

County of Santa Clara
Emergency Medical Services Agency

EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE - 1999

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County of Santa Clara
Emergency Medical Services Agency

Emergency Medical Services Plan Annual Update - 1999

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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 38 years to encompass a number of diverse, yet inter-related services. The Santa Clara County EMS Agency in carrying out its charge interacts with 51 local provider agencies, 34 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 eight items below standard, and have also been able to meet recommended guidelines in eight 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			X/C		

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			

Regulatory Activities	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
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			

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			

Enhanced Level: Trauma Care System	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
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			

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
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			

Enhanced Level: Ambulance Regulation	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
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
Universal Level					
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

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Annual Implementation	Long-range Plan
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
Universal Level					
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
Enhanced Level: Advanced Life Support					
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:

In January 1998, the EMS Agency contracted with Joseph Ryan, M.D., F.A.C.E.P to serve as the EMS Medical Director. Dr. Ryan is nationally known for his EMS work in Pinellas County, Florida; and has substantial experience in emergency and pre-hospital medicine, EMS systems, and administration. The Medical Director has established several standing and ad hoc 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):

None.

OBJECTIVE:

None.

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 programs to serve identified special service population groups. A special service needs assessment has not been performed due to a lack of available staff and effective data management capabilities. An “EMS for Geriatrics” program is in the preliminary development stage, as are “Children with Special Needs” and “Technology Dependant Patients” programs. With over a dozen distinct language groups, representing a variety of cultures, addressing the special needs of the monolingual/non-English and limited English speaking population continue to present significant challenges with limited potential solutions.

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 yet taken place, but will be once the program design concepts mature.

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:

1.16 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:

Program specific revenue sources (e.g., certification, ambulance permits, and trauma designation fees) continue to fully fund the programs they support. The EMS Agency has been actively seeking long term sustainable fund sources; however, the additional outside revenue has resulted in corresponding reductions in general fund support. Due to subsequent state legislative action, SB12 Fund collections continued to decline; and the "EMS Programs" portion of the collections are now meeting only one third of the identified need for these funds. Until the current fiscal year, general operating budget needs were being met only through salary savings. Absent significant additional funding, having filled the existing vacancies, the EMS Agency will be able to maintain its current level of effort for less than 18 months.

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 (developed in 1979), providing ALS service to 100% of the county. Agreements are in place with all of the ALS first response providers and the contracted ALS ambulance provider; however, no significant progress has been made in securing an agreement with one of the "201" cities.

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. Additional work is underway to implement "border dropping" with neighboring EMS jurisdictions to improve response in shared areas.

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:

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 approximately 80% of EMS callers. Significant effort has been made by the PSAPs to further increase the availability of pre-arrival instructions; and it is anticipated that PAI will be available to more than 90% of the EMS calls within callendar year 1999. Medical orientation is contained within the POST Basic dispatch course taken by virtually all of the PSAP dispatchers.

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. Pre-arrival instruction availability throughout the emergency medical communication system.
2. Seamless communication of information between PSAPs and medical communication facilities.

OBJECTIVE:

OBJECTIVE 2-2 Implement pre-arrival instructions at all PSAPs with an expressed desire/capability to provide those services; and develop satisfactory alternatives for those PSAPs where direct provision of EMD/PAI is not realistically achievable.

OBJECTIVE 2-3 Establish computer to computer (CAD to CAD) links with all PSAPs providing EMD/PAI.

OBJECTIVE 2-11 Provide for medical orientation courses for the Private Call Answering Point (PCAP) dispatchers at the private Level 3 communication centers.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

X Long-range Plan

STANDARD:

3.09 The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.

The local EMS agency should establish an emergency medical dispatch priority reference system, including systematized caller interrogation, dispatch triage policies, and pre-arrival instructions.

CURRENT STATUS:

Response priorities and modes (emergency/non-emergency) have been established, and work continues on standardizing implementation system-wide. Prioritized dispatch is currently operational in 60% of EMS events, with 85% anticipated by June 1999.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

1. Pre-arrival instruction availability throughout the emergency medical communication system.
2. Seamless communication of information between PSAPs and medical communication facilities.

OBJECTIVE:

OBJECTIVE 3-5 Implement prioritized dispatch PSAPs with an expressed desire/capability to provide those services; and develop satisfactory alternatives for those PSAPs where direct provision of prioritized dispatch is not realistically achievable.

OBJECTIVE 3-6 Establish computer to computer (CAD to CAD) links with all PSAPs providing prioritized dispatch.

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

X 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 85% 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:

Annual Implementation Plan

X 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. EMS aircraft classification and/or crew orientation has not yet occurred.

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:

4.21 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 re-evaluating its EMS for Children system. 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.

COORDINATION WITH OTHER EMS AGENCIES:

Two (2) receiving facilities located in Santa Clara County have been designated as receiving facilities by a neighboring county, one of which also serves as a trauma center.

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:

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. Mechanisms for identifying preventable morbidity and mortality are in place for the trauma system, and significant effort is being made to identify, develop, and implement quality assessment mechanisms for the remainder of the system. The EMS Agency must rely on anecdotal information, and is not able to perform detailed study and analysis. A data management system has been developed to support the existing approved QA/QI Plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

- 1. Information sharing agreements with the provider agencies.

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

X Annual Implementation Plan

Long-range Plan

STANDARD:

6.03 Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, in-patient and discharge records.

CURRENT STATUS:

Audits of system response related to prehospital care are being done. No electronic mechanism is in place to link prehospital records with dispatch (manual by dispatch number read on prehospital patient record). In-patient and discharge records have no link (manual or electronic) that allows for clinical audit.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

A prehospital computerized data system is needed to initiate the electronic link from system response to clinical aspects. Patient outcome will be linked if hospitals are willing to enter that data into the prehospital record (or if they agree to include the prehospital care record number in their hospital information system's patient record).

OBJECTIVE:

OBJECTIVE 6-4 Modify the prehospital computerized data system to meet most of the needs and work with hospitals to link patient's hospital discharge outcome to prehospital record data.

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, should be able to support systemwide planning and evaluation; however, the desired reports have not been identified. 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 initial data management system through an agreement with another local EMS agency.

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

X 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 Compile resource inventory according to OADMHC plan guidelines (when available).

TIMEFRAME FOR OBJECTIVE:

Annual Implementation Plan

X 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). In cooperation with Public Health, OES, and system constituents, the CCP concept has been investigated and determined to be impractical. Alternatives, such as field treatment sites, are currently being evaluated.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

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:

In cooperation with Public Health, OES, and system constituents, the CCP concept has been investigated and determined to be impractical. Alternatives, such as field treatment sites, are currently being evaluated.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

None.

OBJECTIVE:

None.

TIMEFRAME FOR OBJECTIVE:

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 promoted, provided, and/or made available training to over seventy agencies in disaster/multiple casualty incidents, Standardized Emergency Management System (SEMS), and Domestic Preparedness. A comprehensive Operational Area Disaster Medical/Health Plan is currently under development.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Additional staff support.

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 97-98

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	<u> </u>
Development of transfer agreements	<u> </u>
Enforcement of local ambulance ordinance	<u> x </u>
Enforcement of ambulance service contracts	<u> x </u>
Operation of ambulance service	<u> </u>

Table 2 - System Organization & Management (cont.)

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

5. EMS agency budget for FY 97-98

A. EXPENSES

Salaries and benefits (all but contract personnel)	\$ <u>254,017.00</u>
Contract Services (e.g. medical director)	\$ <u>505,223.00</u>
Operations (e.g. copying, postage, facilities)	\$ <u>56,547.00</u>
Travel	\$ <u>3,332.00</u>
Fixed assets	\$ <u>6,204.00</u>
Indirect expenses (overhead)	\$ <u>0.00</u>
Ambulance subsidy	\$ <u>0.00</u>
EMS Fund payments to physicians/hospital	\$ <u>709,409.00</u>
Dispatch center operations (non-staff)	\$ <u>0.00</u>
Training program operations	\$ <u>0.00</u>
Other: First Responder ALS Program support	\$ <u>1,173,878.00</u>
Other:	
Other:	
TOTAL EXPENSES	\$ <u>2,708,610.00</u>

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>0.00</u>
Office of Traffic Safety (OTS)	\$	<u>0.00</u>
State general fund	\$	<u>0.00</u>
County general fund	\$	<u>305,472.00</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>22,302.00</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>150,000.00</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>75,000.00</u>
Contributions	\$	<u>0.00</u>
EMS Fund (SB 12/612)	\$	<u>837,555.00</u>
Other grants:	\$	<u>0.00</u>
Other fees:	\$	<u>1,694.00</u>
Other (specify): Ambulance performance fines	\$	<u>56,077.00</u>
Other (specify): First Responder ALS Support	\$	<u>1,260,510.00</u>
TOTAL REVENUE	\$	<u>2,708,610.00</u>

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

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY 97-98

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		75.00
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 1997-1998.

Table Z - System Organization & Management (cont.)

EMS System: Santa Clara County

Reporting Year: FY 97-98

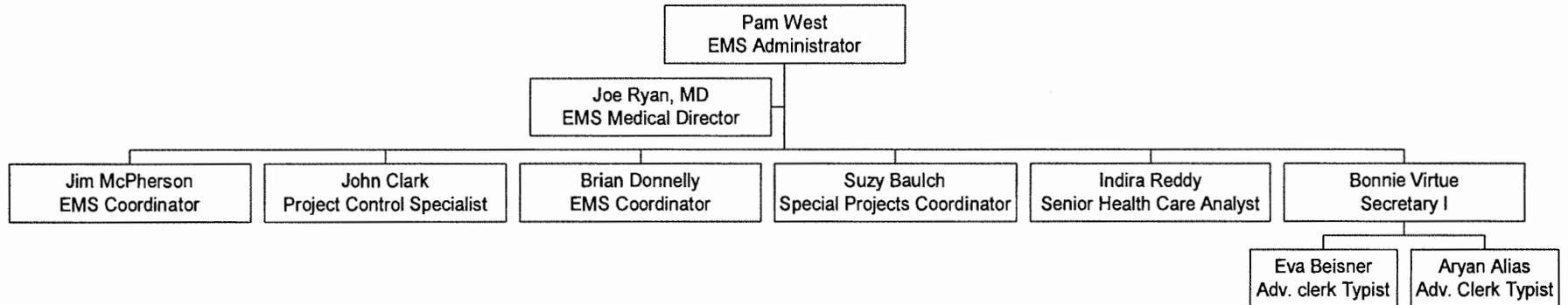
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Administrator	1	\$48.61	28%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.					
ALS Coord./ Field Coord./ Trng Coord.	EMS Coordinator	2	\$35.92	28%	
Program Coord./Field Liaison (Non- clinical)					
Trauma Coord.	Specialty Program Nurse Coordinator	1	\$45.55	28%	
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.)

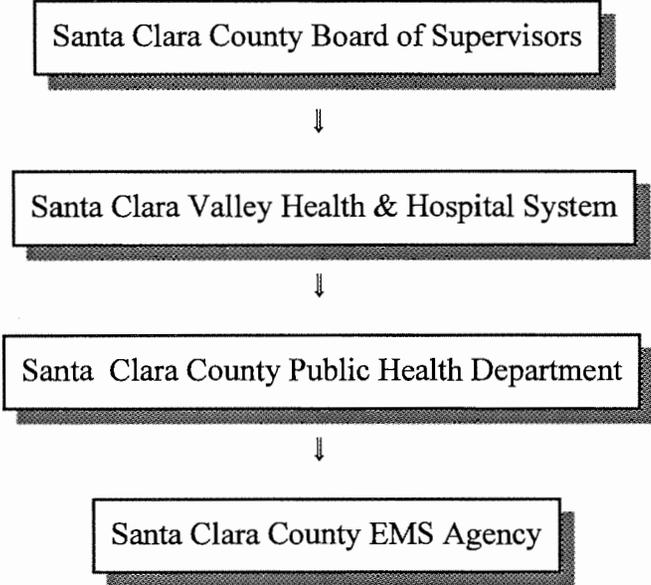
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Data Evaluator/ Analyst	Senior Health Care Analyst	1	\$38.93	28%	
QA/QI Coordinator	Project Control Specialist	1	\$29.40	N/A	Contract Employee
Public Info. & Ed. Coord.					
Ex. Secretary	Secretary I	1	\$20.78	28%	
Other Clerical	Advanced Clerk Typist	2	\$19.85	28%	
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



Santa Clara County Emergency Medical Services



orgchart.ems

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

EMS System: Santa Clara County

Reporting Year: FY 97 - 98

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	1814	N/A		30	
Number of newly certified this year	191	N/A		0	
Number of recertified this year	658	N/A			0
Total number of accredited personnel on July 1 of the reporting year			371		
Number of certificate reviews resulting in:					
a) formal investigations	0	N/A	0	0	0
b) probation	0	N/A	0	0	0
c) suspensions	0	N/A	0	0	0
d) revocations	0	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	0	N/A	0	0	0

1. Number of EMS dispatchers trained to EMSA standards: 103
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified 1023
 - b) Number of public safety (defib) certified (non-EMT-I) 30
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 97 -98

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 97- 98

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	72,426
a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	72,426
b) Number non-emergency responses (Code 1: normal)	0
4. Total number of transports	49,625
a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	49,625
b) Number non-emergency transports (Code 1: normal)	0

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	344
a) Number of emergency responses	344
b) Number of non-emergency responses	0
8. Total number of transports	262
a) Number of emergency (scene) responses	262
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 2 - 18.25	Code 3 - 18.25/23.25 Code 2 - 23.25/43.25	Code 3 - 23.25 Code 2 - 43.25	N/A N/A

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

EMS System: Santa Clara County

Reporting Year: FY 97-98

NOTE: Table 6 is to be reported by agency.

Trauma care system

1. Trauma patients:	
a) Number of patients meeting trauma triage criteria	4,003
b) Number of major trauma victims transported directly to a trauma center by ambulance	3,771
c) Number of major trauma patients transferred to a trauma center	72
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 97 - 98

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 8: RESOURCES DIRECTORY -- Providers

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 97-98

Name, address & telephone: American Medical Response-West 111 Pullman Way San Jose, CA 95111 408-574-3800		Primary Contact: Paul W. Davis Director of 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-133 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS-135
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: ALS - 36 BLS - 18 CCT - 4

Name, address & telephone: AMTRAK Police 510 West San Fernando Street San Jose, CA 95110 408-271-3546		Primary Contact: Carolyn Slezak 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-12 <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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: N/A

Name, address & telephone: Bayshore Ambulance P.O. Box 4622 Foster City, CA 94404 650-525-3855		Primary Contact: 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-25 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" type="checkbox"/> ALS-2
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: BLS - 3 CCT - 1

Name, address & telephone: BayTrans Ambulance, Inc. 309 Laurelwood Road, Suite 5 Santa Clara, CA 95054-2313 408-565-9000		Primary Contact: John Bird CEO			
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-5 <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

Name, address & telephone: California Department of Forestry Morgan Hill Ranger Unit 15670 Monterey Street Morgan Hill, CA 95037 408-779-2121		Primary Contact: 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 type="checkbox"/> PS <input checked="" type="checkbox"/> BLS-3 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D-5 <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

Name, address & telephone: California Department of Forestry San Mateo/Santa Cruz Ranger Unit P.O. Drawer F-2 Felton, CA 95013 408-335-5353 x109		Primary Contact: 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

Name, address & telephone: California Highway Patrol - Gilroy 700 Renz Lane Gilroy, CA 95050 408-848-2324		Primary Contact: Dave Hill 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

Name, address & telephone: California Highway Patrol - Redwood City 355 Convention Way Redwood City, CA 94063 650-369-6261		Primary Contact: Matt Eisenman 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 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

Name, address & telephone: California Highway Patrol - San Jose 2020 Junction Avenue San Jose, CA 95131 408-467-5400		Primary Contact: Mark Marlatt 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 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

Name, address & telephone: California Medical Transport 1124 Independence Avenue Mountain View, CA 94043 650-428-0911		Primary Contact: 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-27 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input type="checkbox"/> EMT-D <input checked="" 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 - 7 CCT - 1

Name, address & telephone: California Shock Trauma Air Rescue (CalSTAR) 20876B Corsair Hayward, CA 94545 510-887-3063		Primary Contact: 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-2
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

Name, address & telephone: California Community College District Police De Anza College c/o Campus Security 21250 Stevens Creek Boulevard Cupertino, CA 95014 408-864-5555		Primary Contact: 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

Name, address & telephone: California Community College District Police Foothill College 12345 El Monte Road Los Altos Hills, CA 94022 650-949-7317		Primary Contact: 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"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <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

Name, address & telephone: California Community College District San Jose/Evergreen Community College District Police Department 3095 Yerba Buena Road San Jose, CA 95135 408-270-6468		Primary Contact: Bud Bye 223-6725			
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"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <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

Name, address & telephone: California Community College District Police West Valley/Mission Community College District 14000 Fruitvale Avenue Saratoga, CA 95070 408-741-2092		Primary Contact: 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

Name, address & telephone: California State University Police Department San Jose State University One Washington Square San Jose, CA 95192-0012 408-924-2222		Primary Contact: 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

Name, address & telephone: City of Campbell Police Department 70 North First Street Campbell, CA 95008 408-866-2121		Primary Contact: Russ Patterson 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

Name, address & telephone: Federal Bureau of Investigation-San Jose 950 South Bascom Avenue San Jose, CA 95128 408-998-5633		Primary Contacts: Gerald Buten Associate Special Agent in Charge Randy R.Cook 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-55 <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

Name, address & telephone: City of Gilroy Fire Department 7070 Chestnut Street Gilroy, CA 95020 408-848-0385		Primary Contact: 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-22 <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

Name, address & telephone: City of Gilroy Police Department 7370 Rosanna Street Gilroy, CA 95020 408-848-0329		Primary Contact: Scot Smithee 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-56 <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

Name, address & telephone: Golden State Medical Services 3593 S. Bascom Avenue Campbell, CA 95008 408-879-1400		Primary Contact: Dave Martinez Vice President/CEO			
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-15 <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

Name, address & telephone: International Business Machines Corporation STL Security 555 Bailey Road San Jose, CA 95141 408-463-4422		Primary Contact: 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-15 <input type="checkbox"/> LALS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> EMT-D-7 <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

Name, address & telephone: Lifeflight 300 Pasteur Drive Stanford, CA 94305 650-725-4829		Primary Contact: Donna York 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
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 Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		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 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
			Number of ambulances: AIR - 1

Name, address & telephone: City of Los Altos Police Department One North San Antonio Road Los Altos, CA 94022 650-948-8223		Primary Contact: Tom Connelly 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
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 Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
		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 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
			Number of ambulances: N/A

Name, address & telephone:		Town of Los Gatos Police Department 110 East Main Street Los Gatos, CA 95030 408-354-4257		Primary Contact:		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"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <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	

Name, address & telephone:		Mid-Peninsula Regional Open Space District 330 Distel Circle Los Altos, CA 94022 650-691-1200		Primary Contact:		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 type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS-8 <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Wildland Fire	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 On-Call	Number of ambulances: N/A	

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 97-98

Name, address & telephone: City of Milpitas Fire Department 777 Main Street Milpitas, CA 95035 408-942-2394		Primary Contact: 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-52 <input checked="" type="checkbox"/> ALS-12
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

Name, address & telephone: City of Milpitas Police Department 1275 North Milpitas Boulevard Milpitas, CA 95035 408-942-3911		Primary Contact: Commander Technical Services			
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

Name, address & telephone: Moffett Field Fire Department 129th Air National Guard Building 580 Moffett Field, CA 94035-1000 650-604-5416		Primary Contact: 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 checked="" type="checkbox"/> PS-Defib-28 <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

Name, address & telephone: City of Morgan Hill Police Department 17605 Peak Avenue Morgan Hill, CA 95037 408-776-7304		Primary Contact: 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

Name, address & telephone: City of Mountain View Fire Department 1000 Villa Street Mountain View, CA 94040 650-903-6803		Primary Contact: 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-57 <input checked="" type="checkbox"/> ALS-3
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

Name, address & telephone: City of Mountain View Police Department 1000 Villa Street Mountain View, CA 94041-1294 650-903-6354		Primary Contact: 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

Name, address & telephone: Pajaro Valley Fire Agency 2021 Freedom Boulevard Freedom, CA 95019 408-722-0125		Primary Contact: Ron Hart Operations 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 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

Name, address & telephone: City of Palo Alto Fire Department 250 Hamilton Avenue Palo Alto, CA 94306 650-329-2220		Primary Contact:			
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-72 <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 Dr. Eric L. Weiss	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-2

Name, address & telephone: City of Palo Alto Police Department 275 Forest Avenue Palo Alto, CA 94301 650-329-2556		Primary Contact: Michael J. Dokter Officer, Personnel and Training 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-96 <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <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

Name, address & telephone: San Jose City Parks c/o Regional Facilities 291 South Market Street San Jose, CA 95113 408-277-5531		Primary Contact: Julie Marks Dep. Director of Parks			
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"/> PS-Defib <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <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

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 97-98

Name, address & telephone: City of San Jose Fire Department 255 North Montgomery Street San Jose, CA 95128 408-277-4084		Primary Contact: Kevin Conant Battalion Chief			
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-497 <input checked="" type="checkbox"/> ALS-143
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

Name, address & telephone: City of San Jose Police Department 201 West Mission Street San Jose, CA 95110 410-277-4000		Primary Contact: Jim Seymour Supervising Fire 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 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

Name, address & telephone: San Jose Unified School District Police 855 Lenzen Avenue San Jose, CA 95126 408-358-3741		Primary Contact:			
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

Name, address & telephone: City of Santa Clara Fire Department 777 Benton Street Santa Clara, CA 95050 408-984-3054		Primary Contact: Dave Busse 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 <input checked="" type="checkbox"/> ALS-28
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

Name, address & telephone: City of Santa Clara Police Department 1541 Civic Center Drive Santa Clara, CA 95050-4685 408-261-5324		Primary Contact: Bill Carver 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-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

Name, address & telephone: Saratoga Fire Protection District 14380 Saratoga Avenue Saratoga, CA 95070 408-867-9001		Primary Contact: Ron Vega EMS Coordinator			
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-25 <input checked="" type="checkbox"/> ALS-5
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Dr. Michaels	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

Name, address & telephone: Santa Clara County Fire Department 14700 Winchester Boulevard Los Gatos, CA 95030-1818 408-378-4010		Primary Contact: Steve Staump Deputy Chief-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 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-152 <input checked="" type="checkbox"/> ALS-44
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

Name, address & telephone: Santa Clara County Parks Department 287 Garden Hill Drive Los Gatos, CA 95030 408-358-3741		Primary Contact:			
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

Name, address & telephone: County of Santa Clara Sheriff's Office 55 West Younger Avenue San Jose, CA 95110 408-299-2101		Primary Contact: Laurie Smith Sheriff			
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-650 <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

Name, address & telephone: South Santa Clara County Rural Fire District 15670 Monterey Street Morgan Hill, CA 95037 408-779-2121		Primary Contact:			
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-3
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

Name, address & telephone: Spring Valley Fire District 4350 Felter Road Milpitas, CA 95035 408-946-		Primary Contact:			
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

Name, address & telephone: Stanford Department of Public Safety 711 Sierra Street Stanford, CA 94305 650-725-2149		Primary Contact:			
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

Name, address & telephone: City of Sunnyvale Department of Public Safety P.O. Box 3707 Sunnyvale, CA 94088-3707 408-730-7162		Primary Contact: Karen Miller Administrative Services Manager Fire Services Division			
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-120 <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

Name, address & telephone: United Technology Corporation- Chemical Systems Division 600 Metcalf Road San Jose, CA 95138 408-776-4282		Primary Contact: Dan Villalon Lieutenant			
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-1 <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

Name, address & telephone:		Westmed Ambulance 1635 Neptune Drive San Leandro, CA 94577 510-614-1423		Primary Contact:		Thomas Milsap CEO/Director of Operations	
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-11 <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		

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 98-99

Training Institution Name / Address		Contact Person telephone no.
California Department of Forrestry Santa Clara Unit 15670 Monterey Street Morgan Hill, CA 95037		Mark Brunton, Battalion Chief Program Director 408-779-2121
Student Eligibility: * Restricted to fire department personnel	Cost of Program [basic/refresher]: No Cost	**Program Level: EMT-I Number of students completing training per year: 20 Initial training: 20 Refresher: 0 Cont. Education: 20-40 Expiration Date:By cycle Number of courses: Initial training: 11 Refresher: 0 Cont. Education: 24 hrs. every 2 years

Training Institution Name / Address		Contact Person telephone no.
Foothill College Main Campus 400 Middlefield Road Palo Alto, CA 94303		Mary Ann Pavic Program Director 650-949-7730
Student Eligibility: * Open to general public	Cost of Program [basic/refresher]: Basic = \$300.00 Refresher = \$150.00	**Program Level: EMT-I 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

* 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 98-99

Training Institution Name / Address

Contact Person telephone no.

Foothill College 400 Middlefield Road Palo Alto, CA 94303		Bob Negri Program Director 650-354-8373
Student Eligibility: * 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.	Cost of Program [basic/refresher]: Basic = \$2,000.00 Refresher = N/A	**Program Level: EMT-P Number of students completing training per year: Initial training: 25-30 Refresher: N/A Cont. Education: unk. Expiration Date: 12/99 Number of courses: Initial training: 1 Refresher: N/A Cont. Education: N/A

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, ext. 3267
Student Eligibility: * Open to general public	Cost of Program [basic/refresher]: 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

* 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 98-99

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, ext. 2821
Student Eligibility: * Open to general public	Cost of Program [basic/refresher]: Basic = \$135.00 Refresher = \$ 76.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 180 Refresher: 25 Cont. Education: N/A Expiration Date: 9.30.00 Number of courses: Initial training: 6 Refresher: 1 Cont. Education: To start Summer 99
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
Student Eligibility: * Restricted to fire department personnel	Cost of Program [basic/refresher]: No Cost	**Program Level: EMT-I Number of students completing training per year: Initial training: 0 Refresher: 160 Cont. Education: N/A Expiration Date: 3.31.01 Number of courses: Initial training: 0 Refresher: 0 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 98-99

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 408-730-7100
Student Eligibility: * Restricted to fire department personnel	Cost of Program [basic/refresher]: 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

Training Institution Name / Address		Contact Person telephone no.
WestMed Training 1330 South Bascom Avenue San Jose, CA 95128		Veronica Shepardson EMT-School Director 408-977-0723
Student Eligibility: * Open to general public	Cost of Program [basic/refresher]: Basic = \$ 975.00 Refresher = \$ 125.00/\$220.00 with Ntl. Registry	**Program Level: EMT-I Number of students completing training per year: Initial training: 100 Refresher: 50 Cont. Education: 50 Expiration Date: 7.31.00 Number of courses: Initial training: 5 Refresher: 4 Cont. Education: 96 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.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 98-99

Training Institution Name / Address

Contact Person telephone no.

WestMed Training 1330 South Bascom Avenue San Jose, CA 95128		David Daub Program Director 408-977-0723
Student Eligibility: * Open to general public	Cost of Program [basic/refresher]: Basic = \$6,200	**Program Level: EMT-P Number of students completing training per year: Initial training: 22 Refresher: 25 Cont. Education: 25 Expiration Date: 07/31/00 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 10: RESOURCES DIRECTORY -- Facilities

EMS System: Santa Clara County **County:** Santa Clara

Reporting Year: FY 97-98

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

Name, address & telephone: Alexian Brothers Hospital 255 North Jackson Avenue San Jose, CA 95116 408-259-5000		Primary Contact: 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:****

Name, address & telephone: Community Hospital of Los Gatos-Saratoga 815 Pollard Road Los Gatos, CA 95030 408-378-6131		Primary Contact: 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 97-98

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

Name, address & telephone: El Camino Hospital 2500 Grant Road, P.O. Box 7025 Mountain View, CA 94039-7025 650-968-8111		Primary Contact: Mary Coombes Quality Management Coordinator 650-940-7238		
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:****

Name, address & telephone: Good Samaritan Hospital 2425 Samaritan Drive San Jose, CA 95124 408-559-2011		Primary Contact: Bill Piche, CEO Kathleen King-Davidson, 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 97-98

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

Name, address & telephone: San Jose Medical Center 675 East Santa Clara Street San Jose, CA 95112 408-998-3212		Primary Contact: Jan Duffy, Chief Nurse Elaine Rodger, R.N. Emergency Department Charge Mgr.		
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:* Pending <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
Trauma <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

Name, address & telephone: Columbia - South Valley Hospital 9400 No Name Uno Gilroy, CA 95020 408-848-2000		Primary Contact: Bryan Ballard, President Jean Forcsee, 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:****

- * 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 97-98

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

Name, address & telephone: Kaiser Permanente Medical Center - Santa Clara 900 Kiely Boulevard Santa Clara, CA 95051 408-236-6400		Primary Contact: 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:****			

Name, address & telephone: O'Connor Hospital 2105 Forest Avenue San Jose, CA 95128 408-947-2819		Primary Contact: 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 checked="" type="checkbox"/> yes <input 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 97-98

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

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

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

* 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 97-98

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

Name, address & telephone: Santa Teresa Community Hospital 250 Hospital Parkway San Jose, CA 95119 408-723-2300		Primary Contact: 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:****

Name, address & telephone: Stanford University Medical Center 300 Pasteur Drive Stanford, CA 94305 650-723-2300		Primary Contact: Peter Van Etten, CEO Linda Bracken, 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 checked="" type="checkbox"/> yes <input 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:**** Preliminary certification equal to Level I.

- * 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 97-98

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

Name, address & telephone:		VA Palo Alto Health Care System 3801 Miranda Avenue Palo Alto, CA 94304 650-493-5000		Primary Contact:		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:*	
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 97-98

Name, address & telephone: American Medical Response-West Communications 1606 Rollins Road Burlingame, CA 94010 888-650-8549 or 650-652-5587		Primary Contact: Jeff Taylor Director 650-652-5410	
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-63
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

Name, address & telephone: Bayshore Ambulance Communications P.O. Box 4622 Foster City, CA 94404 650-525-3855		Primary Contact: 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 97-98

Name, address & telephone: BayTrans Ambulance, Inc. 309 laurelwood Road, Suite 5 Santa Clara, CA 95054-2313 408-565-9000		Primary Contact: John Bird CEO	
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 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

Name, address & telephone: California Community College District Police Foothill/De Anza Community College District Communications 12345 El Monte Road Los Altos Hills, CA 94022 650-949-7317		Primary Contact: Tom Conom Chief of Police	
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-1 POST Equivalent-5
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 97-98

Name, address & telephone: California Community College District San Jose/Evergreen Community College District 4750 San Felipe Road San Jose, CA 95135 408-288-3735		Primary Contact:			
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		

Name, address & telephone: California Community College District West Valley/Mission Community College District 14000 Fruitvale Avenue Saratoga, CA 95070 408-741-2092		Primary Contact: 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 97-98

Name, address & telephone: California Department of Forestry Morgan Hill Ranger Unit - Communications 15670 Monterey Street Morgan Hill, CA 95037 408-779-2121		Primary Contact: 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		

Name, address & telephone: California Department of Forestry San Mateo/Santa Cruz Ranger Unit - Communications P.O. Drawer F-2 Felton, CA 95018 408-335-5353 x109		Primary Contact: 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 97-98

Name, address & telephone: California Highway Patrol Golden Gate Communications Center 1551 Benicia Road Vallejo, CA 94591 707-648-5550		Primary Contact: Debra Chapman 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 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 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	EMT-D LALS POST Equivalent-140
ALS Other				
All dispatchers trained by CHP.				

Name, address & telephone: California State University Police Department San Jose State University One Washington Square San Jose, CA 95192-0012 408-924-2222		Primary Contact: B. Lowe Lieutenant Administrative Services Division Commander		
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-5	
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	EMT-D LALS POST Equivalent
ALS Other				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 97-98

Name, address & telephone: City of Campbell Communications 70 North First Street Campbell, CA 95008 408-866-2121		Primary Contact: Communications Supervisor	
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 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

Name, address & telephone: City of Gilroy-Communications 7030 Rosanna Street Gilroy, CA 95020 408-848-0329		Primary Contact: 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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 97-98

Name, address & telephone: Golden State Medical Services 3493 S. Bascom Avenue Campbell, CA 95008 408-879-1400		Primary Contact: David Martinez CEO	
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 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

Name, address & telephone: International Business Machines Corporation STL Security 555 Bailey Road San Jose, CA 95141 408-463-4422		Primary Contact: 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 97-98

Name, address & telephone: Lifeflight Communications 300 Pasteur Drive Stanford, CA 94305 650-725-4829		Primary Contact: Donna York Program Director	
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

Name, address & telephone: City of Los Altos Communications One North San Antonio Road Los Altos, CA 94022 650-948-8223		Primary Contact: Scott Nielsen 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 EMT-D ALS BLS LALS Other-1 POST Basic-6 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 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 97-98

Name, address & telephone: Town of Los Gatos - Communications 110 East Main Street Los Gatos, CA 95031 408-354-4257		Primary Contact: Duino Giordano 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 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

Name, address & telephone: Mid-Peninsula Regional Open Space District 330 Distel Circle Los Altos, CA 94022 650-691-1200		Primary Contact: John M. Escobar 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 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: Wildland Fire	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 97-98

Name, address & telephone: City of Milpitas Communications 1275 North Milpitas Boulevard Milpitas CA 95035 408-942-3911		Primary Contact:			
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 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		

Name, address & telephone: Moffett Field Communications NASA Ames Protective Services Bldg. 15, Mailstop 15-1 Moffett Field, Ca 94035-1000 650-604-5416/4-5587		Primary Contact: Beth Minor 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-10	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		

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 97-98

Name, address & telephone: City of Morgan Hill Communications 17605 Peak Avenue Morgan Hill, CA 95037 408-776-7304		Primary Contact:	
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

Name, address & telephone: City of Mountain View Communications 1000 Villa Street Mountain View, CA 94041-1294 650-903-6803		Primary Contact: 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 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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 97-98

Name, address & telephone: Pajaro Valley Fire Agency 2021 Freedom Boulevard Freedom, CA 95019 408-722-0125		Primary Contact:			
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 checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal		

Name, address & telephone: City of Palo Alto Communications 275 Forest Avenue Palo Alto, CA 94301 650-329-2556		Primary Contact: 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	EMT-D LALS POST Equivalent-17	ALS Other-3
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		

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 97-98

Name, address & telephone: City of San Jose Fire Communications 855 North San Pedro Street San Jose, CA 95110 408-277-4444		Primary Contact: 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 EMT-D ALS BLS LALS Other: POST Basic POST Equivalent
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 12 dispatchers have also completed a POST Basic dispatch course

Name, address & telephone: City of San Jose Police Communications 855 North San Pedro Street San Jose, CA 95110 408-277-4000		Primary Contact: 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 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 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 97-98

Name, address & telephone: San Jose Unified School District Communications 855 Lenzen Avenue San Jose, CA 95126 408-358-3741		Primary Contact:	
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

Name, address & telephone: City of Santa Clara-Communications 1990 Walsh Avenue Santa Clara, CA 95050-2506 408-615-5580/408-615-5572		Primary Contact: 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 Cert.- 17 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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 97-98

Name, address & telephone: County of Santa Clara General Services Agency - Communications 2700 Carol Drive San Jose, CA 408-299-3151		Primary Contact: 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-70 EMT-D ALS BLS LALS Other-15 POST Basic-82 POST Equivalent
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 All personnel also certified at POST Basic or equivalent level.

Name, address & telephone: Saratoga Fire Protection District Communications 14380 Saratoga Avenue Saratoga, CA 95070 408-867-9001		Primary Contact: 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 EMT-D ALS BLS LALS Other: POST Basic-1 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 97-98

Name, address & telephone: Spring Valley Fire District 4350 Felter Road Milpitas, CA 95035 408-946-0762		Primary Contact:	
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 checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: City of Sunnyvale Department of Public Safety P.O. Box 3707 Sunnyvale, CA 94088-3707 408-730-7162		Primary Contact: 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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Santa Clara County

County: Santa Clara

Reporting Year: FY 97-98

Name, address & telephone: United Technology Corporation- Chemical Systems Division 600 Metcalf Road San Jose, CA 95138 408-776-4282		Primary Contact: John F. MacDonnell Fire Chief	
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: 8 EMD EMT-D ALS BLS <input checked="" type="checkbox"/> LALS Other-8 POST Basic POST Equivalent
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

Name, address & telephone: Westmed Ambulance 1635 Neptune Drive San Leandro, CA 94577 510-614-1423		Primary Contact: Thomas Millsap CEO/Director of Operations	
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 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

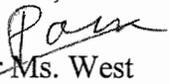
EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9TH STREET
SACRAMENTO, CA 95814-7043
(16) 322-4336 FAX: (916) 324-2875



September 27, 2001

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


Dear Ms. West

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

One reviewer raised some concerns regarding a certain section of the plan. I have listed the section along with the specific comment below.

SECTION**COMMENT**

3.02 Radios

Develop a vehicle-to-vehicle communication system for all transport and non-transport medical units.

This comment is for your information and may be addressed in your annual update. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,



Richard E. Watson
Interim Director

REW:SS