receiving facility designation agreements with all hospitals who wish to participate in the Santa Clara County EMS system.
2. A comprehensive data management system, which includes receiving hospital activities and patient outcome.

**OBJECTIVE:**

OBJECTIVE 5-2 Assemble a work group to develop receiving facility designation criterion, and service agreements.

OBJECTIVE 5-3 Develop a comprehensive data management system, which includes participation of the receiving and specialty care facilities.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

Long-range Plan

**STANDARD:**

5.06 The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

**CURRENT STATUS:**

The EMS Agency has provided technical assistance, including intra-hospital communications, to various hospital work groups for multi/mass casualty management, and has supported the implementation of HEICS within local receiving facilities. Patient flow from the EMS system is coordinated through a computerized resource availability system, and a hospital evacuation exercise was conducted with all acute care facilities. Objective 5-4 has been partially achieved through a hospital evacuation plan being developed as an annex to the local multiple-casualty incident plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

The computerized facility resource system has the capability to access the resources of neighboring counties which share the system. Regional facility resource sharing is available, and coordinated through the RDMHC.

**NEED(S):**

A hospital mass casualty management planning template.

**OBJECTIVE:**

OBJECTIVE 5-4 Facilitate completion of hospital mass casualty planning development.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

6.01 The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

The local EMS agency should have the resources to evaluate the response to, and the care provided to, specific patients.

**CURRENT STATUS:**

The EMS Agency has an approved QA/QI Plan in place, and is working to fully implement that Plan. Current QA/QI programs include aspects of the prehospital response, BLS Optional Skills, trauma center care, and Base Hospital operation and medical care. Mechanisms for identifying preventable morbidity and mortality are in place for the trauma system and BLS Optional Skills, and are being developed for the remainder of the system. Information from non-trauma receiving hospitals is limited to cardiac arrest outcome. The EMS Agency must rely on anecdotal information, and is not able to perform detailed study and analysis. Objective 6-1 has been achieved through a Prevention 2000 grant received in June 1995; and an automated data management system is being developed to support the QA/QI Plan.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

1. A grant to help fund an automated data management tool.
2. Information sharing agreements with the provider agencies.

**OBJECTIVE:**

OBJECTIVE 6-1 Obtain a Prevention 2000 grant.

OBJECTIVE 6-2 Develop information sharing links with all system providers.

**TIMEFRAME FOR OBJECTIVE:**

- X Annual Implementation Plan
- Long-range Plan

**STANDARD:**

6.05 The local EMS agency shall establish a data management system which supports its systemwide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

**CURRENT STATUS:**

The EMS Agency has developed data management system which will be able to monitor system response and transport, trauma center operations, and a variety of other system components. The data management system, once connected to the systemwide network, will be able to support systemwide planning or evaluation. Objectives 6-6 and 6-7 have been achieved through a Prevention 2000 grant approved June 1995.

**COORDINATION WITH OTHER EMS AGENCIES:**

The EMS Agency obtained its limited capability data management system through an agreement with another local EMS agency, and is working with two others in obtaining a comprehensive system.

**NEED(S):**

A comprehensive data management system.

**OBJECTIVE:**

OBJECTIVE 6-6 Create a data management system development task force.

OBJECTIVE 6-7 Obtain sufficient funding to obtain a new data management system.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

6.06 The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

**CURRENT STATUS:**

A system redesign task force was created by the Board of Supervisors and charged with evaluating and making recommendation on system design. The information from the DOT/NHTSA evaluation, assessments performed by two (2) independent consultants, the Grand Jury's report, and data from the EMS data management system, have provided the task force with all the relevant information available to evaluate and recommend changes in the local EMS system. Objective 6-8 has been achieved through a Prevention 2000 grant approved in June 1995.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

None.

**OBJECTIVE:**

OBJECTIVE 6-8 Select and implement a prehospital computerized data system that will enable system-wide evaluation of ability to meet community needs, and assessment of resources needed to adequately support the EMS system design and operations.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

8.08 The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

**CURRENT STATUS:**

A disaster medical resource inventory is in development, and will be reviewed for completeness/ appropriateness with the assistance of a disaster planning consultant.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

A complete inventory of disaster resources.

**OBJECTIVE:**

OBJECTIVE 8-7 Hire a disaster planning consultant.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

Long-range Plan

**STANDARD:**

8.11 The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

**CURRENT STATUS:**

OES has not indicated, and EMSA has not recommended the use of Casualty Collection Points (CCPs). Preliminary work has been undertaken, and a revised local area disaster medical health plan which contains CCP use, as appropriate, is being designed.

**COORDINATION WITH OTHER EMS AGENCIES:**

There has been no coordination with other EMS agencies.

**NEED(S):**

A disaster planning consultant.

**OBJECTIVE:**

OBJECTIVE 8-10 Designate appropriate CCPs.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

Long-range Plan

**STANDARD:**

8.12 The local EMS agency, in cooperation with the local OES, shall develop plans for establishing CCP's and a means for communicating with them.

**CURRENT STATUS:**

Preliminary research has been performed, but no plan for establishing or communicating with CCPs has been developed.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

A disaster planning consultant.

**OBJECTIVE:**

OBJECTIVE 8-11 Develop a CCP implementation plan.

**TIMEFRAME FOR OBJECTIVE:**

X Annual Implementation Plan

Long-range Plan

**STANDARD:**

8.16 The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospitals in its service area.

**CURRENT STATUS:**

The EMS Agency has been working with all acute care hospitals and medical response agencies in the development and implementation of the local multiple casualty incident plan. The EMS Agency has also provided training to over seventy agencies in disaster/multiple casualty incidents, and the Standardized Emergency Management System (SEMS). A comprehensive Operational Area Disaster Medical/Health Plan is still needed, and is under development.

**COORDINATION WITH OTHER EMS AGENCIES:**

Not applicable to this standard.

**NEED(S):**

A disaster planning consultant.

**OBJECTIVE:**

OBJECTIVE 8-15 Develop a comprehensive medical disaster management plan.

**TIMEFRAME FOR OBJECTIVE:**

Annual Implementation Plan

X Long-range Plan

## TABLE 2: SYSTEM RESOURCES AND OPERATIONS

### System Organization and Management

EMS System: Santa Clara County

Reporting Year: FY 95-96

**NOTE:** Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:  
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)  
County: Santa Clara
 

a. Basic Life Support (BLS)	0 %
b. Limited Advanced Life Support (LALS)	0 %
c. Advanced Life Support (ALS)	100 %
  
2. Type of agency   a  
  - a - Public Health Department
  - b - County Health Services Agency
  - c - Other (non-health) County Department
  - d - Joint Powers Agency
  - e - Private Non-profit Entity
  - f - Other:
  
3. The person responsible for day-to-day activities of EMS agency reports to   b  
  - a - Public Health Officer
  - b - Health Services Agency Director/Administrator
  - c - Board of Directors
  - d - Other:
  
4. Indicate the non-required functions which are performed by the agency
 

Implementation of exclusive operating areas (ambulance franchising)	<u>  x  </u>
Designation of trauma centers/trauma care system planning	<u>  x  </u>
Designation/approval of pediatric facilities	<u>  x  </u>
Designation of other critical care centers	_____
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	<u>  x  </u>
Enforcement of ambulance service contracts	<u>  x  </u>
Operation of ambulance service	_____

**Table 2 - System Organization & Management (cont.)**

Continuing education	<u>  x  </u>
Personnel training	<u>      </u>
Operation or oversight of EMS dispatch center	<u>      </u>
Non-medical disaster planning	<u>      </u>
Administration of critical incident stress debriefing (CISD) team	<u>      </u>
Administration of disaster medical assistance team (DMAT)	<u>  x  </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>  x  </u>
Other:	
Other:	
Other:	

5. EMS agency budget for FY 95-96

A. EXPENSES

Salaries and benefits (all but contract personnel)	\$	<u>358,020.00</u>
Contract Services (e.g. medical director)	\$	<u>238,617.00</u>
Operations (e.g. copying, postage, facilities)	\$	<u>142,466.00</u>
Travel	\$	<u>  1,576.00</u>
Fixed assets	\$	<u>40,690.00</u>
Indirect expenses (overhead)	\$	<u>      0.00</u>
Ambulance subsidy	\$	<u>      0.00</u>
EMS Fund payments to physicians/hospital	\$	<u>935,174.00</u>
Dispatch center operations (non-staff)	\$	<u>      0.00</u>
Training program operations	\$	<u>      0.00</u>
Other: First Responder ALS Program support	\$	<u>787,500.00</u>
Other:		
Other:		
<b>TOTAL EXPENSES</b>	<b>\$</b>	<b><u>2,504,043.00</u></b>

**Table 2 - System Organization & Management (cont.)**

**B. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]

Preventive Health and Health Services (PHHS) Block Grant	\$	<u>220,000.00</u>
Office of Traffic Safety (OTS)	\$	<u>0.00</u>
State general fund	\$	<u>0.00</u>
County general fund	\$	<u>289,992.00</u>
Other local tax funds (e.g., EMS district)	\$	<u>0.00</u>
County contracts (e.g. multi-county agencies)	\$	<u>0.00</u>
Certification fees	\$	<u>21,465.00</u>
Training program approval fees	\$	<u>0.00</u>
Training program tuition/Average daily attendance funds (ADA) Job Training Partnership ACT (JTPA) funds/other payments	\$	<u>0.00</u>
Base hospital application fees	\$	<u>0.00</u>
Base hospital designation fees	\$	<u>0.00</u>
Trauma center application fees	\$	<u>0.00</u>
Trauma center designation fees	\$	<u>208,791.00</u>
Pediatric facility approval fees	\$	<u>0.00</u>
Pediatric facility designation fees	\$	<u>0.00</u>

**Table 2 - System Organization & Management (cont.)**

Other critical care center application fees	\$	<u>0.00</u>
Type:		
Other critical care center designation fees	\$	<u>0.00</u>
Type:		
Ambulance service/vehicle fees	\$	<u>81,667.00</u>
Contributions	\$	<u>0.00</u>
EMS Fund (SB 12/612)	\$	<u>1,126,715.00</u>
Other grants:	\$	<u>0.00</u>
Other fees:	\$	<u>0.00</u>
Other (specify): Ambulance performance fines	\$	<u>115,422.00</u>
Other (specify): First Responder ALS Support	\$	<u>787,500.00</u>
<b>TOTAL REVENUE</b>	\$	<u><b>2,851,552.00</b></u>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DON'T, PLEASE EXPLAIN BELOW.*

1. Unencumbered SB12 funds allocated to the EMS Agency have been held in the SB12 Trust account and rolled over to FY 96-97 for funding of future projects.
2. Unbudgeted fine and penalty revenues have been deferred and recognized in FY 96-97.

**Table 2 - System Organization & Management (cont.)**

6. Fee structure for FY 93-94

We do not charge any fees

Our fee structure is:

First responder certification	\$ 0.00
EMS dispatcher certification	0.00
EMT-I certification	20.00
EMT-I recertification	20.00
EMT-defibrillation certification	0.00
EMT-defibrillation recertification	0.00
EMT-II certification	N/A
EMT-II recertification	N/A
EMT-P accreditation	25.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	25.00
MICN/ARN recertification	0.00
EMT-I training program approval	0.00
EMT-II training program approval	0.00
EMT-P training program approval	0.00
MICN/ARN training program approval	0.00
Base hospital application	0.00
Base hospital designation	0.00
Trauma center application	8,000.00
Trauma center designation	50,000.00
Pediatric facility approval	0.00
Pediatric facility designation	0.00

**Table 2 - System Organization & Management (cont.)**

Other critical care center application	N/A
Type:	
Other critical care center designation	N/A
Type:	
Ambulance service license	\$2,000.00
Ambulance vehicle permits	
ALS, CCT, and Air Ambulance	\$750.00
BLS Ambulance	\$500.00

Other:

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 1995-1996.

**Table Z - System Organization & Management (cont.)**

EMS System: Santa Clara County

Reporting Year: FY 95-96

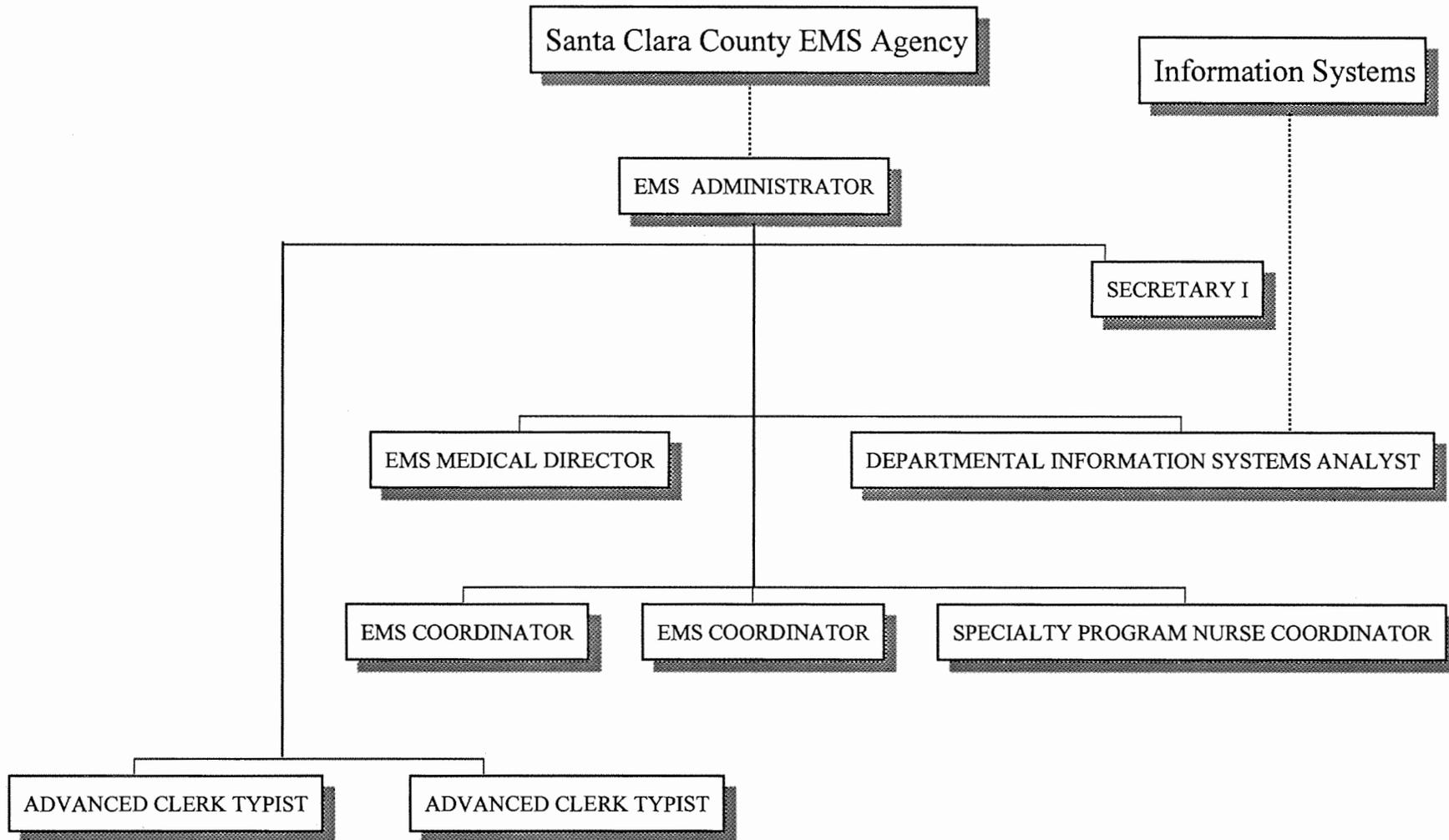
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Administrator	1	\$48.46	26%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.					
ALS Coord./ Field Coord./ Trng Coord.	EMS Coordinator	2	\$37.48	28%	
Program Coord./Field Liaison (Non- clinical)	EMS for Children Project Coordinator	1	\$36.34	28%	Unclassified Grant Funded Employee.
Trauma Coord.	Specialty Program Nurse Coordinator	1	\$45.69	27%	
Med. Director	EMS Medical Director	.3	\$70.00	N/A	Contract Employee.
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner					

**Table 2 - System Organization & Management (cont.)**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Data Evaluator/Analyst	Departmental Information Systems Analyst	1	\$36.70	28%	
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary	Secretary I	1	\$23.00	32%	
Other Clerical	Advanced Clerk Typist	2	\$22.09	32%	
Data Entry Clerk					
Other					

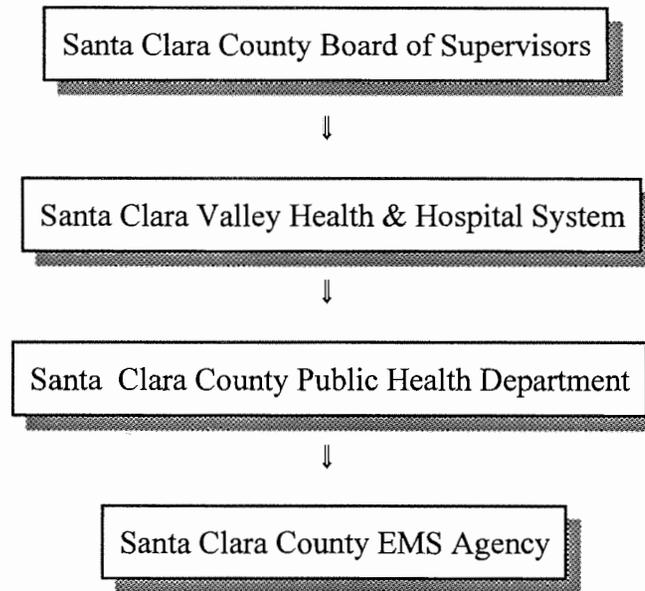
**Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.**

# Santa Clara County Emergency Medical Services Agency



orgchart.em1

# Santa Clara County Emergency Medical Services



orgchart.ems

**TABLE 3: SYSTEM RESOURCES AND OPERATIONS -- Personnel/Training**

EMS System: Santa Clara County

Reporting Year: FY 95 - 96

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	1814	N/A		30	63
Number of newly certified this year	227	N/A		0	63
Number of recertified this year	605	N/A		18	0
Total number of accredited personnel on July 1 of the reporting year			193		
Number of certificate reviews resulting in:					
a) formal investigations	2	N/A	0	0	0
b) probation	0	N/A	0	0	0
c) suspensions	1	N/A	0	0	0
d) revocations	1	N/A	0	0	0
e) denials	0	N/A	0	0	0
f) denials of renewal	0	N/A	0	0	0
g) no action taken	1	N/A	0	0	0

1. Number of EMS dispatchers trained to EMSA standards: 93
2. Early defibrillation:
  - a) Number of EMT-I (defib) certified 1016
  - b) Number of public safety (defib) certified (non-EMT-I) 17
3. Do you have a first responder training program?  yes  no

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95 -96

**Note:** Table 4 is to be answered for each county.

1. Number of primary Public Service Answering Points (PSAP) 13
2. Number of secondary PSAPs 3
3. Number of dispatch centers directly dispatching ambulances Emergency - 2  
Non-emergency - 8
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? yes no
  - a. Radio primary frequency: 38.01 MHz
  - b. Other methods: Leased Line Phones
  - c. Can all medical response units communicate on the same disaster communications system?  
yes no
  - d. Do you participate in OASIS? yes no
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
yes no
    - 1) Within the operational area? yes no
    - 2) Between the operational area and the region and/or state? yes no

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS**  
**Response/Transportation**

EMS System: Santa Clara County

Reporting Year: FY 95- 96

Note: Table 5 is to be reported by agency.

**TRANSPORTING AGENCIES**

1.	Number of exclusive operating areas	4
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	100%
3.	Total number responses	69,147
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	68,935
	b) Number non-emergency responses (Code 1: normal)	212
4.	Total number of transports	47,495
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	47,283
	b) Number non-emergency transports (Code 1: normal)	212

**Early Defibrillation Providers**

5.	Number of public safety defibrillation providers	2
	a) Automated	2
	b) Manual	0
6.	Number of EMT-Defibrillation providers	11
	a) Automated	11
	b) Manual	0

**Air Ambulance Services**

7.	Total number of responses	360
	a) Number of emergency responses	360
	b) Number of non-emergency responses	0
8.	Total number of transports	278
	a) Number of emergency (scene) responses	278
	b) Number of non-emergency responses	0

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS -- Response/Transportation (cont)**

**SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)**

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder.	N/A	N/A	N/A	N/A
2. Early defibrillation capable responder.	N/A	N/A	N/A	N/A
3. Advanced life support capable responder.	N/A	N/A	N/A	N/A
4. Transport ambulance.	Code 3 - 13.25	Code 3 - 18.25/23.25	Code 3 - 23.25	N/A
	Code 2 - 18.25	Code 2 - 23.25/43.25	Code 2 - 43.25	N/A

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS**  
**Facilities/Critical Care**

EMS System: Santa Clara County

Reporting Year: FY 95-96

**NOTE:** Table 6 is to be reported by agency.

**Trauma care system**

1. Trauma patients:	
a) Number of patients meeting trauma triage criteria	3,446
b) Number of major trauma victims transported directly to a trauma center by ambulance	3,446
c) Number of major trauma patients transferred to a trauma center	35
d) Number of patients meeting triage criteria who weren't treated at a trauma center	Unknown

**Emergency departments:**

2. Total number of emergency departments	13
a) Number of referral emergency services	0
b) Number of standby emergency services	0
c) Number of basic emergency services	12
d) Number of comprehensive emergency services	1

**Receiving Hospitals**

1. Number of receiving hospitals with written agreements	1
2. Number of base hospitals with written agreements	1

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95 - 96

**NOTE:** Table 7 is to be answered for each county.

**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? none designated
  - b. How are they staffed? N/A
  - c. Do you have a supply system for supporting them for 72 hours? yes  no
  
2. CISD
 

Do you have a CISD provider with 24 hour capability? yes  no
  
3. Medical Response Team
  - a. Do you have any team medical response capability? yes  no
  - b. For each team, are they incorporated into your local response plan? yes  no
  - c. Are they available for statewide response? yes  no
  - d. Are they part of a formal out-of-state response system? yes  no
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? yes  no
  - b. At what HazMat level are they trained? N/A
  - c. Do you have the ability to do decontamination in an emergency room? yes  no
  - d. Do you have the ability to do decontamination in the field? yes  no

**OPERATIONS**

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes  no
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 15



**TABLE 10: RESOURCES DIRECTORY -- Facilities**

**EMS System:** Santa Clara County

**County:** Santa Clara

**Reporting Year:** FY 95-96

**NOTE:** Make copies to add pages as needed. Complete information for each facility by county.

<b>Name, address &amp; telephone:</b> Alexian Brothers Hospital 255 North Jackson Avenue San Jose, CA 95116 408-259-5000		<b>Primary Contact:</b> William Carpenter, CEO Gordon Everett, R.N. Emergency Department Charge Nurse		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

<b>Name, address &amp; telephone:</b> Community Hospital of Los Gatos-Saratoga 815 Pollard Road Los Gatos, CA 95030 408-378-6131		<b>Primary Contact:</b> Midori Aogaichi, MD Emergency Department Director 408-866-4040		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

**EMS System:** Santa Clara County

**County:** Santa Clara

**Reporting Year:** FY 95-96

**NOTE:** Make copies to add pages as needed. Complete information for each facility by county.

<b>Name, address &amp; telephone:</b> El Camino Hospital 2500 Grant Road Mountain View, CA 94042 415-968-8111		<b>Primary Contact:</b> Mary Coombes Administrative Coordinator 415-940-7332		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level: ****

<b>Name, address &amp; telephone:</b> Columbia - Good Samaritan Hospital 2425 Samaritan Drive San Jose, CA 95124 408-559-2011		<b>Primary Contact:</b> Michael Guthrie, President Tanna Jacobson, R.N. Director of Emergency Services		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level: ****

\* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

\*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

**EMS System:** Santa Clara County

**County:** Santa Clara

**Reporting Year:** FY 95-96

**NOTE:** Make copies to add pages as needed. Complete information for each facility by county.

<b>Name, address &amp; telephone:</b> Columbia - San Jose Medical Center 675 East Santa Clara Street San Jose, CA 95112 408-998-3212		<b>Primary Contact:</b> Dan Doore, Senior Vice President Elaine Rodgers, R.N. Emergency department Charge Nurse		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Trauma <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* Pending <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** Level 2

<b>Name, address &amp; telephone:</b> Columbia - South Valley Hospital 9400 No Name Uno Gilroy, CA 95020 408-848-2000		<b>Primary Contact:</b> Bryan Ballard, President Jean Forcsee, R.N. Emergency Department Charge Nurse		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

**EMS System:** Santa Clara County

**County:** Santa Clara

**Reporting Year:** FY 95-96

**NOTE:** Make copies to add pages as needed. Complete information for each facility by county.

<b>Name, address &amp; telephone:</b> Kaiser Permanente Medical Center - Santa Clara 900 Kiely Boulevard Santa Clara, CA 95051 408-236-6400		<b>Primary Contact:</b> Iris Frank, R.N., M.S.N., C.E.N. Director, Emergency Services 408-236-4407		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

<b>Name, address &amp; telephone:</b> O'Connor Hospital 2105 Forest Avenue San Jose, CA 95128 408-947-2819		<b>Primary Contact:</b> Connie Orias, R.N. Clinical Manager 408-947-2666		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

\* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

\*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

**EMS System:** Santa Clara County

**County:** Santa Clara

**Reporting Year:** FY 95-96

**NOTE:** Make copies to add pages as needed. Complete information for each facility by county.

<b>Name, address &amp; telephone:</b> Saint Louise Hospital 18500 Saint Louise Drive Morgan Hill, CA 95037 408-779-1500		<b>Primary Contact:</b> Rod Pintello Safety Officer 408-778-6724		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

<b>Name, address &amp; telephone:</b> Santa Clara Valley Medical Center 751 South Bascom Avenue San Jose, CA 95128 415-885-5000		<b>Primary Contact:</b> Jordan Pavacich, R.N. Nursing Shift Supervisor 408-885-6750		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* Pending <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
Trauma <input type="checkbox"/> no				
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** Level 1

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

**EMS System:** Santa Clara County

**County:** Santa Clara

**Reporting Year:** FY 95-96

**NOTE:** Make copies to add pages as needed. Complete information for each facility by county.

<b>Name, address &amp; telephone:</b> Santa Teresa Community Hospital 250 Hospital Parkway San Jose, CA 95119 408-723-2300		<b>Primary Contact:</b> Marguerite Pratt, R.N. Emergency Department Director 408-972-7782		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:****

<b>Name, address &amp; telephone:</b> Stanford University Medical Center 300 Pasteur Drive Stanford, CA 94305 415-723-2300		<b>Primary Contact:</b> Kenneth Bloem, CEO Isabel Uibel, R.N. Emergency Department Nurse Manager		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Stand by emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** Level 1

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

**EMS System:** Santa Clara County

**County:** Santa Clara

**Reporting Year:** FY 95-96

**NOTE:** Make copies to add pages as needed. Complete information for each facility by county.

<b>Name, address &amp; telephone:</b>		Veterans Administration Hospital 3801 Miranda Avenue Palo Alto, CA 94304 415-493-5000		<b>Primary Contact:</b>		James Goff Director	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Stand by emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center what Level: ****							

\* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

\*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

\*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

\*\*\*\* Levels I, II, III and Pediatric

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95-96

<b>Name, address &amp; telephone:</b> American Medical Response-West Communications 41300 Christy Street Fremont, CA 94538 510-657-9999		<b>Primary Contact:</b> Bill Walter Director			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input checked="" type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic	EMT-D LALS POST Equivalent	ALS Other-32
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

<b>Name, address &amp; telephone:</b> Bayshore Ambulance Communications P.O. Box 4622 Foster City, CA 94404 415-525-3855		<b>Primary Contact:</b> Ailyn Feir Supervisor			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD-1 BLS-4 POST Basic	EMT-D LALS POST Equivalent	ALS Other:
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	Note: All dispatch personnel have also completed POST Basic equivalent dispatch training.	

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95-96

<b>Name, address &amp; telephone:</b> BayStar Medical Services Communications 1616 Rollins Road Burlingame, CA 94010 415-259-6110		<b>Primary Contact:</b>			
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> EMD BLS POST Basic	EMT-D LALS POST Equivalent	ALS Other
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

<b>Name, address &amp; telephone:</b> California Community College District Police Foothill/De Anza Community College District Communications 12345 El Monte Road Los Altos Hills, CA 94022 415-949-7317		<b>Primary Contact:</b> Tom Conom Chief of Police			
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> EMD BLS POST Basic-1	EMT-D LALS POST Equivalent-5	ALS Other:
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95-96

<b>Name, address &amp; telephone:</b> California Community College District San Jose/Evergreen Community College District 4750 San Felipe Road San Jose, CA 95135 408-288-3735		<b>Primary Contact:</b>			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic	EMT-D LALS POST Equivalent	ALS Other:
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

<b>Name, address &amp; telephone:</b> California Community College District West Valley/Mission Community College District 14000 Fruitvale Avenue Saratoga, CA 95070 408-741-2092		<b>Primary Contact:</b> C. Stoney Brook Chief			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic-1	EMT-D LALS POST Equivalent	ALS Other:
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95-96

<b>Name, address &amp; telephone:</b> California Department of Forestry Morgan Hill Ranger Unit - Communications 15670 Monterey Street Morgan Hill, CA 95037 408-779-2121		<b>Primary Contact:</b> John T. Sims Battalion Chief, Training			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic	EMT-D LALS POST Equivalent-12	ALS Other:
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

<b>Name, address &amp; telephone:</b> California Department of Forestry San Mateo/Santa Cruz Ranger Unit - Communications P.O. Drawer F-2 Felton, CA 95018 408-335-5353 x109		<b>Primary Contact:</b> Jeff Malmin Battalion Chief			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD-1 BLS POST Basic	EMT-D LALS POST Equivalent	ALS Other-8
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95-96

<b>Name, address &amp; telephone:</b> California Highway Patrol Golden Gate Region Communications 1551 Benecia Road Vallejo, CA 94591 707-648-5550		<b>Primary Contact:</b> Jerry Hamm Communications Supervisor II	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input checked="" type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD                      EMT-D                      ALS BLS                        LALS                        Other POST Basic                POST Equivalent-134
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal All dispatchers trained by CHP.

<b>Name, address &amp; telephone:</b> California Shock Trauma Air-Rescue (CalSTAR) 20876B Corsair Boulevard Hayward, CA 94545 510-887-3063		<b>Primary Contact:</b> Andy Swartzell Program Manager	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Water <input checked="" type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD                      EMT-D                      ALS BLS                        LALS                        Other: POST Basic                POST Equivalent
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95-96

<b>Name, address &amp; telephone:</b> California State University Police Department San Jose State University One Washington Square San Jose, CA 95192-0012 408-924-2222		<b>Primary Contact:</b> B. Lowe Lieutenant Administrative Services Division Commander	
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> EMD BLS POST Basic-5 EMT-D LALS POST Equivalent ALS Other
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> City of Campbell Communications 70 North First Street Campbell, CA 95008 408-866-2121		<b>Primary Contact:</b> Communications Supervisor	
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> EMD BLS POST Basic-8 EMT-D LALS POST Equivalent ALS Other:
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95-96

<b>Name, address &amp; telephone:</b> City of Gilroy-Communications 7030 Rosanna Street Gilroy, CA 95020 408-848-0329		<b>Primary Contact:</b> Scot Smithee Sergeant, Administrative Services			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic-11	EMT-D LALS POST Equivalent	ALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

<b>Name, address &amp; telephone:</b> International Business Machines Corporation STL Security 555 Bailey Road San Jose, CA 95141 408-463-4422		<b>Primary Contact:</b> Jeff Scherck			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic	EMT-D LALS POST Equivalent	ALS Other:
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95-96

<b>Name, address &amp; telephone:</b> Lifelight Communications 300 Pasteur Drive Stanford, CA 94305 415-725-4829		<b>Primary Contact:</b> Sue Lockman Program Director	
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input type="checkbox"/> Ground <input type="checkbox"/> Water <input checked="" type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> EMD BLS POST Basic
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>EMT-D</b> ALS <b>LALS</b> Other <b>POST Equivalent</b>
		<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	

<b>Name, address &amp; telephone:</b> Lockheed Fire Department 0-27-23-B/141 Sunnyvale, CA 94089 408-742-8136		<b>Primary Contact:</b> Joe McAtee Captain	
<b>Written Contract:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	<b>Number of Personnel providing services:</b> EMD BLS POST Basic
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>EMT-D</b> ALS <b>LALS</b> Other: <b>POST Equivalent</b>
		<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95-96

<b>Name, address &amp; telephone:</b> City of Los Altos Communications One North San Antonio Road Los Altos, CA 94022 415-948-8223		<b>Primary Contact:</b> Michael Laster Technical Services Manager	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic-6
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal
			EMT-D LALS POST Equivalent ALS Other-1

<b>Name, address &amp; telephone:</b> Town of Los Gatos - Communications 110 East Main Street Los Gatos, CA 95031 408-354-4257		<b>Primary Contact:</b> Jeff Miller Captain	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic-8
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal
			EMT-D LALS POST Equivalent ALS Other:

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95-96

<b>Name, address &amp; telephone:</b>		Mid-Peninsula Regional Open Space District 330 Distel Circle Los Altos, CA 94022 408-691-1200		<b>Primary Contact:</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD                      EMT-D                      ALS BLS                        LALS                        Other POST Basic              POST Equivalent		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

<b>Name, address &amp; telephone:</b>		City of Milpitas Communications 1275 North Milpitas Boulevard Milpitas CA 95035 408-942-3911		<b>Primary Contact:</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD                      EMT-D                      ALS BLS                        LALS                        Other: POST Basic              POST Equivalent		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95-96

<b>Name, address &amp; telephone:</b> Moffett Field Communications 129th Air National Guard Building 580 Moffett Field, Ca 94035-1000 415-604-5416		<b>Primary Contact:</b>			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic	EMT-D LALS POST Equivalent	ALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal		

<b>Name, address &amp; telephone:</b> City of Morgan Hill Communications 17605 Peak Avenue Morgan Hill, CA 95037 408-776-7304		<b>Primary Contact:</b>			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic	EMT-D LALS POST Equivalent	ALS Other:
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95-96

<b>Name, address &amp; telephone:</b> City of Mountain View Communications 1000 Villa Street Mountain View, CA 94041-1294 415-903-6803		<b>Primary Contact:</b> Ben Lenci Battalion Chief	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD-2                      EMT-D                      ALS BLS                              LALS                              Other POST Basic-11              POST Equivalent
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b> Pajaro Valley Fire Agency 2021 Freedom Boulevard Freedom, CA 95019 408-722-0125		<b>Primary Contact:</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD                              EMT-D                              ALS BLS                                      LALS                                      Other: POST Basic                              POST Equivalent
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95-96

<b>Name, address &amp; telephone:</b> City of Palo Alto Communications 275 Forest Avenue Palo Alto, CA 94301 415-329-2556		<b>Primary Contact:</b> John Bush Communications Coordinator	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD-1 BLS POST Basic-4
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: EMS	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal
			EMT-D ALS LALS Other-3 POST Equivalent-17

<b>Name, address &amp; telephone:</b> City of San Jose Fire Communications 855 North San Pedro Street San Jose, CA 95110 408-277-4444		<b>Primary Contact:</b> Cindy Keehen Supervising Public Safety Dispatcher	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD-33 BLS POST Basic
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal
			EMT-D ALS LALS Other: POST Equivalent
			12 dispatchers have also completed a POST Basic dispatch course

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95-96

<b>Name, address &amp; telephone:</b> City of San Jose Police Communications 855 North San Pedro Street San Jose, CA 95110 408-277-4000		<b>Primary Contact:</b> Jim Seymour Supervising Fire Dispatcher			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input checked="" type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic	EMT-D LALS POST Equivalent	ALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

<b>Name, address &amp; telephone:</b> San Jose Unified School District Communications 855 Lenzen Avenue San Jose, CA 95126 408-358-3741		<b>Primary Contact:</b>			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic	EMT-D LALS POST Equivalent	ALS Other:
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95-96

<b>Name, address &amp; telephone:</b> City of Santa Clara-Communications 1990 Walsh Avenue Santa Clara, CA 95050 408-984-3191		<b>Primary Contact:</b> John Mills Chief Dispatcher	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic-8
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal
			ALS Other: POST Equivalent-8

<b>Name, address &amp; telephone:</b> County of Santa Clara General Services Agency - Communications 2700 Carol Drive San Jose, CA 408-299-3151		<b>Primary Contact:</b> Diana Pell Chief Dispatcher	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: EMD-63 BLS POST Basic
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: EMS	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal
			ALS Other-15 POST Equivalent All personnel also certified at POST Basic or equivalent level.

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95-96

<b>Name, address &amp; telephone:</b> Saratoga Fire Protection District Communications 14380 Saratoga Avenue Saratoga, CA 95070 408-867-9001		<b>Primary Contact:</b> Ron Vega EMS Coordinator	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic-1
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal
			EMT-D LALS POST Equivalent ALS Other:

<b>Name, address &amp; telephone:</b> Spring Valley Fire District 4350 Felter Road Milpitas, CA 95035 408-946-0762		<b>Primary Contact:</b>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal
			EMT-D LALS POST Equivalent ALS Other:

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95-96

<b>Name, address &amp; telephone:</b> City of Sunnyvale Department of Public Safety P.O. Box 3707 Sunnyvale, CA 94088-3707 408-730-7162		<b>Primary Contact:</b> Laura Phillips Communications Operations Manager			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic-12	EMT-D LALS POST Equivalent-3	ALS Other:
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

<b>Name, address &amp; telephone:</b> United Technology Corporation- Chemical Systems Division 600 Metcalf Road San Jose, CA 95138 408-776-4282		<b>Primary Contact:</b> John F. MacDonnell Captain, Training Officer			
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Water <input type="checkbox"/> Air	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: EMD BLS POST Basic	EMT-D LALS POST Equivalent	ALS Other-8
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

# TABLE: RESOURCES DIRECTORY -- Providers

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 95-96

<b>Name, address &amp; telephone:</b> American Medical Response-West 111 Pullman Way San Jose, CA 95111 408-574-3800		<b>Primary Contact:</b> Paul W. Davis Director of Operations			
<b>Written Agreement:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-57 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS-197
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> ALS - 35 BLS - 13 CCT - 3

<b>Name, address &amp; telephone:</b> AMTRAK Police 510 West San Fernando Street San Jose, CA 95110 408-271-3546		<b>Primary Contact:</b> Carolyn Slezak Lieutenant			
<b>Written Agreement:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>Service:</b> <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<b>Air classification:</b> <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Number of personnel providing services:</b> <input checked="" type="checkbox"/> PS-12 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>Medical Director:</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>If public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	<b>If public:</b> <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	<b>System available 24 hours?</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Number of ambulances:</b> N/A

<b>Name, address &amp; telephone:</b> Bayshore Ambulance P.O. Box 4622 Foster City, CA 94404 415-525-3855		<b>Primary Contact:</b> David Bockholt Vice President			
Written Agreement: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-30 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: BLS - 4

<b>Name, address &amp; telephone:</b> BayStar Medical Services 1616 Rollins Road Burlingame, CA 94010 415-259-6110		<b>Primary Contact:</b> David Martinez Operations			
Written Agreement: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-166 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS-9
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: BLS - 15 CCT - 3

<b>Name, address &amp; telephone:</b> California Department of Forestry Morgan Hill Ranger Unit 15670 Monterey Street Morgan Hill, CA 95037 408-779-2121		<b>Primary Contact:</b> John Sims Battalion Chief-Training			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-82 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> California Department of Forestry San Mateo/Santa Cruz Ranger Unit P.O. Drawer F-2 Felton, CA 95013 408-335-5353 x109		<b>Primary Contact:</b> Jeff Malmin Battalion Chief			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> California Highway Patrol - Gilroy 700 Renz Lane Gilroy, CA 95050 408-848-2324		<b>Primary Contact:</b> Miles Godfrey Sergeant			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-34 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> California Highway Patrol - Redwood City 355 Convention Way Redwood City, CA 94063 415-369-6261		<b>Primary Contact:</b> Damian McDermott Training Officer			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-34 <input checked="" type="checkbox"/> BLS-60 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> California Highway Patrol - San Jose 2020 Junction Avenue San Jose, CA 95131 408-277-1800		<b>Primary Contact:</b> Tim Saxon Lieutenant	
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Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-124 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> California Medical Transport 1124 Independence Avenue Mountain View, CA 94043 415-428-0911		<b>Primary Contact:</b> Bruce Turner President			
Written Agreement: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-13 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: BLS - 4

<b>Name, address &amp; telephone:</b> California Shock Trauma Air Rescue (CalSTAR) 20876B Corsair Hayward, CA 94545 510-887-3063		<b>Primary Contact:</b> Andy Swartzell Program Manager			
Written Agreement: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS-21
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: AIR - 1

<b>Name, address &amp; telephone:</b> California Community College District Police De Anza College c/o Campus Security 21250 Stevens Creek Boulevard Cupertino, CA 95014 408-864-5555		<b>Primary Contact:</b> Tim Ziegler Supervisor			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-6 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> California Community College District Police Foothill College 12345 El Monte Road Los Altos Hills, CA 94022 415-949-7317		<b>Primary Contact:</b> Tom Conom Chief			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-6 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> California Community College District Police San Jose/Evergreen Community College District 4750 San Filipe Road San Jose, CA 95135 408-288-3735		<b>Primary Contact:</b>			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> California Community College District Police West Valley/Mission Community College District 14000 Fruitvale Avenue Saratoga, CA 95070 408-741-2092		<b>Primary Contact:</b> C. Stoney Brook Chief			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-10 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> California State University Police Department San Jose State University One Washington Square San Jose, CA 95192-0012 408-924-2222		<b>Primary Contact:</b> B. Lowe Lieutenant Administrative Services Division Commander			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-73 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> City of Campbell Police Department 70 North First Street Campbell, CA 95008 408-866-2121		<b>Primary Contact:</b> David Gullo Lieutenant			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-41 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> Federal Bureau of Investigation-San Jose 950 South Bascom Avenue San Jose, CA 95128 408-998-5633		<b>Primary Contact:</b> William E. Smith Senior Supervisory Resident Agent			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-42 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> City of Gilroy Fire Department 7070 Chestnut Street Gilroy, CA 95020 408-848-0385		<b>Primary Contact:</b> Dave Bozzo Captain-Training Officer			
Written Agreement: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D-23 <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> City of Gilroy Police Department 7370 Rosanna Street Gilroy, CA 95020 408-848-0329		<b>Primary Contact:</b> Scot Smithee Sergeant			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-53 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> International Business Machines Corporation STL Security 555 Bailey Road San Jose, CA 95141 408-463-4422		<b>Primary Contact:</b> Jeff Scherck			
Written Agreement: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-31 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: BLS - 3

<b>Name, address &amp; telephone:</b> Lifeflight 300 Pasteur Drive Stanford, CA 94305 415-725-4829		<b>Primary Contact:</b> Sue Lockman Program Director			
Written Agreement: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS-12
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: AIR - 1

<b>Name, address &amp; telephone:</b> Lockheed Fire Department 0-27-23 B/141 Sunnyvale, CA 94089 408-742-5221		<b>Primary Contact:</b> Joe McAtee Captain			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D-3 <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> City of Los Altos Police Department One North San Antonio Road Los Altos, CA 94022 415-948-8223		<b>Primary Contact:</b> John Hughmanick Sergeant			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-30 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> Town of Los Gatos Police Department 110 East Main Street Los Gatos, CA 95030 408-354-4257		<b>Primary Contact:</b> Jeff Miller Captain			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-44 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> Mid-Peninsula Regional Open Space District 330 Distel Circle Los Altos, CA 94022 415-691-1200		<b>Primary Contact:</b> John M. Escobar Operations Manager			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-11 <input checked="" type="checkbox"/> BLS-8 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> City of Milpitas Fire Department 777 Main Street Milpitas, CA 95035 408-942-2394		<b>Primary Contact:</b> Bobby Dixon Battalion Chief			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D-55 <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> City of Milpitas Police Department 1275 North Milpitas Boulevard Milpitas, CA 95035 408-942-3911		<b>Primary Contact:</b> John H. Blank Communications Manager			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-81 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> Moffett Field Fire Department 129th Air National Guard Building 580 Moffett Field, CA 94035-1000 415-604-5416		<b>Primary Contact:</b> Beth Minor Chief Dispatcher			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Air National Guard	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> City of Morgan Hill Police Department 17605 Peak Avenue Morgan Hill, CA 95037 408-776-7304		<b>Primary Contact:</b> Patricia Yinger Support Services Supervisor			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-23 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> City of Mountain View Fire Department 1000 Villa Street Mountain View, CA 94040 415-903-6803		<b>Primary Contact:</b> Ben Lenci Battalion chief			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS-10 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D-49 <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> City of Mountain View Police Department 1000 Villa Street Mountain View, CA 94041-1294 415-903-6354		<b>Primary Contact:</b> James D. Enslin Administrative Captain			
Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-82 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> Pajaro Valley Fire Agency 2021 Freedom Boulevard Freedom, CA 95019 408-722-0125		<b>Primary Contact:</b> Ron Hart Operations Chief	
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Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-37 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> City of Palo Alto Fire Department 250 Hamilton Avenue Palo Alto, CA 94306 415-329-2220	<b>Primary Contact:</b> Ty Cutting EMS Coordinator
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Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D-79 <input checked="" type="checkbox"/> ALS-27
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ALS-3

<b>Name, address &amp; telephone:</b> City of Palo Alto Police Department 275 Forest Avenue Palo Alto, CA 94301 415-329-2556	<b>Primary Contact:</b> Michael J. Dokter Officer, Personnel and Training Supervisor
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Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-96 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> San Jose City Parks c/o Regional Facilities 291 South Market Street San Jose, CA 95113 408-277-5531	<b>Primary Contact:</b> Julie Marks Dep. Director of Parks
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Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Parks district	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> City of San Jose Fire Department 255 North Montgomery Street San Jose, CA 95128 408-277-4084	<b>Primary Contact:</b> George Vega Battalion Chief
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Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-17 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D-559 <input checked="" type="checkbox"/> ALS-121
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> City of San Jose Police Department 201 West Mission Street San Jose, CA 95110 410-277-4000	<b>Primary Contact:</b> Jim Seymour Supervising Fire Dispatcher
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Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-1285 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> San Jose Unified School District Police 855 Lenzen Avenue San Jose, CA 95126 408-358-3741	<b>Primary Contact:</b>
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Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b>	City of Santa Clara Fire Department 777 Benton Street Santa Clara, CA 95050 408-984-3054	<b>Primary Contact:</b>	Dave Busse Battalion Chief
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Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS-23
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b>	City of Santa Clara Police Department 1541 Civic Center Drive Santa Clara, CA 95050-4685 408-261-5324	<b>Primary Contact:</b>	Chuck Seymour Lieutenant
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Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-143 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> Saratoga Fire Protection District 14380 Saratoga Avenue Saratoga, CA 95070 408-867-9001	<b>Primary Contact:</b> Ron Vega EMS Coordinator
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Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D-20 <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> Santa Clara County Fire Department 14700 Winchester Boulevard Los Gatos, CA 95030-1818 408-378-4010	<b>Primary Contact:</b> James A. Bristow District Chief-Operations
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Written Agreement: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D-186 <input checked="" type="checkbox"/> ALS-27
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> Santa Clara County Parks Department 287 Garden Hill Drive Los Gatos, CA 95030 408-358-3741	<b>Primary Contact:</b>
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Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Parks Department	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> County of Santa Clara Sheriff's Office 55 West Younger Avenue San Jose, CA 95110 408-299-2101	<b>Primary Contact:</b> Laurie Smith Assistant Sheriff
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Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-415 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> South Santa Clara County Rural Fire District 15670 Monterey Street Morgan Hill, CA 95037 408-779-2121	<b>Primary Contact:</b>
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Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> PS-Defib-26 <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> Spring Valley Fire District 4350 Felter Road Milpitas, CA 95035 408-946-	<b>Primary Contact:</b>
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Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> Stanford Department of Public Safety 711 Sierra Street Stanford, CA 94305 415-725-2149	<b>Primary Contact:</b>
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Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> Stephens & Poletti Ambulance 335 San Benito Street Hollister, CA 95023 408-637-7474	<b>Primary Contact:</b> Leonard Poletti President
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Written Agreement: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-7 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: BLS-2

<b>Name, address &amp; telephone:</b> City of Sunnyvale Department of Public Safety P.O. Box 3707 Sunnyvale, CA 94088-3707 408-730-7162	<b>Primary Contact:</b> Karen Miller Administrative Services Manager Fire Services Division
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Written Agreement: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input checked="" type="checkbox"/> PS-115 <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> PS-Defib-90 <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Combined Fire/Police Agency	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

<b>Name, address &amp; telephone:</b> United Technology Corporation- Chemical Systems Division 600 Metcalf Road San Jose, CA 95138 408-776-4282	<b>Primary Contact:</b> Dan Villalon Lieutenant
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Written Agreement: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-8 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: BLS-1

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 94-95

**Training Institution Name / Address**

**Contact Person telephone no.**

Foothill College 400 Middlefield Road Palo Alto, CA 94303		Mary Ann Pavic Program Director 415-949-7730
<b>Student Eligibility: *</b>  Open to general public	<b>Cost of Program [basic/refresher]:</b>  Basic = \$ 300.00 Refresher = \$ 150.00	<b>**Program Level: EMT-I</b> Number of students completing training per year: Initial training: 120 Refresher: 60 Cont. Education: 60 Expiration Date: 1.31.01  Number of courses: Initial training: 4 Refresher: 4 Cont. Education: 100 hours

**Training Institution Name / Address**

**Contact Person telephone no.**

Foothill College 400 Middlefield Road Palo Alto, CA 94303		Sanrda Rehmar, R.N. Program Director 415-424-8600
<b>Student Eligibility: *</b> High school diploma or G.E.D.; current BCLS and EMT certification; six months experience with an EMS provider agency; passing score on a pre-entrance written exam; and, an oral interview with program faculty.	<b>Cost of Program [basic/refresher]:</b>  Basic = \$ 1,000 Refresher = \$ N/A	<b>**Program Level: EMT-P</b> Number of students completing training per year: Initial training: 25 Refresher: N/A Cont. Education: unk. Expiration Date: 12/31/97  Number of courses: Initial training: 1 Refresher: N/A Cont. Education: N/A

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

**Training Institution Name / Address**

**Contact Person telephone no.**

Mission College 3000 Mission College Boulevard Santa Clara, CA 95054		Peggy Burroughs, R.N. Program Director 408-988-2200
<b>Student Eligibility: *</b>  Open to general public	<b>Cost of Program [basic/refreshers]:</b>  Basic = \$72.00 Refresher = \$24.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 160 Refresher: 760 Cont. Education: N/A Expiration Date: 1.31.01  Number of courses: Initial training: 2 Refresher: 14 Cont. Education: N/A

**Training Institution Name / Address**

**Contact Person telephone no.**

San Jose City College 2200 Moorpark Avenue San Jose, CA 95128-2799		Jennifer Witte, R.N. Program Director 408-288-3714
<b>Student Eligibility: *</b>  Open to general public	<b>Cost of Program [basic/refreshers]:</b>  Basic = \$ 135.00 Refresher = \$ 76.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 280 Refresher: 80 Cont. Education: N/A Expiration Date: 9.30.00  Number of courses: Initial training: 8 Refresher: 2 Cont. Education: N/A

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

**TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 94-95

**Training Institution Name / Address**

**Contact Person telephone no.**

Santa Clara Fire Department 777 Benton Street Santa Clara, CA 95050-3009		Battalion Chief Dave Busse Program Director 408-984-3062
<b>Student Eligibility: *</b>  Restricted to fire department personnel	<b>Cost of Program [basic/refreshers]:</b>  No Cost	**Program Level: EMT-I Number of students completing training per year: Initial training: 0 Refresher: 0 Cont. Education: N/A Expiration Date: 3.5.97  Number of courses: Initial training: 0 Refresher: 0 Cont. Education: N/A

**Training Institution Name / Address**

**Contact Person telephone no.**

Sunnyvale Department of Public Safety P.O. Box 3707 Sunnyvale, CA 94088-3707		Karen Miller Program Director 408-288-3714
<b>Student Eligibility: *</b>  Restricted to fire department personnel	<b>Cost of Program [basic/refreshers]:</b>  No Cost	**Program Level: EMT-I Number of students completing training per year: Initial training: 25 Refresher: 0 Cont. Education: 40 Expiration Date: 2.28.01  Number of courses: Initial training: 2 Refresher: 0 Cont. Education: 24 hours

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

**Training Institution Name / Address****Contact Person telephone no.**

WestMed Training 1330 South Bascom Avenue San Jose, CA 95128		Veronica Shepardson Program Director 408-977-0723
<b>Student Eligibility: *</b>  Open to general public	<b>Cost of Program [basic/refresher]:</b>  Basic = \$ 975.00 Refresher = \$ 125.00	<b>**Program Level: EMT-I</b> Number of students completing training per year: Initial training: 50 Refresher: 50 Cont. Education: unk. Expiration Date: 7.31.00  Number of courses: Initial training: 5 Refresher: 5 Cont. Education: 50 hours

\* Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9TH STREET, SUITE 100  
SACRAMENTO, CA 95814-7043  
(916) 322-4336  
FAX (916) 324-2875



January 5, 1998

Pam West  
EMS Administrator  
645 South Bascom, Room 139  
San Jose, CA 95128

Dear Ms. West:

We have completed our review of *Santa Clara County's Emergency Medical Services Plan Update: 1996*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

If you have any questions regarding the plan review, please call Michele Rains at (916) 322-4336, extension 315.

Sincerely,

*Michele Rains for*

Maureen McNeil  
Chief, EMS Division

MM:mr