

**County of Orange
Health Care Agency
Health Disaster Management
EMERGENCY MEDICAL SERVICES
405 W. Fifth Street, Suite 301A
Santa Ana, CA 92701**

2007

**EMERGENCY MEDICAL SERVICES
SYSTEM PLAN**

Reviewed and Revised 2007

*Contains Provider Data for CY 2005
& Financial Data for FY 2005-2006*

August 2007

**County of Orange
Health Care Agency
Health Disaster Management
Emergency Medical Services**

EMS SYSTEM PLAN

TABLE of CONTENTS

Section 1	Executive Summary	i
Section 2	Assessment of System	
Table 1	Summary of System Status	1
Standard 1	System Organization and Management	10
Standard 2	Staffing / Training	39
Standard 3	Communications	52
Standard 4	Response / Transportation	62
Standard 5	Facilities / Critical Care	87
Standard 6	Data Collection / System Evaluation	104
Standard 7	Public Information and Education	118
Standard 8	Disaster Medical Response	122
Section 3	System Resources and Operations	
Table 2	System Organization and Management	141
Table 3	Personnel / Training	146
Table 4	Communications	147
Table 5	Response / Transportation	148
Table 6	Facilities / Critical Care	150
Table 7	Disaster Medical	151
Section 4	Resource Directories	
Table 8	ALS Providers	153
Table 8	BLS Providers	167
Table 9	Approved Training Programs	184
Table 10	Facilities	197
Table 11	Dispatch Agency	212

EMS PLAN FORMAT AND CONTENTS

EMS plans will include a combination of:

- Narrative descriptions of the system's compliance with the state's EMS Systems Standards and Guidelines,
- Specific numbers describing the system's resources and operations, and
- Directories, identifying specific resources available within the system.

The EMS Plan is intended to be both a work plan and a long-range plan. A full plan is required every five years (although some agencies may elect to submit a revised plan more often). In each year following the development of the EMS Plan, an annual work plan shall be submitted, providing updated information on the status of the system and the EMS agency's progress in meeting its long-range plans.

Plans should be submitted in loose leaf format, permitting updating of sections which have been changed. The initial five-year plan is due by March 1, 1995. The annual updates are due October 1 of each year, beginning with 1996. The five-year plan should include the following sections:

SECTION 1. Executive Summary

This section provides a brief overview of the plan. It should identify the major needs which have been found and an abstract of the proposed program solutions.

SECTION 2. Assessment of System

This section provides a specific evaluation of how the system currently meets the state's EMS Systems Standards and Guidelines. It identifies system needs and provides a mechanism for planning of activities necessary to comply with the state standards. The section should begin with the Summary Table (Table 1). Then, for each standard identified beginning on page 12 of Part I of the EMS System Standards and Guidelines:

- Describe the current status of the system as it relates to the individual standard;
- Describe efforts to coordinate resources and/or services with other EMS agencies, (only required for those standards on Table 1 identified with an asterisk);
- If the minimum is not met, provide a "needs statement";
- Provide specific objective(s) for meeting the minimum standard or upgrading toward the recommended guideline; and
- Assign each objective to either the Annual Workplan or the Long-Range Plan.

The format for the aforementioned assessment of each standard, along with a completed example, is provided in Appendix 1.

SECTION 3. System Resources and Operations

This section describes the resources available within the EMS system and provides certain indicators of system operation. The checklist and fill-in-the-blank formats replace much of what was provided by narrative in previous years. These items are subject to an annual update and should be provided on Tables 2 to 7. The table included in Table 2 replaces the current process of collecting this information through a separate salary survey.

SECTION 4. Resource Directories

This section identifies specific resources within the system. These items are subject to an annual update and should be provided on Tables 8 to 11. These tables are not intended to duplicate information currently collected at the EMSA. They will become the new mechanism for updating existing lists and data bases (e.g. Provider List, Approved Prehospital Care Training Programs, Designated Trauma Centers in California, and disaster information listings.)

ORANGE COUNTY EMERGENCY MEDICAL SERVICES PLAN
August 2007

EXECUTIVE SUMMARY

Pursuant to California Health and Safety Code Section 1797.254, the Local Emergency Medical Services (EMS) Agency shall annually provide an EMS Plan to the State EMS Authority (EMSA). The EMS Plan is a framework for the planning, implementation and evaluation of EMS in Orange County. It addresses the minimum standards and recommended goals of the EMS Authority, as well as anticipated future needs.

This plan is an update to the Orange County Emergency Medical Services (OCEMS) plan approved by the California EMSA in June 2002. On behalf of the Orange County EMS System providers and stakeholders, and based on a comprehensive review by OCEMS staff I proudly present this update. The plan has been made available on the OCEMS website at: <http://www.ochealthinfo.com/medical/ems>

SUMMARY of SYSTEM STATUS

Standard 1: System Organization and Management

Orange County has a mature and dynamic EMS system that has met the standards for system organization and management. OCEMS has a management team with strong backgrounds in EMS. In addition to a fulltime medical director, it also employs an assistant medical director who has active field experience.

Policies and procedures addressing all aspects of EMS are in place. Policies are periodically reviewed and revised based on new EMS regulations and system needs.

A trauma system, which provides coverage to all geographic areas of the county, is solidly in place. Paramedic receiving centers are reviewed regularly. Hospitals have markedly decreased the number of hours they are on ambulance diversion. Transport times to paramedic receiving centers are low, primarily because of the overall urban environment and distribution of hospitals.

A countywide system for the field assessment and rapid transport of patients with a known or suspected Acute Myocardial Infarction (AMI) has been implemented and is in its second year of operation. Currently, twelve (12) Orange County hospitals have been designated by OCEMS as Cardiovascular Receiving Centers (CVRC). The system incorporates the use of 12-Lead ECG monitoring by paramedics and is a multilateral collaboration between field and hospital providers with the intention of providing rapid and definitive care to patients suffering from an AMI.

Orange County has developed Exclusive Operating Areas for emergency ambulance transportation. Cities and unincorporated areas of the county have either conducted competitive bids, plan to do so, or are grandfathered under the Health and Safety Code Section 1797.224.

With the advent of new State guidelines in 2004, OCEMS has been striving to:

- Strengthen its quality improvement system
- Review and revise, as necessary, dispatch guidelines
- Review, revise and update, as needed, existing policies and procedures
- Integrate bioterrorism preparedness and response activities into EMS practice.

Standard 2: Staffing and Training

All geographic areas of Orange County are covered by the paramedic system. EMT-I's and EMT-P's staff first responder units. Automatic External Defibrillators (AEDs) are carried on most, but not all, first responder units. This is adequate in that response to scene times for paramedics is short.

Six base hospitals and one paramedic resource center hospital provide continuing education for paramedics, as do many of our other receiving hospitals. In addition, the Orange County Fire Authority, Newport Beach Fire Department, Huntington Beach Fire Department, City of Orange Fire Department and the Anaheim Fire Department employ registered nurses that provide QA/QI and/or continuing education. OCEMS prepares mandatory continuing education programs 1-2 times annually.

Since 2004, training on "all-hazards disaster preparedness" has been a primary focus for hospital personnel, paramedics and EMT-Is. Future training programs will focus on:

- Chemical, biological, radiation, nuclear and explosive injuries/illnesses
- Quality improvement generated topics

Standard 3: Communications

Orange County has a robust and redundant communication system that incorporates the 800 MHz system, Med 10 radio, Hospital Emergency Administrative Radio (HEAR), and the ReddiNet communication system. All fire departments are on a common 800 MHz system, which is coordinated by Orange County Communications, a division of the Sheriff's Department. Over the past year, all paramedic receiving hospitals and 9-1-1 ambulance providers were added to the system. OCEMS is now permitting this radio capability option for the non 9-1-1 ambulance companies. Ambulance providers are also required to have MED 10 radios. OCEMS staff, including the Medical Director, regularly monitors 9-1-1 paramedic calls on the 800 MHz system.

In addition to the above, hospitals are required to have the ReddiNet communications system. Some 9-1-1 dispatch centers and ambulance providers have added the internet version of ReddiNet to their systems. The countywide Reddinet system has recently been upgraded. The new system is internet based with packet radio back-up. The Hospital Emergency Administrative Radio (HEAR) system is integrated into the Reddinet system. All system providers and stakeholders are now using Reddinet Version 4.

Standard 4: Response and Transportation

Orange County has designated Exclusive Operating Areas (EOAs) for emergency ambulance transportation. With the exception of member cities of the Orange County Fire Authority, an EOA is considered to be the geographic boundaries of a city. For OCFA member cities, EOAs

have been established that includes the Member City and the unincorporated area of the county immediately adjacent to the respective city borders. The Board of Supervisors approved these EOA designations in 2003. Competitive processes have been conducted in almost all of the cities not "grandfathered".

OCEMS is currently evaluating competitive processes for the cities of Westminster, Brea, Costa Mesa, and the extension of EOA administered by the Orange County Fire Authority.

In an effort to ensure for the fair establishment of ambulance rates, OCEMS is evaluating the current methodology used for setting ambulance rates in Orange County. A revision of the methods used is anticipated.

Through various advisory committees, OCEMS conducts ongoing reviews of medical procedures, treatments, and the availability of new equipment. Several new procedures and/or medications are currently being considered for addition to the OCEMS Treatment Guidelines.

The Orange County Ambulance Ordinance was developed in the mid-1980s. OCEMS is currently reviewing the ordinance and plans to complete a comprehensive revision within 1 year.

Orange County has redesigned its response to mass/multi-casualty incidents, primarily to ensure that patients are transported to a trauma hospital when indicated, that patients are distributed in a logical manner around the incident, and that scene time is minimized. A pilot project was initiated in early 2004 and remains under evaluation. OCEMS is working with a taskforce established by Fire Operations Committee to finalize the plan.

Standard 5: Facilities/Critical Care

OCEMS has developed a comprehensive Cardiovascular Receiving Center (CVRC) program that integrates the rapid field assessment and transport of patients with a known or suspected Acute Myocardial Infarction (AMI). The concept has gained broad acceptance by both field providers and hospitals. To date, OCEMS has designated twelve (12) Cardiovascular Receiving Centers that have met the rigorous criteria outlined in our local Policy and Procedures Manual. The system is in its second year of operation.

Research is underway for possibly considering the future designation of Stroke Receiving Centers in Orange County. Stroke patient data obtained is currently being evaluated for the future viability of a countywide Stroke Care System similar to the CVRC system already in place.

Over the last several months, OCEMS has been working with Anaheim Memorial Medical Center (AMMC) to re-establish their designation as a Base Hospital. AMMC has been functioning as a "Paramedic Resource Hospital" since 1996 when the city of Anaheim Fire Department was approved to implement Comprehensive Standing Orders (CSO) for paramedics.

OCEMS has greatly accelerated its program for preparing hospitals for mass casualty management. This has been made possible through the HRSA grants.

Standard 6: Data Collection/System Evaluation

The data system in use in Orange County was designed by Lancet Technology. Over the past year, significant improvements have made to both the Base Hospital and Trauma Registry data systems. In 2006, OCEMS completed an overhaul of the Patient Care Record (PCR) tracking system, and adopted the use of an eight character alpha-numeric PCR "Sequence Number". The new PCR tracking system has significantly improved our ability to conduct comprehensive system evaluation and will facilitate future research through interoperability between parallel databases (e.g. Base Hospital data vs. Trauma Registry data).

OCEMS has established a committee of countywide EMS System stakeholders that have been tasked with the review and integration of data system standards that will be compliant with both California Emergency Medical Services Information System (CEMSIS) and National Emergency Medical Services Information System (NEMSIS) guidelines. Within the next 3-5 years, OCEMS plans to develop a countywide data repository system that is based on NEMSIS/CEMSIS standards. Provider agencies interested in pursuing electronic data collection are encouraged to do so as long as the system selected by them is compatible with the data system standards adopted by OCEMS.

Standard 7: Public Information and Education

For the last several years, OCEMS has utilized EMS Week to promote public information and education. EMS Week programs included "Super CPR" day, bicycle safety, infant and child seat safety, gun safety, pool safety and blood pressure checks for the public.

OCEMS has been participating on an extensive project with the local Public Health personnel, Children's Hospital of Orange County (CHOC), and the Orange County Fire Authority (OCFA) on drowning prevention.

Standard 8: Disaster Medical Response

As a result of grant funding, hospitals, prehospital providers and ambulance personnel have received extensive equipment and training for responding to chemical and biological terrorism threats. An educational unit within the Health Care Agency has been formed to concentrate its educational efforts on HCA employees, ambulance companies, clinics, and hospitals.

The mass casualty plan has been revised to improve the patient assessment and distribution of patients following a multi-casualty event. A pilot project is still in progress.

Ambulance companies and 9-1-1 receiving hospitals have now been equipped with 800 MHz radios, formerly limited to fire departments and base hospitals. This has increased communication capabilities between all system participants.



Greg Boswell
Program Manager
Orange County EMS

08/03/2007

Date

THIS PAGE INTENTIONALLY LEFT BLANK

TABLE 1:

SUMMARY of SYSTEM STATUS

STANDARD 1: SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
1.01	LEMSA Structure	X	X		
1.02	LEMSA Mission	X	X		
1.03	Public Input	X	X		
1.04	Medical Director	X	X		
Planning Activities:					
1.05	System Plan	X	X		
1.06	Annual Plan Update	X	X		
1.07	Trauma Planning*	X	X		
1.08	ALS Planning*	X	X		
1.09	Inventory of Resources	X	X		
1.10	Special Populations	X	X		
1.11	System Participants	X	X		
Regulatory Activities:					
1.12	Review & Monitoring	X	X		
1.13	Coordination	X	X		
1.14	Policy & Procedures Manual	X	X		
1.15	Compliance with Policies	X	X		
System Finances:					
1.16	Funding Mechanism	X	X		

STANDARD 1: SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Medical Direction:					
1.17 Medical Direction*		X	X		
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X	X		
1.20 DNR Policy		X	X		
1.21 Determination of Death		X	X		
1.22 Reporting of Abuse		X	X		
1.23 Interfacility Transfer		X	X		
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		X			X
1.25 On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		X	X		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan		X	X		
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X	X		

STANDARD 2: STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X	X		
2.02	Approval of Training		X	X		
2.03	Personnel		X	X		
Dispatchers:						
2.04	Dispatch Training		X	X		
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X	X		
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X	X		
2.10	Advanced Life Support		X	X		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X	X		
2.12	Early Defibrillation		X	X		
2.13	Base Hospital Personnel		X	X		

STANDARD 3: COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan*		X	X		
3.02	Radios		X	X		
3.03	Interfacility Transfer*		X	X		
3.04	Dispatch Center		X	X		
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X	X		
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X	X		
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

STANDARD 4: RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01	Service Area Boundaries*	X	X		
4.02	Monitoring	X	X		
4.03	Classifying Medical Requests	X	X		
4.04	Prescheduled Responses	X	X		
4.05	Response Time Standards*	X	X		
4.06	Staffing	X	X		
4.07	First Responder Agencies	X	X		
4.08	Medical & Rescue Aircraft*	X	X		
4.09	Air Dispatch Center	X	X		
4.10	Aircraft Availability*	X	X		
4.11	Specialty Vehicles*	X	X		
4.12	Disaster Response	X	X		
4.13	Intercounty Response*	X	X		
4.14	Incident Command System	X	X		
4.15	MCI Plans	X	X		
Enhanced Level: Advanced Life Support:					
4.16	ALS Staffing	X	X		
4.17	ALS Equipment	X	X		
Enhanced Level: Ambulance Regulation:					
4.18	Compliance	X	X		
Enhanced Level: Exclusive Operating Permits:					
4.19	Transportation Plan	X	X		
4.20	"Grandfathering"	X	X		
4.21	Compliance	X	X		
4.22	Evaluation	X	X		

STANDARD 5: FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X	X		
5.03	Transfer Guidelines*		X	X		
5.04	Specialty Care Facilities*		X	X		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X	X		
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X	X		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X	X		
5.09	Public Input		X	X		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X	X		
5.11	Emergency Departments		X			X
5.12	Public Input		X	X		
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X	X		
5.14	Public Input		X	X		

STANDARD 6: DATA COLLECTION/SYSTEM EVALUATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
6.01 QA/QI Program		X	X		
6.02 Prehospital Records		X	X		
6.03 Prehospital Care Audits		X	X		
6.04 Medical Dispatch		X	X		
6.05 Data Management System*		X	X		
6.06 System Design Evaluation		X	X		
6.07 Provider Participation		X	X		
6.08 Reporting		X	X		
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit		X	X		
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		X	X		
6.11 Trauma Center Data		X	X		

STANDARD 7: PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	X		

STANDARD 8: DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning*		X	X		
8.02	Response Plans		X	X		
8.03	HazMat Training		X	X		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties*		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications*		X	X		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		X	X		
8.10	Mutual Aid Agreements*		X	X		
8.11	CCP Designation*		X	X		
8.12	Establishment of CCPs		X	X		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	X		
8.16	Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X	X		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X	X		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X	X		

SYSTEM ORGANIZATION AND MANAGEMENT

Standard 1.01

Each local EMS agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

Current Status:

Pursuant to the California Health and Safety Code, the Orange County Board of Supervisors designated the Health Care Agency as the local EMS Agency in February 1982. The formal organizational structure depicted in Policy #070.05 of the Orange County EMS Policy and Procedures manual integrates both agency staff and non-agency technical and clinical support resources. The document may be found on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/070.05.pdf>

In October 2002, the existing EMS staff was augmented to include a Bioterrorism Preparedness Planning Team. In March 2004, a training section for bioterrorism and general disaster preparedness was added. In 2007, OCEMS was reorganized into a new division within the Orange County Health Care Agency. The new division, Health Disaster Management, has integrated the organizational structure of the Emergency Medical Services section with the Bioterrorism Preparedness and Training Sections.

Need(s):

None. Standard is met.

Standard 1.02

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes.

Current Status:

Orange County Emergency Medical Services Agency (OCEMSA) plans, implements and then evaluates the EMS system and any changes that are instituted. Quality improvement and evaluation processes are integral to this system.

Need(s):

Basic standard is met. (See Standard 6.01 for additional detail).

Standard 1.03

Each local EMS agency shall have a mechanism (including the Emergency Medical Care Committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

Current Status:

A comprehensive network of professional and technical advisory groups exists in addition to the Emergency Medical Care Committee (EMCC) to provide consumer and health care provider input to the EMS System. EMCC meetings are held in accordance with the provisions established by the "Brown Act"; therefore, citizen, and provider complaints and/or suggestions are solicited with formal follow-up to all complaints and/or suggestions.

OCEMS policy #070.05 of the Orange County EMS Policy and Procedures manual lists all advisory groups to OCEMS and shows the flow of information. The document may be found on the OCEMS website at: <http://www.ocalthinfo.com/docs/medical/ems/P&P/070.05.pdf>

Need(s):

None. Standard is met.

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.

Recommended Goal:

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

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

Current Status:

The Orange County Board of Supervisors designates the Medical Director of the Health Care Agency – Emergency Medical Services Program. The EMS Medical Director is a 1.0 FTE position. OCEMS also employs a .25 FTE Assistant EMS Medical Director.

Advisory groups to OCEMS / OCEMS Medical Director:

A seven-member base hospital physician directors' advisory board is advisory to the medical director. In addition, physicians with appropriate specialties and non-physician providers serve on the formal and informal technical advisory subcommittees. Advisory groups with physician membership include: Emergency Medical Care Committee (EMCC), Facilities Advisory Subcommittee, Education and Training Advisory Subcommittee, County Paramedic Advisory Committee (CPAC), Transportation Advisory Committee (TAC), Quality Assurance Board (QAB), and the Regional Trauma Operations Committee. Current membership and by-laws of the committees listed above may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/medical/ems/p&p/page.htm>

Need(s):

None. Standard is met.

Standard 1.05

Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall: a) assess how the current system meets these guidelines, b) identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and c) provide a methodology and timeline for meeting these needs.

Current Status:

The EMS System Plan is in a dynamic state. On-going evaluation of EMS System performance by the EMS agency and system participants provides continuing direction. Overall, goals are established with EMS community involvement. Realistic timeframes are identified and an evaluation mechanism exists to modify the plan as needed. This EMS Plan update represents the current status of OCEMS.

Need(s):

None. Standard is met.

Standard 1.06

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

Current Status:

The existing 1999 EMS System Plan, approved in 2002, has been evaluated and modified to reflect current implementation needs and goals. This document, reviewed in 2007, represents an update of the previously approved plan.

Need(s):

None. Standard is met

Objective(s):

- 1.06.1 Submit EMS Plan updates to EMS Authority as requested.
 Short-range Plan.

Standard 1.07

The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

Goal:

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

Current Status:

There is a well-established trauma care system in Orange County that fully meets the needs of Orange County residents at this time. The trauma care system includes four (4) trauma centers with a ratio of approximately 1 trauma center for every 750,000 county residents. All Orange County trauma centers have undergone site visits by the American College of Surgeons (ACS) and have been formally designated by OCEMS. There are three designated Trauma Centers within Orange County. University of California Irvine (UCI) Medical Center has been designated as a Level I Trauma Center. Western Medical Center – Santa Ana and Mission Regional Hospital have both been designated as Level II Trauma Centers. A written agreement with Long Beach Memorial Medical Center (in Los Angeles County) for trauma care of patients in the western side of Orange County is in place and is current.

Coordination With Other EMS Agencies:

Inter-county agreements have been executed with all adjacent counties. Coordination with the appropriate EMS Agency occurs as needed in response to specific incidents or system issues.

Need(s):

The inter-county agreement was established in the late 1980s. It primarily addresses the transportation of patients across county lines. It needs to be updated.

Objective(s):

- 1.07.1 Review and update the inter-county agreement(s).
 Short-range Plan.

Standard 1.08

Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

Current Status:

ALS ground services are available throughout Orange County within approximately 5-8 minutes in urban/suburban areas. All ALS providers are fire departments. The system undergoes continuous evaluation and system participants routinely challenge one another to improve. Various committees are in place that are tasked with evaluating the EMS system such as the Regional Paramedic Advisory Committee (RPAC) meetings held by each Base Hospital, the County Paramedic Advisory Committee (CPAC) meeting held by OCEMS, the Quality Assurance Board (QAB), Fire Chief's EMS Section, and the Fire CQI subcommittee.

Coordination With Other EMS Agencies:

Engine companies carry ALS equipment with them during fire mutual aid responses, *e.g.*, wild land fires. This allows them, under mutual aid provisions, to deliver unexpected emergency ALS care. Policy #900.00 of the Orange County EMS Policy and Procedures manual identifies the countywide plan for the mutual aid coordination of ALS resources for multi-casualty or disaster situations. Issues/problems are resolved with neighboring providers and agencies. Policy #900.00 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/900.00.pdf>

Additionally, all fire provider agencies have both mutual aid and auto-aid agreements with surrounding jurisdictions. This enables the closest appropriately staffed and equipped apparatus to be dispatched to the scene of an emergency, whether for medical aid incidents or other needs.

Need(s):

None. Standard is met.

Standard 1.09

Each local EMS agency shall develop a detailed inventory of EMS resources (e.g. personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

Current Status:

The EMS agency maintains a comprehensive inventory of EMS resources including personnel, ambulance service providers, ALS providers, paramedic receiving centers, base hospitals, specialty centers and training programs. This inventory is updated annually and distributed to paramedic receiving centers.

Need(s):

None. Standard is met.

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).

Goal:

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:

Services for a variety of special population groups are available throughout Orange County, provided by facilities, dispatch centers, ambulance service providers and ALS providers.

All designated paramedic receiving centers in Orange County maintain Joint Commission accreditation; consequently they meet the standard and goal. The County disaster response plans identify population groups such as elderly and handicapped requiring specialized services for evacuation by the prehospital system. Communications services for hearing impaired and mute are available through Orange County Communications and all 9-1-1 answering points and dispatch centers.

Resource List:

OCEMS provides an EMS Resource List to each paramedic receiving hospital that provides the hospital with a variety of contacts to community services (policy #600.10). OCEMS policy requires the hospital to have this list immediately available in the emergency department (policy #600.00). These documents may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/medical/ems/p&p/page.htm>

Special needs patients:

OCEMS policy #330.53, <http://www.ochealthinfo.com/docs/medical/ems/P&P/330.53.pdf>, addresses patients with severe or chronic illnesses and provides a form for the patient's family, personal physician, or hospital intensivist to complete. The information sheet provides a pertinent summary of the patient's medical problem(s), medications, and specific needs. The form should be immediately available in the patient's home for review by EMS providers and taken to the hospital with the patient. The expectation is that it will facilitate more effective and efficient care of the patient in the field and at the receiving hospital. Additional forms can be obtained at the OCEMS website at: <http://www.ochealthinfo.com/medical/ems/index.htm>

Children:

Although OCEMS does not have a special designation for Emergency Departments Approved for Pediatrics *per se*, all paramedic receiving hospitals are required to provide an appropriate assessment and stabilization of pediatric patients, using pediatric-appropriate equipment. All paramedic receiving centers are reviewed every three years or more often, if needed, for compliance to this and other criteria. The survey includes pediatrics as one of the focus areas.

Standard 1.10 - (Continued)

Burn Centers

Two hospitals in Orange County – UCI Medical Center and Western Medical Center Santa Ana – meet the requirements of the State Department of Health Services to provide burn services care. OCEMS does not have a separate burn center designation process.

Cardiovascular Receiving Centers

OCEMS has established criteria for the designation of Cardiovascular Receiving Centers (CVRC) (Policy #630.00). Currently, twelve (12) hospitals have received this designation. The CVRC system is a comprehensive collaboration between EMS field providers and designated CVRC hospitals and has documented significant improvements to cardiac patient care in Orange County. The system is designed to allow for the field triage of patients with ST segment elevation myocardial infarctions to be transported directly to a designated CVRC hospital to ensure that definitive care and treatment is initiated. All ALS (Fire Department) EMS providers have purchased 12-lead EKG monitors and are actively participating in the system. OCEMS policy #630.00 of the Orange County EMS Policy and Procedures manual may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/630.00.pdf>

Need(s):

None. Standard is met.

Standard 1.11

Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

Goal:

Each local EMS agency should ensure that system participants conform to their assigned EMS System roles and responsibilities through mechanisms such as written agreements, facility designations, and exclusive operating areas.

Current Status:

Formal agreements have been developed and executed with system participants including base hospitals, paramedic receiving centers and trauma centers. ALS providers, ambulance service providers, and EMT and EMT-P training programs do not have formal agreements with OCEMS but are regulated through the Orange County Ambulance Ordinance, OCEMS Policies, Procedures, and Treatment Guidelines, and California State statutes and regulations.

Six base hospitals and one paramedic resource hospital, twenty-five paramedic receiving centers, three trauma centers, and twelve cardiovascular receiving centers (CVRC) have formally executed signed agreements.

Twenty ambulance service providers are licensed to do business in Orange County; six provide 9-1-1 response, fifteen offer critical care transport. All ambulance service providers are visited annually, and each ambulance transport vehicle is inspected by a member of the OCEMS staff for compliance with the Orange County Ambulance Ordinance. All 34 EOA's are served exclusively by one ambulance service provider.

OCEMS reviews and approves EMT and EMT-P training programs. There are currently eight approved EMT training programs and two EMT-P training programs operating within the county.

Need(s):

None. Standard is met.

Standard 1.12

Each local EMS agency shall provide for review and monitoring of EMS System operations.

Current Status:

EMS Systems operations are reviewed and monitored by all EMS staff positions in their respective areas of responsibility, including a full time Data/QI coordinator. A variety of activities are closely monitored, including ALS airway placement, patients designated to a cardiovascular receiving center (CVRC), high risk procedures (e.g. needle thoracostomy), use of Comprehensive Standing Orders (CSO), and use of the 9-1-1 system to effect interfacility transfers.

The Orange County Board of Supervisors appoints individuals from each component of the EMS delivery system to membership on a Quality Assurance Board (QAB). See policy #150.20 of the Orange County EMS Policy and Procedures manual for the current membership of the QAB. The QAB exists to review and monitor the EMS system and make recommendations for changes when appropriate, based on input from the medical community and health care consumers. Policy #150.20 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/150.20.pdf>

At the provider level, Base Hospitals and fire departments are actively involved in quality improvement activities and programs. The Fire CQI committee, comprised of representatives from each provider agency and OCEMS, meets bi-monthly. Paramedic Receiving Centers provide routine follow-up as needed of patient outcome.

A member of the OCEMS staff routinely attends meetings of the Child Death Review committee which reviews and investigates the circumstances pertaining to infant and/or child deaths that occur in the prehospital setting.

Complaints are reviewed and investigated by the entity receiving the complaint, with OCEMS notification and involvement when indicated. Appropriate personnel evaluate suggestions for system improvement.

Please see Standard 6.01 for further information.

Need(s):

Standard is met.

Objective(s):

- 1.12.1 Targeted areas for future in-depth review and monitoring include dispatch, basic life support, basic level providers (e.g. automated external defibrillation).
- Long-range Plan.

Standard 1.13

Each local EMS agency shall coordinate EMS system operations.

Current Status:

The organizational structure of the EMS agency provides for comprehensive coordination of EMS System operations through technical advisory subcommittees representing all EMS System participants. Continued participation by OCEMS at other provider-sponsored committees such as the Orange County Fire Chiefs Association EMS Committee, Hospital Council Committees, Fire CQI, Cal Chiefs, and strong collaboration with adjacent counties, are critical for system coordination. See also OCEMS policy #070.05, EMS System Information Flow Chart. Policy #070.05 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/070.05.pdf>

Need(s):

None. Standard is met.

Standard 1.14

Each local EMS agency shall develop a policy and procedures manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

Current Status:

A comprehensive policy and procedure manual is maintained, updated and distributed to all EMS System participants. Revisions completed in response to recommended system operational needs and regulations adopted by the program and medical director are distributed in a timely manner to assure conformity and standardization.

The Orange County EMS Policy and Procedures manual and OCEMS Treatment Guidelines manual are currently on the OCEMS website. The OCEMS website may be accessed at:
<http://www.ochealthinfo.com/medical/ems/index.htm>

Need(s):

Standard is met.

Standard 1.15

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

Current Status:

Formal (*e.g.*, redesignation, recertification, etc.) and informal (*e.g.*, complaints, CQI audits, etc.) review policies exist to provide the mechanism for ensuring compliance with system policies. The OCEMS organizational structure provides oversight, review of areas of non-compliance, and recommendations for corrective action.

Need(s):

None. Standard is met.

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:

Of the total EMS Fund received by Orange County in 2005, \$741,640 (approximately 17%) was used as a primary funding source to support OCEMS. This represents nearly 60% of the total OCEMS budget. Nearly 40% of the budget is generated through fees, and a small percentage is net County cost.

Need(s):

None. Standard is met.

Standard 1.17

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of prehospital and hospital providers.

Current Status:

Clinical oversight of care provided in the EMS setting is provided by the base hospital medical directors and base hospital coordinators advisory committees. Roles, responsibilities and relationships are delineated in contractual agreements between the base hospitals and OCEMS, as well as through policies and procedures .

Six base hospitals and one paramedic resource center currently provide medical direction to the thirteen ALS provider agencies and ALS units. On-line medical direction and clinical oversight, including quality improvement (QI) activities, are provided by the six base hospitals, under the direction of the base hospital EMS liaison physician and the base hospital coordinator. The paramedic resource hospital provides off-line medical oversight and QI for one provider agency under a program of "comprehensive" standing orders, which utilizes specific criteria for when on-line medical control is required. Geography and other practical means are used to assign ALS units to base hospitals as equitably as possible. The implementation of "ALS no-contact" criteria has reduced the number of base contacts for on-line medical control. The base hospital coordinators have committed to 100% review of all ALS level calls, with notification to OCEMS when a significant deviation from OCEMS protocols occurs.

OCEMS anticipates that "comprehensive" standing orders will be expanded to the other 12 provider agencies over the next few years, bringing all providers to a single expanded scope of practice for permitted interventions in the absence of on-line medical control. This could not be accomplished except for the attention to QI by the base hospital coordinators and the cooperative spirit that exists between all providers (base, fire, and OCEMS).

Medical direction of BLS level skills such as automated external defibrillation, BLS level Combitube® (airway) and public safety bag-valve-mask use has been implemented.

Coordination With Other EMS Agencies:

Policies and procedures are available as a resource. Interaction on medical direction occurs as needed.

Need(s):

Standard is met.

Objective(s):

- 1.17.1 Phase in "comprehensive" standing orders (field treatment protocols) for all paramedic provider agencies over the next few years.
- Long-range Plan.

Standard 1.18

Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the local EMS agency and which are coordinated with other system participants.

Goal:

Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

Current Status:

A comprehensive QI program exists for evaluating system performance. Provider based programs are included and are encouraged through the Orange County Fire Chiefs Association EMS Sub-Committee. Please see Standard 6.01.

Need(s):

Review California State Emergency Medical Services Authority (EMSA) EMS Quality Improvement Guidelines and determine actions needed to be taken to be in compliance with these guidelines.

Objective(s):

- 1.18.1 Complete inventory of QI needs.
 - Short-range Plan.

- 1.18.2 Establish more formal QI network for pre-hospital care providers.
 - Long-range Plan.

- 1.18.3 Enhance ALS in-house QI programs.
 - Short-range Plan.
 - Long-range Plan.

- 1.18.4 Institute BLS level QI plans.
 - Short-range Plan.
 - Long-range Plan.

Standard 1.19

Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to,

- a) triage,
- b) treatment,
- c) medical dispatch protocols,
- d) transport,
- e) on-scene treatment times
- f) transfer of emergency patients,
- g) standing orders,
- h) base hospital contact,
- i) on-scene physicians and other medical personnel, and
- j) local scope of practice for prehospital personnel

Goal:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

Current Status:

OCEMS Policies and Procedures address all aspects of EMS operations. OCEMS is responsive to system needs and, in collaboration with system participants, routinely develops and updates policies pertinent to local EMS practice. Treatment Guidelines are reviewed annually and revised as needed. The Orange County EMS Policy and Procedures manual and the Orange County EMS Treatment Guidelines manual are available on the OCEMS website at: <http://www.ochealthinfo.com/medical/ems/>

Almost all of the dispatch agencies utilize pre-arrival/post dispatch instructions. The two primary dispatch systems used are a locally developed system and Medical Priority Dispatch System (MPDS).

Need(s):

Standard is met.

Objective(s):

- 1.19.1 Implement pre-arrival/post dispatch instructions in all dispatch agencies.
 - Long-range Plan.
- 1.19.2 Review and revise emergency medical dispatch protocols as needed.
 - Long-range Plan.

Standard 1.20

Each local EMS agency shall have a policy regarding "Do-Not-Resuscitate (DNR)" situations in the prehospital setting, in accordance with the EMS Authority's DNR guidelines.

Current Status:

OCEMS has a DNR policy consistent with EMS Authority DNR guidelines. There has been system education on this issue. The public as well as physician offices and non acute care facilities contact OCEMS to provide basic information, clarification, and/or DNR forms. An overview of DNR legislation updates has been widely distributed and published in the Orange County Medical Society's Bulletin.

Following a change in State regulations effective January 2002, Orange County EMS revised the DNR policy in February 2002. The revised policy permits "emergency response employees" (using the State's definition) to withhold or withdraw resuscitative measures under certain conditions. The policy outlines parameters that must be met and details the permitted action. A verbal DNR may also be accepted as outlined in the policy, and direction from a "registered domestic partner" is also permitted. See policy #330.51 of the Orange County EMS Policy and Procedures manual for more information. The policy may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/330.51.pdf>

Need(s):

Standard is met.

Standard 1.21

Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

Current Status:

Policy #330.50 of the Orange County EMS Policy and Procedures manual, "Prehospital Determination of Death", clearly defines situations appropriate for field pronouncement of death. Orange County Coroner review of this policy was solicited prior to implementation and communication exists to provide immediate feedback on individual cases when necessary. Policy #330.50 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/330.50.pdf>

Education has been given to prehospital providers on indications for making a field determination of death, as opposed to initiating resuscitative efforts for all persons in cardiopulmonary arrest. There remains some reluctance by some base hospital physicians to cease resuscitation in the out-of-hospital setting.

Need(s):

Continue to provide education on the appropriateness of field pronouncement when indicated. Work with law enforcement to develop a crime scene management policy for EMS providers.

Objective(s):

- 1.21.1 Consider additional field pronouncement guidelines
 - Long-range Plan.

- 1.21.2 Work with the base hospital physician directors to encourage field pronouncement when appropriate.
 - Short-range Plan.

- 1.21.3 Develop a Crime Scene Management Policy for EMS providers.
 - Short-range Plan.

Standard 1.22

Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

Current Status:

Policies #330.30 and 330.35 of the Orange County EMS Policy and Procedures manual provide direction regarding the identification and reporting of suspected child abuse and elder abuse. Currently, prehospital personnel do not formally report SIDS death. The Orange County Coroner is directly involved in each case, and paramedic receiving centers notify the Orange County Coroner of suspected SIDS deaths routinely as a "reportable death". There is a Health Care Agency SIDS coordinator. The policies listed above may be accessed on the OCEMS website at:

<http://www.ochealthinfo.com/medical/ems/p&p/page.htm>

Need(s):

None. Standard is met.

Standard 1.23

The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.

Current Status:

Policy #670.10 of the Orange County EMS Policy and Procedure manual permits use of the 9-1-1 system to perform emergent transfers of critically ill or unstable patients when the patient's condition does not allow waiting for a nurse-accompanied transfer via critical care transport. During these transfers, paramedics must establish on-line medical control with a base hospital and must adhere to OCEMS policies and treatment guidelines. Patient monitoring for certain hospital-initiated interventions outside standard field treatment is permitted; see Treatment Guideline F-05 of the Orange County EMS Treatment Guidelines manual. Additional education and training on these interventions (patients with a thoracostomy tube, patients receiving infusions of blood or blood products, intravenous potassium infusions, and patients who have received neuromuscular blockade) have been provided to all ALS personnel. Policy #670.10 may be accessed on the OCEMS website at:

<http://www.ochealthinfo.com/docs/medical/ems/P&P/670.10.pdf>

Treatment Guideline F-05 may be accessed on the OCEMS website at:

http://www.ochealthinfo.com/docs/medical/ems/treatment_guidelines/f05.pdf

BLS personnel adhere to EMT scope of practice per Title 22 during interfacility transfers. With training, BLS personnel are also allowed to transport patients with thoracostomy tubes in place, although this rarely occurs.

There are no OCEMS policies and protocols for interfacility transfers performed by non 9-1-1 ALS providers, nor review of provider protocols.

OCEMS monitors all uses of the 9-1-1 system for interfacility transfer of patients to higher level of care for appropriate use. Follow-up is done when indicated with the sending facility. Such intensive monitoring of IFTs via the 9-1-1 system has identified areas on which to focus education and has also provided information to support the development of additional specialty designations (*e.g.*, cardiovascular receiving centers). The OCEMS System Activity Reports include a section on the type and volume of Interfacility transfers performed by paramedics through the 9-1-1 system. The reports may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/medical/ems/reports.htm>

Need(s):

Standard is met. We will continue to monitor any need for EMS-generated protocols for nurse-accompanied transfers.

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.

Goal:

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

Current Status:

Fire departments currently provide all ALS services within their governmental borders pursuant to the grandfather clause, Health and Safety Code, Division 2.5 Section 1797.201, and as approved by the State EMS Authority following recognition of the Orange County EMS Plan. Some ALS providers have signed written agreements with OCEMS, and all adhere to OCEMS policies and protocols.

Need(s):

Although all providers adhere to OCEMS policies and procedures, pursue agreements with ALS service providers.

Objective(s):

- 1.24.1 Develop agreements with ALS providers.
 - Long-range Plan.

Standard 1.25

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

Goal:

Each EMS system should develop a medical control plan which determines: a) the base hospital configuration for the system, b) the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and c) the process for determining the need for in-house medical direction for provider agencies.

Current Status:

Base hospitals are geographically distributed throughout the county. Policy #610.00 of the Orange County EMS Policy and Procedures manual outlines the process for selecting base hospitals. Base hospital configuration has been stable since 1996, when one base moved to off-line status as a paramedic resource center, not a base. When last surveyed (2006), each base hospital indicated a commitment to continue to serve in that capacity. Policy #610.00 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/610.00.pdf>

The OCEMS Medical Director, in consultation with other system participants, especially Base Hospital physicians, determines which medications and treatment modalities may be instituted without base hospital contact. On-line medical direction is available when required by OCEMS protocols or whenever the paramedic desires consultation. The Anaheim Fire Department has been working on an expanded scope since 1996. All other ALS providers may utilize ALS No-Contact guidelines as established in Treatment Guidelines I-40 of the Orange County EMS Treatment Guidelines manual. The implementation of these guidelines has reduced the number of base contacted calls by approximately 40%. Intensive QI at the base and OCEMS level supports this change in practice. Treatment guideline I-40 may be accessed on the OCEMS website at: http://www.ochealthinfo.com/docs/medical/ems/treatment_guidelines/i40.pdf

OCEMS authorizes Mobile Intensive Care Nurses (Registered Nurses with additional education and training in OCEMS policies and protocols). A standard MICN curriculum has been developed and is used by the base hospitals. Authorization tests are offered monthly by OCEMS.

Needs:

Re-establish Anaheim Memorial Medical Center (AMMC) as a designated Base Hospital due to the increase in population and additional ALS units in service..

Objective(s):

- 1.25.1 Re-establish AMMC as a Base Hospital
 Short-range Plan.

Standard 1.26

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines: a) the optimal system design for trauma care in the EMS area, and b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

Current Status:

A comprehensive trauma care system plan has been fully implemented with sufficient capacity to care for all designated trauma victims. UCI Medical Center, Western Medical Center / Santa Ana and Mission Hospital Regional Medical Center are designated trauma centers within the geographic area of Orange County and provide trauma care to 97% of the designated trauma victims. Long Beach Memorial Hospital in Los Angeles County serves the Los Alamitos geographic area and provides trauma care to 3% of Orange County's designated trauma patients. The American College of Surgeons (ACS) surveys the trauma hospitals every three years and all are "verified" by ACS.

Members of the Orange County Trauma Operations committee with designated representatives from each Orange County Trauma Center meet regularly.

Need(s):

None. Current system meets standard (see also Standard 5.08).

Standard 1.27

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines: a) the optimal system design for pediatric emergency medical and critical care in the EMS area, and b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

Current Status:

A formalized pediatric emergency medical and critical care EMS System plan has not been developed. Pediatric emergency medical and critical care is integrated into the overall EMS System.

Pediatric needs are addressed through specific equipment requirements for pre-hospital care providers and comprehensive staffing and equipment standards for paramedic receiving centers that include pediatric needs. Recent audits show that pre-hospital care providers have equipment generally meeting EMSC standards.

All paramedic receiving centers (PRCs) are expected to provide for the evaluation and stabilization of all patients, including pediatric patients; a pediatrician must be on-staff and available at all times to come into the hospital. It is the responsibility of the PRC physician to determine needs for a higher level of care and/or coordination of pediatric patient transfers. There are five pediatric intensive care units in the County. The designated trauma centers provide care to pediatric and adult trauma victims.

Need(s):

The existing system adequately meets community needs. On-going reviews and audits will be performed. (Please see Standard 5.10).

Objective(s):

- 1.27.1 Ensure that the existing EMS system provides adequate pediatric emergency medical and critical care.
- Short-range Plan
 - Long Range Plan.

Standard 1.28

The local EMS agency shall develop, and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

Current Status:

Each city desiring to have an exclusive operating area for ambulance service is required to prepare an RFP (request for proposal) and submit the RFP to OCEMS for approval. Once approved by OCEMS, the State EMS Authority is notified.

Policy #700.00 of the Orange County EMS Policy and Procedures manual outlines requirements for responding paramedic units into geographically contiguous areas on a mutual aid and/or back-up response when requested, without regard to governmental boundaries. This policy also recommends one paramedic unit for every 64,000 population; or one unit per 16 square miles; or an average of five minutes or less response time; or adjacent units are at or above 300 total responses per month. Policy #700.00 may be accessed on the OCEMS website at:

<http://www.ochealthinfo.com/docs/medical/ems/P&P/700.00.pdf>

ALS services are currently provided for each city and all unincorporated areas in Orange County.

Exclusive Operating Area agreements are in place for most cities in Orange County.

Need(s):

As existing agreements expire, or as cities desire to change current ambulance transportation systems, an RFP is required to be conducted for ambulance transportation services.

Objective(s):

- 1.28.1 Review all requests-for-proposals for exclusive operating areas.
 - Short-range Plan (as needed).

STAFFING/TRAINING

Standard 2.01

The local EMS agency shall routinely assess personnel and training needs.

Current Status:

OCEMS assesses personnel and training needs as follow-up to audits by OCEMS and the Quality Assurance Board (QAB), as well as other providers, e.g., prehospital care coordinators, fire departments and others. OCEMS routinely interacts with providers to assess training needs and identify alternative methods for meeting these needs.

OCEMS conducts annual "mandatory" training programs designed to target all 9-1-1 EMS system field providers and provide updated information pertaining to new trends and/or policies. The annual "mandatory" training programs also frequently include current skills reinforcement training or focus on education and training related to the introduction of new skills.

Over the last several years, considerable emphasis has been placed on educational needs related to responding to terrorism events. Through Homeland Security, CDC, and HRSA grants, equipment has been purchased and related education has been offered. Training is standardized, with all provider agencies offering the same information in the same manner.

Need(s):

Standard is met; however, we need stronger evaluation of training needs.

Objective(s):

- 2.01.1 Improve assessment of training needs.
 Long-range Plan

Standard 2.02

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs, which require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

Current Status:

Pursuant to policies #510.00, #520.00, and #530.00 of the Orange County EMS Policy and Procedures manual and in accordance with California State OCEMS approves and regularly monitors EMS education programs. Those approved programs include EMT-I, EMT-P, EMT-D, MICN, EMD and EMS continuing education (CE). OCEMS staff regularly monitors training programs for efficiency and adherence to California State regulations and local policy. Policies #510.00, #520.00, and #530.00 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/medical/ems/p&p/page.htm>

Need(s):

Current system exceeds the standard.

Standard 2.03

The local EMS agency shall have mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences, which could impact EMS personnel certification.

Current Status:

Policies #400.00, #410.00, and #430.10 of the Orange County EMS Policy and Procedures manual outline the mechanism in place pertaining to the certification, licensure, and/or accreditation of Emergency Medical Technician – I (EMT-I), Emergency Medical Technician – Paramedic (EMT-P, and Mobile Intensive Care Nurse (MICN) respectively. In addition, policies #425.05 and 710.00 locally accredit first responders (e.g. law enforcement officers, etc.) to use airways devices (e.g. bag-valve-mask) and automated external defibrillators (AED).

Policies #385.05, #450.00, and #460.00 and the Orange County Ambulance Ordinance and Ambulance Rules and Regulations provide mechanisms for reporting and investigating unusual occurrences. All OCEMS policies, the Orange County Ambulance Ordinance, and the Ambulance Rules and Regulations may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/medical/ems/p&p/page.htm>

Need(s):

Current system meets the standard.

Standard 2.04

Public safety answering point (PSAP) operators with medical responsibility shall have emergency 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.

Goal:

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:

Medical dispatch is performed by seven agencies and all calls are received by 22 countywide PSAP's requiring an EMS response go to one of these seven. All dispatchers have basic emergency medical orientation and all are fully trained before they perform call prioritization or deliver pre-arrival/post dispatch instructions. Two dispatch agencies use Medical Priority Dispatch and the remainder an Orange County based system. One performs simple dispatch. Training is done in-house, through other Orange County dispatch agencies, or through national-level training personnel.

Need(s):

OCEMS will be reviewing the State EMS Dispatch Guidelines and determining if any system changes are indicated.

Objective(s):

- 2.04.1 Perform evaluation of dispatch needs for pre-arrival / post dispatch instructions.
 - Long-range Plan.

- 2.04.2 Determine compliance of existing dispatch agencies with the new state EMS Dispatch Guidelines.
 - Long-range Plan.

Standard 2.05

At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

Goal:

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first responder unit should be currently certified at the EMT-I level and have available equipment commensurate with such scope of practice.

Current Status:

All first responders are trained in first aid and CPR, and all fire personnel are trained to the EMT-1 level. Public safety first aid training is permitted only for the first year for "reserve firefighter" status employees of one agency, after which time EMT-1 certification is mandatory. That agency is moving towards mandatory EMT-1 certification upon hire and hope to achieve that goal in the near future.

Twelve fire departments have implemented AED programs for use by non-paramedics, although these programs have not been tied specifically to ALS response times. Ten police agencies, nine lifeguard service providers, six ambulance service providers, and two specialty event providers also are approved to provide AED services. We facilitate other first responders (e.g., police, event medical services, employers) to provide AED and other advanced skills, when beneficial.

Need(s):

Current system exceeds standard.

Standard 2.06

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

Current Status:

Public safety agencies have been encouraged to respond effectively to medical emergencies by adding additional skills, e.g., bag-valve- mask and automated external defibrillation (AED). Ten police agencies are AED providers; four lifeguard agencies as well as two specialty event providers are approved to use the AED. First aid teams exist and routinely respond to incidents within many major industries. An AED has been placed in some County of Orange office buildings, including the Health Care Agency and the Orange County Hall of Administration. The OCEMS office oversees training and monitors use of the device.

Need(s):

Standard is met.

Further encouragement of public safety agencies, industrial first aid teams and specialty event providers is planned.

Objective(s):

- 2.06.1 Encourage and facilitate first responder use of AEDs and bag-valve-mask.
- Short-range Plan.
 - Long-range Plan.

Standard 2.07

Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

Current Status:

Orange County EMS System operational policies and procedures cover BLS and first responders, including policies such as "Patient Refusal of Prehospital Care and/or Transport Against Medical Advice" (AMA) (Policy #330.65), "Prehospital Determination of Death" (#330.50), and "Do-Not-Resuscitate (DNR) Guidelines" (Policy #330.51) among others. Policies also exist for basic level defibrillation and first responder bag-valve-mask. BLS first responders use the BLS portion of the Orange County EMS Treatment Guidelines, while ALS non-transporting first responders use the general ALS Treatment Guidelines. There are no separate BLS Treatment Guidelines. The Orange County EMS Policy and Procedures manual and the Orange County EMS Treatment Guidelines manual may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/medical/ems/p&p/> and <http://www.ochealthinfo.com/medical/ems/guidelines/> respectively.

Need(s):

Separate BLS treatment guidelines.

Objective(s):

- 2.07.1 Separate / stand alone BLS Treatment Guidelines should be developed and implemented.
- Long-range Plan.

Standard 2.08

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

Goal:

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

Current Status:

All emergency medical transport vehicle personnel are certified at the EMT-I level. Six ambulance service providers have been approved to use the AED. The current EMS response provides advanced life support responders when needed.

Need(s):

Standard is met.

Standard 2.09

All allied health personnel who provide direct emergency patient care shall be trained in CPR.

Current Status:

CPR training is an established minimum criterion for designated paramedic receiving center hospital and prehospital personnel providing direct emergency patient care.

Need(s):

The current EMS System exceeds this standard.

Standard 2.10

All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in advanced life support.

Goal:

All emergency department physicians should be certified by the American Board of Emergency Medicine.

Current Status:

Policy #600.00 of the Orange County EMS Policy and Procedures manual establishes staffing requirements for each accredited Paramedic Receiving Center (PRC). The policy requires all ED nursing staff to maintain current BLS provider certification. All RNs are required to maintain ACLS provider certification. At least one RN on duty in the ED shall maintain current PALS or other approved pediatric resuscitation competency. Policy #600.00 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/600.00.pdf>

Board certification by the American Board of Emergency Medicine is the standard for PRC physicians, although other Board certification specialties are acceptable, e.g., Internal Medicine, Family Practice or General Surgery, with additional requirements, including substantial emergency department experience as an alternative. ACLS provider certification is waived for ED physicians certified by the ABEM but is required for those not ABEM-board certified.

Need(s):

System meets the standard.

Objective(s):

- 2.10.1 All emergency department physicians certified by ABEM.
 Long-range Plan.

Standard 2.11

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

Current Status:

Policy #430.10 of the Orange County EMS Policy and Procedures manual establishes accreditation requirements for EMT-P's. Orange County fire departments have developed a comprehensive accreditation program for EMT-P personnel new to Orange County. Adopted by many of our ALS provider agencies, the program is comprehensive and provides information specific to the Orange County EMS system, as well as incorporating employer-specific information. OCEMS staff participated in the development of the program material. One of the local paramedic training programs provides testing in optional scope of practice and other skills upon request of the provider agency. Policy #430.10 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/430.10.pdf>

Need(s):

System meets the standard.

Standard 2.12

The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

Current Status:

Policy #330.40 of the Orange County EMS Policy and Procedures manual establishes criteria for the accreditation of first responders to access and use Automated External Defibrillators (AED). This policy is consistent with the goals established by this standard. Policy #330.40 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/330.40.pdf>

Need(s):

Current policy meets the standard.

Standard 2.13

All base hospital/alternative base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

Current status:

Policy #400.00 of the Orange County EMS Policy and Procedures manual establishes the requirements and process needed for a registered nurse to become authorized to operate as a Mobile Intensive Care Nurse (MICN) in Orange County. A standardized MICN curriculum has been developed, with input from OCEMS, and is used by the six base hospitals providing on-line medical direction. Training on the radio communications system is provided through Orange County Communications. Field observation shifts and a defined radio preceptorship must be completed as part of the authorization process. Policy #400.00 may be accessed on the OCEMS website at:

<http://www.ochealthinfo.com/docs/medical/ems/P&P/400.00.pdf>

The OCEMS authorization exam is comprehensive and is updated as needed following changes in policy or treatment protocols. Test questions are derived entirely from OCEMS policies and treatment protocols. Minimum passing score is 80%.

Need(s):

None. System meets the standard.

COMMUNICATIONS

Standard 3.01

The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities, and shall coordinate the use of frequencies with other users.

Goal:

The local EMS agency's communications plan should consider the availability and reliability of satellites and cellular telephones, but be based on an interoperable network integrated between fire/EMS agencies, ambulance providers, law enforcement agencies and hospitals.

Current Status:

Policies and/or written agreements exist which specify medical communications capability and requirements for the prehospital setting. This includes ambulance service providers, ALS service providers, and hospitals.

For a number of years, the fire departments have been utilizing an 800 MHz system for communicating amongst themselves, with base hospitals, and with Orange County Communications. All ambulance companies with contracts for 9-1-1 emergency service added 800 MHz radios to their ambulance vehicles. This is in addition to the Med-10 radio used to communicate with their (ambulance) dispatch centers and with Orange County Communications. 800MHz radios have been installed in all Orange County hospitals, including those without emergency departments. Used primarily by the ALS providers to provide report on incoming EMS patients, the interoperability with other agencies on the 800 MHz system affords a redundant communications system.

The ReddiNet / Hospital Emergency Administrative Radio (HEAR) system is in place at every Orange County paramedic receiving center as well as other non-designated medical sites, and is used for interoperable communications with hospitals. Recently, the Reddinet system was upgraded to the new Reddinet Version 4. The new system is primarily internet based, with microwave back up redundancy. The ReddiNet Central Point is located at the Orange County Sheriffs Department Emergency Communications center.

The OCEMS Department Operations Center (EMS DOC) incorporates multiple forms of communication via 800 MHz Radio, Med-10 radio, amateur radio, Reddinet / HEAR, telephone, fax, satellite phone, and email.

Coordination with Other EMS Agencies:

The Tactical Interoperable Communications (TIC) Plan for the Orange County Operational Area includes the Anaheim and Santa Ana Urban Area Security Initiative (UASI) areas. The TIC Plan documents what interoperable communications resources are available within the operational area, who controls each resource, and what rules of use or operational procedures exist for the activation and deactivation of each resource. Orange County jurisdictions have been cooperating for years, working towards first responder communications interoperability, and now there is one system in place to satisfy all users. This 800 MHz trunked system is the Countywide Coordinated Communications System (CCCS) and used by all City and County public safety and public service

departments. This TIC Plan has been created for the Orange County Operational Area, and provides details on all interoperable communications resources, including but not limited to the 800 MHz CCCS.

Mutual aid and disaster communications are coordinated by the Orange County Communications Center operated by the Sheriffs Department.

Need(s):

System exceeds the standard.

Standard 3.02

Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

Goal:

Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

Current Status:

Every fire agency utilizes the truncated 800-MHz radio system for communicating between fire apparatus and transport vehicles, as well as between paramedic accompanied emergency medical transport units, 9-1-1 ambulances, paramedic receiving centers, and base hospitals. All 9-1-1 ambulances have the 800 MHz radio system, and all ambulances have a Med-10 radio which permits communications between the ambulance and their dispatch center as well as Orange County Communications.

ALS and non-transporting (paramedic assessment units) ALS responders are dispatched via one of seven countywide fire service dispatch agencies. Paramedics communicate with base hospitals and receiving hospitals via 800 MHz, (with cellular telephone backup). Some ALS and BLS units also utilize cellular telephones.

Need(s):

System meets the standard.

Standard 3.03

Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

Current Status:

Policy #670.10 of the Orange County EMS Policy and Procedures manual requires paramedics to establish on-line medical control during an emergent Interfacility transfer (IFT) that was originated via the 9-1-1 system. As noted previously, ALS service providers utilize the 800 MHz radio system for field-to-base communications. 800 MHz radios have been outfitted in the emergency departments of all paramedic receiving centers; therefore, paramedics may also communicate directly with both the sending and receiving facilities. Many ALS service providers as well as ambulance service providers also have cellular telephones. In addition, all ambulances are required to have a Med-10 radio. Policy #670.00 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/670.10.pdf>

Most interfacility transfers via Critical Care Transport (CCT) ambulance with a Registered Nurse (RN) utilize cellular phone or radio relay through ambulance dispatch for necessary communications. All emergency medical transport vehicles may utilize indirect two-way radio communications when appropriate to relay information to both sending and receiving facilities through Med-10, Orange County Communications, their dispatch center and/or the base hospital.

Coordination With Other EMS Agencies:

Current radio communication options can be adapted to accommodate communication needs with out-of-county resources via Orange County Sheriffs Department Communications (Orange County Communications).

The Tactical Interoperable Communications (TIC) Plan for the Orange County Operational Area includes the Anaheim and Santa Ana Urban Area Security Initiative (UASI) areas. The TIC Plan documents what interoperable communications resources are available within the operational area, who controls each resource, and what rules of use or operational procedures exist for the activation and deactivation of each resource. Orange County jurisdictions have been cooperating for years, working towards first responder communications interoperability, and now there is one system in place to satisfy all users. This 800 MHz trunked system is the Countywide Coordinated Communications System (CCCS) and used by all City and County public safety and public service departments. This TIC Plan has been created for the Orange County Operational Area, and provides details on all interoperable communications resources, including but not limited to the 800 MHz CCCS.

Need(s):

System meets the standard.

Standard 3.04

All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

Current Status:

All 9-1-1 emergency medical transport vehicles have the ability to communicate directly with Orange County Sheriffs Coordinated Communications Center via radio (800 MHz radio system). Additionally, all ambulances have the Med-10 radio system, and many providers also are equipped with cellular telephones. Any of these means of communication are used for day-to-day as well as disaster coordination. These communications may also be relayed directly to a command post or alternate site. The fire service channels are also directly accessible to the disaster command post.

Need(s):

Current system meets this standard.

Standard 3.05

All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

Goal:

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

Current Status:

Pursuant to policy #600.00 of the Orange County EMS Policy and Procedures manual all Paramedic Receiving Centers (PRC's) are required to have access to the Rapid Emergency Digital Data Information Network (ReddiNet) / Hospital Emergency Administrative Radio (HEAR). The ReddiNet/HEAR network provides two-way radio communication and hard copy capability between participating hospitals as well as the Central Point and Orange County EMS. Facility resources can be accessed by phone or ReddiNet/HEAR system. Recently, the Reddinet/HEAR system was upgraded to "Reddinet Version 4" in Orange County. The system is primarily internet based with "microwave" back-up redundancy. The upgrade process functioned smoothly with little to no interruptions in communications coverage. In addition, 800 MHz radios have been outfitted in the emergency department of each paramedic receiving center (PRC) countywide.

Policy #600.00 may be accessed on the OCEMS website at:
<http://www.ochealthinfo.com/docs/medical/ems/P&P/600.00.pdf>

Need(s):

System meets the standard.

Standard 3.06

The local EMS agency shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

Current Status:

A centrally coordinated EMS communications system exists for prehospital and hospital providers to communicate during a multi-casualty incident or disaster. This system utilizes hospital, ambulance and fire department radio system, which may be interconnected by Orange County Sheriff's Emergency Communications. Hospital/disaster communications are tested several times monthly on each shift to facilitate staff familiarity as well as for problem identification. Results of the Hospital Emergency Administrative Radio (HEAR) radio and ReddiNet testing of hospitals is published in the monthly EMS Newsletter. The emergency department of each paramedic receiving center (PRC) has been outfitted with 800 MHz radios which allows for direct communications between prehospital care providers and receiving hospitals. OCEMS also maintains a strong link with amateur radio operator groups ("HAMS", "HDSCS" and "RACES"), and these groups are included in the periodic disaster and communications drills to assist in the provision of radio communication coverage to medical facilities and pre-hospital resources.

Need(s):

System meets the standard.

Standard 3.07

The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

Goal:

The local EMS agency should promote the development of enhanced 9-1-1 systems.

Current Status:

The current enhanced 9-1-1 system is fully operational in Orange County via public safety agency coordination.

Need(s):

Current system meets standard.

Standard 3.08

The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

Current Status:

Public safety agencies provide widespread public education regarding 9-1-1 telephone service. The OCEMS reinforces the appropriate use of 9-1-1 service through printed brochures and, when appropriate, in communications with other agencies and individuals.

Need(s):

System meets standard

Standard 3.09

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

Goal:

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

Current Status:

Policy #515.00 of the Orange County EMS Policy and Procedures manual defines the EMD training program to be utilized by public safety agencies providing emergency medical dispatch. The policy provides guidelines for dispatch triage, a priority reference system, systemized caller interrogation, and pre-arrival instructions. Two agencies use Medical Priority Dispatch while another two use an Orange County system aimed largely at pre-arrival instructions. Three agencies simply dispatch without pre-arrival instructions. In the event that a basic life support ambulance service provider receives a request for emergency medical services from other than a public safety agency, the Orange County Ambulance Ordinance directs immediate notification to a public safety agency to respond to the request. Policy #515.00 and the Orange County Ambulance Ordinance may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/medical/ems/p&p/page.htm>

The Orange County Fire Authority is currently conducting a field pilot study on the operational effects of a Tiered Emergency Medical Dispatch system. Based on the National Medical Priority Dispatch model, the system is designed to optimize the utilization of ALS unit resources and reduce coder three driving by sending the closest available unit Code 3 (BLS, Paramedic Assessment Unit [PAU], or ALS). ALS unit utilization is determined by EMD and/or first responders on scene (e.g. BLS Engine); thereby improving the efficiency and safety of the system.

Need(s):

Review the State EMS Dispatch Guidelines and make system changes as needed to comply.

Objectives(s):

- 3.09.1 Institute universal pre-arrival instructions, at least in selected clinical conditions.
 - Long-range Plan.

- 3.09.2 Study expansion of priority dispatch.
 - Long-range Plan.

Standard 3.10

The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

Goal:

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

Current Status:

Orange County has seven separate emergency medical dispatch centers that are responsible for dispatch of ALS and BLS resources. Mutual aid agreements and direct communication lines between dispatch centers provide for system-wide coverage during periods of peak demand. Ambulances are generally provided by individual fire departments or private providers and there is no routine system-wide coordination of coverage during peak demand. All field and dispatch center communications are integrated through Orange County Sheriff's Department Emergency Communications (OCC). Automatic aid and mutual aid agreements exist to enhance coverage as needed.

Need(s):

Current system meets standard.

RESPONSE/TRANSPORTATION

Standard 4.01

The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

Goal:

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

Current Status:

The Orange County Ambulance Ordinance defines an emergency response area as a geographical location specified by the fire chief within which emergency services may be provided under a license. These are also known as exclusive operating areas (EOAs). With the exception of the geographic area served by the Orange County Fire Authority, the exclusive operating area of each city is the city boundary and small unincorporated areas within the city boundary. The Orange County Fire Authority's exclusive operating areas combine the geographical areas of cities with adjacent unincorporated areas of the county. These exclusive operating areas were approved by the Board of Supervisors in 2003 and became effective with a new ambulance contract in September 2004.

Need(s):

None. Standard is met. The ambulance ordinance has not been revised since 1985. OCEMS is currently drafting a new ordinance.

Objective(s):

- 4.01.1 Prepare a new ambulance ordinance
 - Short-range Plan.

Standard 4.02

The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

Goal:

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

Current Status:

The ambulance ordinance, and associated Rules and Regulations, provide a mechanism for monitoring compliance with local and state regulations. All private ambulance services must be licensed by OCEMS to operate within Orange County. Separate EMS policies exist for public safety emergency medical transportation services. Occasional audits are performed on service issues. In recent years these have focused on ambulance response times. For EMS provider agencies that contract with private ambulance companies for emergency transportation, response times are monitored by the provider agency. Provider agencies that provide their own emergency transportation perform internal reviews.

Orange County ambulance providers are generally requested to respond "Code 2" to 9-1-1 incidents, although depending upon the severity of the incident; "Code 3" response may be requested. Response time standards are:

- Code 3: 9 minutes 59 seconds (urban)
- Code 2: 14 minutes 59 seconds (urban)

Need(s):

System needs are met.

Standard 4.03

The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

Current Status:

Policy #515.00 of the Orange County EMS Policy and Procedures manual defines approved Emergency Medical Dispatch (EMD) training program requirements. This policy provides guidelines for dispatch triage, a priority reference system, systemized caller interrogation, and pre-arrival instructions. Emergency medical dispatching has been implemented by a majority of public safety agencies providing 9-1-1 service. Several agencies utilize priority dispatching. There are various levels of classifying medical requests and a number of systems for determining appropriate levels of medical response. Please see Standards 3.09 and 6.04 for additional information. Policy #515.00 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/515.00.pdf>

Need(s):

OCEMS shall review the new State EMS Dispatch Guidelines to determine if any changes need to be made in our dispatch system.

Objective(s):

- 4.03.1 Review the new EMS Dispatch Guidelines and determine system changes.
 - Long-range Plan.

Standard 4.04

Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.

Current Status:

Pre-scheduled patient transports or interfacility transports are routinely performed by private ambulance services which do not impact emergency medical response capability. These types of transports are agreed upon mutually between the ambulance provider and the party requesting transport. Critical interfacility transports requiring ALS monitoring or intervention are handled by either (1) private ambulance companies utilizing critical care nurses; or (2) ALS public providers (*i.e.*, fire departments) if a timely response from the private sector is not available.

Need(s):

Existing system meets this standard.

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.

Goal:

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

- a) the response time for a basic life support and CPR capable first responder does not exceed:
 - Metro/urban--5 minutes
 - Suburban/rural--15 minutes
 - Wilderness--as quickly as possible.
- b) the response time for an early defibrillation-capable responder does not exceed:
 - Metro/urban--5 minutes
 - Suburban/rural--as quickly as possible
 - Wilderness--as quickly as possible.
- c) the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:
 - Metro/urban--8 minutes
 - Suburban/rural--20 minutes
 - Wilderness--as quickly as possible.
- d) the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:
 - Metro/urban--8 minutes
 - Suburban/rural--20 minutes
 - Wilderness--as quickly as possible.

Current Status:

Emergent responses are defined by requesting an ambulance and/or engine company Code 3. The Orange County Fire Chiefs Association EMS Master Plan has established response time standards for BLS and ALS EMS response units. The established standards state that BLS response units (e.g. BLS Engine Companies) will maintain five (5) minute response times from within the 90th percentile. ALS response units (e.g. Paramedic Engine, Paramedic Rescue Ambulance, etc.) will maintain eight (8) minute response times within the 90th percentile.

The Orange County Ambulance Rules and Regulations Section 302 designates ambulance response time requirements. Code 3 response are "10 minutes, 90% of the time"; and "Code 2 responses are 15 minutes, 90% of the time". All these response times are from notification of the provider until arrival on scene. Current response time standards are meeting the needs of our respective public providers. Section 302 of the Orange County Ambulance Rules and Regulations may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/720.00-302.pdf>

Coordination with Other EMS Agencies:

Coordination with other EMS agencies is covered by inter-county agreement and would occur as needed for mutual aid or disaster incidents.

Need(s):

Standard is met.

Standard 4.06

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

Current Status:

Orange County Ambulance Rules and Regulations specifies staffing and equipment requirements for emergency medical transport vehicles. Both private and public safety ambulances are inspected by OCEMS staff on an annual basis.

Need(s):

No needs identified. System meets the standard.

Standard 4.07

The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

Current Status:

All cities and all of the unincorporated areas of Orange County receive 9-1-1 emergency medical response through respective city fire departments or through the Orange County Fire Authority, which provides coverage to a number of cities and the unincorporated areas. All first responder agencies have BLS and ALS response capabilities. There is some variation, depending upon dispatch protocols, as to whether BLS and ALS units are dispatched simultaneously.

Police agencies, including the Orange County Sheriff Department, are integrated at the city level. Other first responders who have been integrated into the system include lifeguards and those using advanced skills under OCEMS policies (approved event providers). Industrial first aid teams and fixed location providers (e.g., theme parks) are integrated into the response system. They have different levels of integration into the system in terms of training and other issues. This is especially true if they use Registered Nurses as providers.

Need(s):

Better integration of non-public safety first responders.

Objective(s):

- 4.07.1 Formally catalogue non-public safety first responders and develop plan for enhanced integration.
- 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:

Private rotary-wing air ambulance services are licensed to operate in Orange County and comply with the Ambulance Ordinance and Rules and Regulations. Policies #310.89, #330.60, and #750.05 of the Orange County EMS Policy and Procedures manual address the categorization and coordination of prehospital air ambulance services including requests, dispatch, patient destination and data collection. System orientation is left to providers.

Over the past year, OCEMS has focused on ensuring appropriate notification of receiving hospitals by air transport providers. Orange County Communications has worked closely with Mercy Air, our primary air provider, to ensure that their helicopters are appropriately equipped with the necessary radio frequencies and that their personnel are educated as to their use.

Coordination with Other EMS Agencies:

Air ambulance services licensed to operate in adjacent counties, but not in Orange County, may be utilized for mutual aid and disaster situations.

Need(s):

Current system meets standard.

Standard 4.09

The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

Current Status:

Each dispatch center is responsible for coordination of air ambulance responses. Orange County ALS service providers may contact Orange County Communications or utilize a specific contact telephone number when requesting aero medical transport services from the designated provider (Mercy Air).

Need(s):

System meets the standard.

Standard 4.10

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

Current Status:

There is one private air ambulance provider that has one aircraft based in Orange County, generally with a mixed registered nurse/paramedic crew. This service has back-up aircraft available, although with longer response times. Fire service rescue aircraft are available for rescue missions as well as emergency patient transport in the event the private air ambulance is not available. OCEMS agency staff reviews each of these responses. There is an on-going audit system for the appropriateness of air transport. A marked decrease in the number of air transports has been noted. The air ambulance is inspected and licensed annually.

Coordination with Other EMS Agencies:

Availability of medical aircraft licensed to operate in adjacent counties can be obtained as indicated for mutual aid and disaster response requests.

Need(s):

System meets this standard.

Standard 4.11

Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snowmobiles, and water rescue and transportation vehicles.

Goal:

The local EMS agency should plan for response by and use of all-terrain vehicles, snowmobiles, and water rescue vehicles in areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

Current Status:

The existing EMS System has the ability to respond to all areas of Orange County with appropriate rescue resources. Water rescue vehicles include sheriff, harbor patrol, seasonal lifeguards, fire rescue boats and Coast Guard for rescues greater than 3 miles out into the ocean.

Coordination with Other EMS Agencies:

Appropriate rescue resources can be obtained from other counties as needed.

Need(s):

Existing system meets the standard.

Standard 4.12

The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

Current Status:

OCEMS conducts disaster exercises frequently and no less than annually. As part of our disaster response plan, a member of the Orange County Ambulance Association is present in the OCEMS Command Post. This person contacts local companies and ascertains the number of ambulance vehicles that are available. Communication and coordination with the Orange County Transportation Authority (OCTA) through the Operational Area (OA) Emergency Operations Center (EOC) is conducted to effect the movement of large numbers of "ambulatory" patients if needed.

If the number of available ambulances does not meet, or may not meet, the demands of the disaster, the Regional Disaster Medical / Health Coordinator for Region I would be contacted and assistance requested.

Need(s):

Current system meets this standard.

Standard 4.13

The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

Goal:

The local EMS agency should encourage and coordinate development of mutual aid agreements, which identify financial responsibility for mutual aid responses.

Current Status:

Within the existing system there are informal as well as formal mechanisms (*i.e.*, RDMHC system) in place to permit and facilitate inter-county response of emergency medical transport vehicles and EMS personnel when requested. Orange County ALS engine companies are allowed to carry their equipment and supplies with them during inter-county mutual aid responses, including fires. Financial responsibility is determined by the scope of the incident and/or level of disaster. An inter-county agreement was put in place in the late 1980s that allowed for licensed ambulances in one county to transport patients into or through another county, but precludes these ambulances from picking patients up from a county in which they are not licensed. An exception to this arrangement is when the ambulance is requested to come into a county as part of a mutual aid response.

Coordination With Other EMS Agencies:

Inter-county coordination as indicated by the incident.

Need(s):

Current system meets standard; however, agreement is very old and should be reviewed by the impacted counties and revised as necessary.

Objective(s):

- 4.13.1 Revise inter-county agreement.
 - Short-range Plan.

Standard 4.14

The local EMS agency shall develop multi-casualty response plans and procedures, which include provisions for on-scene medical management, using the Incident Command System.

Current Status:

Fire service multi-casualty response plan for scene management is in place utilizing the Incident Command System.

Policy 900.00 "Multi-Casualty Incident Response Plan (Interim)" of the Orange County EMS Policy and Procedures manual defines the current standards utilized by EMS system providers. The "Interim" plan was launched in 2004 as a pilot program that was a new approach to mass casualty responses in Orange County. The existing plan was revised in 2006; however, it is currently being evaluated by a committee that will determine and finalize the system to be utilized in the future. Policy 900.00 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/900.00.pdf>

Need(s):

System meets this standard.

Objective(s):

- 4.14.1 Finalize MCI Plan.
 - Short-range Plan.

Standard 4.15

Multi-casualty response plans and procedures shall utilize state standards and guidelines.

Current Status:

Policy 900.00 "Multi-Casualty Incident Response Plan (Interim)" of the Orange County EMS Policy and Procedures manual defines the current standards utilized by EMS system providers. The Orange County multi-casualty response plan utilizes standards and guidelines established by "Firescope" directing a coordinated response. The existing "Interim" plan is currently under evaluation by a committee that will determine and finalize the system to be used in the future. Policy 900.00 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/900.00.pdf>

Need(s):

System meets this standard. See Standard 4.14.

Standard 4.16

All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

Goal:

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

On any emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

Current Status:

Policy #700.00 of the Orange County EMS Policy and Procedures manual requires all ALS units to be staffed with two paramedics. Paramedic Assessment Units are staffed with one paramedic and a minimum of two EMT-1s and rarely provide transport. One provider is currently utilizing alternate configurations in the provision of ALS care, *e.g.*, one field paramedic on an engine meeting a single (fire) ambulance paramedic to complete the ALS team. A (fire) EMT drives the transporting unit with a single paramedic. The transport unit is fully equipped and able to provide the full range of ALS services, including defibrillation. Policy #700.00 may be accessed on the OCEMS website at: <http://www.ocalthinfo.com/docs/medical/ems/P&P/700.00.pdf>

The number of paramedics accompanying the patient to the hospital is tailored to patient needs. The number of paramedics has expanded considerably in recent years through the addition of Paramedic Assessment Units (PAU's) and, to a lesser extent, by additional ALS units as the population has increased and additional areas of the county are developed. This has led to dilution of the experience of paramedics, especially on PAU's.

Need(s):

Current system meets the standard.

Standard 4.17

All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

Current Status:

Policy #325.00 of the Orange County EMS Policy and Procedures manual establishes minimum ALS equipment and supplies standards that must be maintained on each Advanced Life Support unit. Per policy #330.70, Paramedic Assessment Units (PAU) are currently equipped with the same ALS inventory as fully staffed ALS units with the following exceptions: a) automated external defibrillator modified for manual override may be used, b) adenosine, midazolam and morphine. However, all ALS providers utilizing the PAU concept have chosen to carry the full complement of ALS inventory. Policies #325.00 and #330.70 may be accessed on the OCEMS website at:
<http://www.ochealthinfo.com/medical/ems/p&p/page.htm>

Need(s):

Current policies meet standard.

Standard 4.18

The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

Current Status:

The County of Orange Codified Ordinance 3517 permits OCEMS to establish rules and regulations to regulate and license ambulance services. This applies to ambulance services operating in any unincorporated area of Orange County and also in each city that has adopted the ambulance ordinance. Public safety agencies providing emergency medical transportation services are exempted by Ordinance but voluntarily adhere to the Ambulance Ordinance pertaining to system operations. Policies #720.00 and #725.00 of the Orange County EMS Policy and Procedures manual establish guidelines for public safety ambulances.

Need(s):

System meets the standard; however, the Ambulance Ordinance has not been revised since its inception in 1986.

Objective(s):

- 4.18.1 Revise Ambulance Ordinance
 - Short-range Plan.

Standard 4.19

Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services, b) optimal transportation system efficiency and effectiveness, and c) use of a competitive process to ensure system optimization.

Current Status:

For many years, the cities in Orange County used the area within the city limits as their own exclusive operating area (EOA). In some of these EOAs there were pockets of unincorporated areas located adjacent to the city limits. In June 2003, the Orange County Board of Supervisors approved a plan to combine the unincorporated areas of the county with cities having a contiguous border. The purpose of this plan was to avoid "pockets" in the County where there could be potential risk of not receiving qualified bids for small, low volume areas. Subsequently, the Orange County Fire Authority (the Agency charged with providing services to the unincorporated areas) conducted an RFP (request for proposal) in May 2004.

Each RFP prepared by either a city or the Orange County Fire Authority includes: minimum standards for response times; conditions for optimal transportation system efficiency and effectiveness; and the use of a competitive process to ensure system optimization. OCEMS and the California State EMS Authority reviews and approves the submitted RFPs.

Need(s):

System meets the standard.

Standard 4.19 - (Continued)

EXCLUSIVE OPERATING AREAS ADMINISTERED BY OCFA

<i>EOA #</i>	<i>City of:</i>	<i>Includes County Areas of:</i>	<i>Effective Date:</i>
3	Buena Park		1998
5	Cypress		September 2004
10	Irvine	Santa Ana Heights; John Wayne Airport	September 2004
13	La Palma		September 2004
14	Los Alamitos	Rossmoor	September 2004
17	Placentia	Brea unincorporated area; Tonner Canyon	September 2004
19	San Juan Capistrano	Ortega Highway	September 2004
21	Seal Beach	Sunset Beach, Bolsa Chica	September 2004
22	Stanton	Midway City	September 2004
23	Tustin	Cowan Heights, Lemon Heights	September 2004
24	Villa Park	Orange/Olive, Orange Park, Silverado	September 2004
25	Westminster		In Process
26	Yorba Linda	Chino Hills State Park	September 2004
27		Deleted: area reconfigured	
28	Laguna Hills		September 2004
29	Rancho Santa Margarita	Trabuco, O'Neill Park, Las Flores, Cota de Caza	September 2004
30	Laguna Niguel		September 2004
31		Deleted: area reconfigured	
32	Aliso Viejo	Woods / Aliso Canyon	September 2004
33		Deleted: area reconfigured	
34		Deleted: area reconfigured	
35	Laguna Woods	Newport Coast, unincorp Laguna wilderness	September 2004
36		Deleted: area reconfigured	
37		Deleted: area reconfigured	
38	Mission Viejo		September 2004
39	Dana Point		September 2004
40		Deleted: area reconfigured	
41		Deleted: area reconfigured	
42	Lake Forest	Modjeska Cyn, upper Trabuco Cyn, Cooks Cms	September 2004
43		Deleted: area reconfigured	
44		Deleted: area reconfigured	

Standard 4.19 - (Continued)

CITY AMBULANCE SERVICE AREAS NOT ADMINISTERED BY OCFA

<i>ASA #</i>	<i>City of:</i>	<i>Comments</i>
1	Anaheim	RFP conducted 1998 – Care Ambulance is the current ambulance service provider.
2	Brea	Emergency Ambulance Service has provided transport since prior to 1981 - Grandfathered pursuant to Health and Safety Code Division 2.5, Section 1797.224.
4	Costa Mesa	RFP conducted 2002 – Schaefer Ambulance is the current ambulance provider
6	Fountain Valley	RFP conducted 1998 – Care Ambulance is the current ambulance provider
7	Fullerton	RFP conducted 2002 – Care Ambulance is the current ambulance provider.
8	Garden Grove	RFP conducted 2004 – Care Ambulance is the current ambulance provider.
9	Huntington Beach	Fire department began transporting patients in 1993 – Non-Exclusive ambulance service area
11	Laguna Beach	Doctors Ambulance, which had served as back-up provider to AMR, has provided transport service since 1996 when AMR terminated service with the city – Non-Exclusive ambulance service area
12	La Habra	Fire department began transporting patients in 1995, Ambulance Service currently administered by the City of La Habra Police Department. Non-Exclusive ambulance service area.
15	Newport Beach	Fire department began transporting patients in 1996 – Non-Exclusive ambulance service area
16	Orange	Fire department began transporting patients in 1996 – Non-Exclusive ambulance service area
18	San Clemente	Ambulance Service provided by OCFA but administered by the City of San Clemente – Non-Exclusive ambulance service area.
20	Santa Ana	Fire department has provided transportation since 1979 - Grandfathered pursuant to Health and Safety Code Division 2.5, Section 1797.224.

Standard 4.20

Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

Current Status:

OCEMS has implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. Most public safety emergency service providers use a formal competitive process to select transport services for its community.

Need(s):

OCEMS will require use of a competitive bid process for emergency transportation in all cities that request an exclusive operating area and do not qualify for "grandfathering".

Objective(s):

- 4.20.1 Ensure that all cities within Orange County utilize an RFP competitive process when changes in emergency 9-1-1 ambulance transportation are desired.
- Short/long-range Plan (as needed).

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:

The Ambulance Ordinance, Ambulance Rules and Regulations, and OCEMS policies and procedures provide a mechanism for ensuring compliance with applicable policies and procedures regarding system operations in patient care.

Need(s):

System meets the standard. Review and revise ambulance ordinance.

Objective(s):

- 4.21.1 Revise ambulance ordinance.
 - Short-range Plan.

Standard 4.22

The local EMS agency shall periodically evaluate the design of exclusive operating areas.

Current Status:

Since 2003, exclusive operating areas in Orange County are considered to be the geographical boundaries of each city and the small unincorporated areas within the boundary. The Orange County Fire Authority, which provides services for 22 cities and the unincorporated areas of the county, received approval from the Board of Supervisors to combine the unincorporated areas of the county with cities having a contiguous border. The purpose of this plan was to avoid "pockets" in the County where there could be potential risk of not receiving qualified bids for small, low volume areas

Recently, the Orange County Fire Authority (OCFA) has been working on the development of a "Regional" EOA approach to the current EOA configuration for all cities served by OCFA. The approach would integrate existing EOA's (that are defined by the city boundary) into larger "regions" that would be served by one ambulance provider exclusively. At this stage, the plan is only conceptual, and needs broader acceptance before implementation is considered.

Need(s):

Current system meets the standard.

Objective(s):

- 4.22.1 Development of regional exclusive operating areas.
 - Long-range Plan.

FACILITIES/CRITICAL CARE

Standard 5.01

The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area.

Goal:

The local EMS agency should have written agreements with acute care facilities in its service area.

Current Status:

Policy #600.00 of the Orange County EMS Policy and Procedures manual establishes criteria for acute care hospitals wishing to be a part of the Orange County EMS System. An application must be submitted along with documentation showing compliance with all OCEMS criteria. After satisfactory review of the written material and a site visit, including a meeting with hospital administration and emergency department personnel (medical director, ED manager), the request and findings are forwarded to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee (EMCC) for recommendations for endorsement or denial of endorsement of designation as a paramedic receiving center (PRC). Policy #600.00 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/medical/ems/p&p/page.htm>

To maintain designation, OCEMS reviews each PRC's compliance to criteria at least every three years, or more often if deemed necessary by the OCEMS Medical Director. The hospitals submit specified written material to demonstrate evidence of compliance to criteria. A site visit may be performed at the discretion of OCEMS. Findings are forwarded to the Facilities Advisory Subcommittee and the EMCC as noted above.

Upon designation as a PRC, a written agreement is executed between the hospital and the County of Orange.

A major focus on the assessment of pediatric capabilities of receiving hospitals has demonstrated that OC hospitals have made significant preparation in this area. In 2002, the paramedic receiving center criteria was revised to require that at least one RN on duty in the emergency department shall maintain current Pediatric Advanced Life Support (PALS) or Emergency Nurse Pediatric Course (ENPC) certification or other approved pediatric resuscitation competency. This additional criterion was widely supported by the hospitals.

OCEMS has established criteria for the designation of Cardiovascular Receiving Centers (CVRC) (Policy #630.00). Currently, twelve (12) hospitals have received this designation. The CVRC system is a comprehensive collaboration between EMS field providers and designated CVRC hospitals and has documented significant improvements to cardiac patient care in Orange County. The system is designed to allow for the field triage of patients with ST segment elevation myocardial infarctions to be transported directly to a designated CVRC hospital to ensure that definitive care and treatment is initiated. All ALS (Fire Department) EMS providers have purchased 12-lead EKG monitors and are actively participating in

the system. OCEMS policy #630.00 of the Orange County EMS Policy and Procedures manual may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/630.00.pdf>

Need(s):

System meets the standard.

Research is underway for possibly considering the future designation of Stroke Receiving Centers in Orange County. Stroke patient data obtained is currently being evaluated for the future viability of a countywide Stroke Care System similar to the CVRC system already in place.

Objective(s):

- 5.01.1 Continue to assess pediatric capabilities.
 - Short-range Plan.
 - Long-range Plan.

- 5.01.2 Evaluate viability and consider future implementation of Stroke Receiving Centers.
 - Long-range Plan.

Standard 5.02

The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

Current Status:

Policy #310.10 of the Orange County EMS Policy and Procedures manual establishes guidelines to ensure that patients are appropriately triaged and transported to the closest, most appropriate facility or specialty center. Policy #630.00 establishes criteria for the designation of Cardiovascular Receiving Centers (CVRC). The countywide CVRC system has established a standard for the triage and treatment of ST-elevation Myocardial Infarction patients and has documented significant improvements in the quality of care provided.

Policies #600.00 and #620.00 mandate the establishment of transfer agreements/plans between paramedic receiving centers and specialty centers, including major trauma victims. Per policy 670.10, specialty hospitals are required to have a physician immediately available to respond to transfer requests who has the authority at the facility to accept patients with life-threatening conditions. All of these policies may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/medical/ems/p&p/page.htm>

Coordination with Other EMS Agencies:

Coordination exists via inter-county agreements and policies with other EMS agencies for inter-county patient triage and transfer issues.

Need(s):

Current system meets the standard.

Standard 5.03

The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

Current Status:

Policy #670.00 of the Orange County EMS Policy and Procedures manual establishes the process and procedures for the emergent transfer of critically ill or unstable patients from a paramedic receiving center to a specialty care center capable of treating the patient. Options for effecting the transfer include use of the 9-1-1 system in life-threatening circumstances. All uses of the 9-1-1 system for interfacility transfer of patients are reviewed initially by the base hospitals; OCEMS staff and the OCEMS Medical Director also review all 9-1-1 interfacility transports. Follow-up with the sending facility and physician is done by OCEMS when indicated. Policy #670.00 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/670.10.pdf>

Coordination With Other EMS Agencies:

Trauma triage and transfer agreements may result in inter-county patient triage or transfer.

Need(s):

Current system meets the standard.

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:

There is formal designation of paramedic receiving hospitals and trauma centers. Re-designation with review of compliance to policy occurs every three years. Policies/procedures and written agreements provide the mechanism for designation and monitoring of paramedic receiving centers and trauma centers. Paramedic neuro-receiving centers are no longer designated. Acute care hospital designated as paramedic receiving centers may apply for Cardiovascular Receiving Center (CVRC) designation pursuant to criteria establish in the Orange County Policy and Procedures manual. There have been suggestions for additional designations, such as Stroke Receiving Centers. Research is underway for possibly considering the future designation of Stroke Receiving Centers in Orange County. Stoke patient data obtained is currently being evaluated for the future viability of a countywide Stroke Care System similar to the CVRC system already in place.

Coordination with Other EMS Agencies:

Orange County EMS has designated Long Beach Memorial Hospital in Los Angeles County as a trauma center for Orange County. Recognition by OCEMS of a LA County trauma center requires EMS inter-agency coordination. Riverside County has designated Children's Hospital of Orange County (CHOC) for pediatric critical care, and some Orange County pediatric receiving centers have been designated by LA EMS as approved for pediatrics (EDAP).

Need(s):

Current system meets standard, but we are continuing to assess need for additional designation of specialty facilities. (See Standard 5.11).

Objective(s):

- 5.04.1 Assess need for specialized stroke receiving centers.
 - Long-range Plan.

Standard 5.05

The local EMS agency shall encourage hospitals to prepare for mass casualty management.

Goal:

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

Current Status:

A comprehensive mass casualty plan exists. Formal drills are performed multiple times annually and coordinated with hospitals, fire service, ambulance companies, and police departments. All paramedic receiving centers operate a ReddiNet System, which allow them to interface with other hospitals and the Emergency Operation Center (EOC) during disasters. Further, with the use of CDC grant funds for bioterrorism, OCEMS provided an 800 MHz radio to each acute care hospital in the county. This system is used daily to receive information on incoming EMS patients, but is in place to handle disaster communication between providers, ambulance companies, hospitals, and OCEMS if needed. Treatment protocols for weapons of mass destruction were distributed to the medical directors of all paramedic receiving centers. The majority of acute care facilities utilize the Hospital Incident Command System (HICS) disaster plan. The OCEMS agency disaster response coordinator provided HICS training to all Orange County hospitals.

OCEMS has bolstered the WMD response in the county with the purchase of personal protective equipment (PPE), a large cache of disposable ventilators, and a pharmaceutical stockpile. Also, with HRSA funding, OCEMS has purchased 75 surge-capacity tents for hospitals to utilize to provide bed space for 1500 patients as required under CDC guidelines. Each tent is equipped with 20 cots, lights, and generators. Additionally, OCEMS has coordinated the use of HRSA grant funds so that hospitals could purchase needed equipment for decontamination and treatment of "all hazard" exposed patients.

After a large scale event in 2002 revealed problems with the existing "mass casualty plan", a multidisciplinary task force was created to evaluate and make changes as needed. The task force has created a new "Multi-Casualty Incident Plan" that blends the best of the existing plan with lessons learned. Policy #900.00 of the Orange County Policy and Procedures manual is the product developed by the taskforce. Policy #900.00 may be accessed on the OCEMS website at:
<http://www.ochealthinfo.com/docs/medical/ems/P&P/900.00.pdf>

Need(s):

Current system meets the standard and goal. Continue to promote hospital disaster preparedness. Cooperate with dissemination of Weapons of Mass Destruction (WMD) training.

Standard 5.06

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

Current Status:

Annex A of the Health Care Agency Emergency Operations Plan (HCA-EOP) defines the EMS disaster plan including a plan for procedures to be taken to effect one or more hospital evacuation(s). The plan includes a resource inventory of all hospitals, specifically for patients arriving from an evacuated hospital with medical personnel. The plan identifies operations of the EMS Department Operations Center (EMS DOC). The EMS DOC is activated in the event of a known or suspected hospital evacuation or other significant event that may impact the integrity of the countywide EMS system. When activated, the EMS DOC establishes and maintains communications with all EMS system providers and facilities via the Reddinet / HEAR system, 800 MHz Radio, amateur radio, Med-10 radio, telephone, fax, satellite phone, and email. Communications are also established and maintained with the HCA Health Emergency Operations Center (HEOC) and/or the Operational Area Emergency Operations Center (OA EOC) if activated depending on the severity of the event.

The EMS DOC is staffed according to standard ICS guidelines and has incorporated standards and forms that are NIMS / SEMS compliant. The operations section includes positions that are specifically designated to coordinate the evacuation of one or more hospitals. A dedicated hospital resource coordinator establishes the availability of and need for hospital resources. An ambulance resource coordinator establishes communications with EMS field/ambulance providers and determines resource availability and allocates ambulances when/where they are needed. In turn, a medical evacuation coordinator develops a plan for the movement of patients from affected facilities to other facilities based on information received from the hospital and ambulance resource coordinators.

The current plan is effective and is tested regularly. For example, the countywide EMS System is tested bi-annually during the Federal Emergency Management Agency (FEMA) graded San Onofre Nuclear Generating Station (SONGS) exercise, the California statewide EMS exercise, Golden Guardian, Rough and Ready exercise, regional UASI exercises, local MCI drills, etc.

Coordination with Other EMS Agencies:

EMS transportation availability takes into consideration in-county and out of county resources as necessary for evacuation.

Need(s):

System meets the standard.

Standard 5.07

The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel.

Current Status:

Policy #610.00 of the Orange County EMS Policy and Procedures manual establishes criteria and processes for the designation of base hospitals. Six designated base hospitals provide medical direction, continuing education and quality improvement activities for prehospital personnel. Additionally, one hospital serves as a paramedic resource hospital and performs quality assurance, data entry and education. Policy #610.00 may be accessed on the OCEMS website at:
<http://www.ochealthinfo.com/docs/medical/ems/P&P/610.00.pdf>

Coordination With Other EMS Agencies:

Inter-county agreements with Riverside, Los Angeles, San Diego, and San Bernardino provide for base hospital coordination when appropriate.

Need(s):

System meets the standard.

Standard 5.08

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to: a) the number and level of trauma centers (including the use of trauma centers in other counties), b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix, c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers, d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and e) a plan for monitoring and evaluation of the system.

Current Status:

Orange County has a well-established trauma system which addresses all aspects of trauma care. There are three designated trauma centers in Orange County, two Level II and one Level I, and one Los Angeles designated hospital is also recognized. There are approximately 4,500 trauma triages each year. Catchment areas are not specifically defined, but are roughly geographic by closest center to the incident. Policy #310.30 of the Orange County EMS Policy and Procedures manual and the Orange County EMS Treatment Guidelines manual identify patients meeting criteria for designation as critical trauma victims (CTV) and moderate trauma victims (MTV), with all CTVs and most MTVs transported to a trauma center. Concurrent injuries, such as burns, need for re-plant and other issues are considered. Non trauma hospitals play an integral role through the EMS system in caring for MTVs, transferring walk-in trauma patients, and participating in monitoring and evaluation of the system. Policy #390.45 establishes reporting requirements for trauma patients needing intervention who were not transported to a trauma center. These cases are reviewed by OCEMS staff. These policies may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/medical/ems/p&p/page.htm>

Policy #670.10 allows non-specialty hospitals to access the 9-1-1 system to rapidly transport patients requiring a higher level of care than is available at the original hospital. Used primarily for walk-in patients, this method can also be used when the patient presents with more serious injuries than were apparent in the field, or when the patient requires an immediate, life-saving intervention (management of the difficult airway, control of hemorrhage) prior to continuing to a designated specialty center. Compliance with federal transfer laws is assured by the sending hospital. OCEMS staff reviews all transfers to higher level of care occurring via the 9-1-1 system.

Needs:

System meets the standard.

Objective(s):

- 5.08.1 More coordinated QI among the trauma centers.
 Short-range Plan.

Standard 5.09

In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

Current Status:

The organizational structure provides for routine exchange of information and planning pertaining to the trauma system. The Facilities Advisory Subcommittee, the Quality Assurance Board, the County Paramedic Advisory Committee and the Emergency Medical Care Committee structures provide a mechanism for immediate feedback and routine monitoring. Technical advisory committee representation includes prehospital and hospital personnel and consumers.

Need(s):

System meets the standard.

Standard 5.10

Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including: a) the number and role of system participants, particularly of emergency departments, b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix, c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers, d) identification of providers who are qualified to transport such patients to a designated facility, e) identification of tertiary care centers for pediatric critical care and pediatric trauma, f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and g) a plan for monitoring and evaluation of the system.

Current Status:

After careful review and revision of the paramedic receiving center criteria (policy #600.00), OCEMS has determined that this criteria is inclusive of care of the pediatric patient and that an additional pediatric receiving center designation would not necessarily further improve the quality of pediatric care being rendered by paramedic receiving centers. Policy #600.00 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/600.00.pdf>

Need(s):

None. Standard is met.

Standard 5.11

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments, including: a) staffing, b) training, c) equipment, d) identification of patients for whom consultation with a pediatric critical care center is appropriate, e) quality assurance/quality improvement, and f) data reporting to the local EMS agency.

Goal:

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

Current Status:

Pediatric patients are transported either to a paramedic receiving center or a trauma center. PRCs must meet OCEMS staffing and equipment standards for both adults and children, and are expected to have all necessary equipment for emergency department use. All PRCs have been audited and generally meet EMSC emergency department standards, especially for equipment in the emergency department. Pediatric guidelines for PRCs have been put in place with certain components such as requirements for Pediatric Advanced Life Support (PALS) or equivalent, Pediatric Nurse Coordinator, or a defined pediatric QI system, etc. PRCs are required to have specific care guidelines for seriously ill or injured children. Patient care audits have been done that show, based on implicit review, that the care is good. In addition, virtually all children who require intensive care are transported to a hospital with a pediatric intensive care unit. A few children are hospitalized at hospitals with a pediatric ward but no pediatric intensive care unit (PICU). Physicians use individual hospital guidelines for consultation regarding patients appropriate for a PICU; EMS guidelines are felt unnecessary. There are no separate EMS-defined pediatric QI/Data Reporting requirements.

OCEMS has performed site visits to four of the five PICUs in the county and found that they generally meet the Los Angeles standard for designated PICUs. (The fifth underwent PICU designation process for the EMSC System in another county and was designated). All children suspected of major injury go to an existing trauma center. The American College of Surgeons review team has specifically reviewed this for pediatric components.

Need(s):

System partially meets the standard.

Determine if any specific components of EDAP/PCCC criteria should be added to Orange County PRC requirements and whether specific pediatric QI and data are needed.

Standard 5.11 - (Continued)

Objective(s):

- 5.11.1 Develop possible pediatric-specific QI and Data Reporting points or propose audits by OCEMS/QAB.
 - Short-range Plan.

- 5.11.2 Continue evaluation and comparison of existing PRCs to EMSC standards for emergency departments.
 - Long-range Plan.

Standard 5.12

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

Current Status:

Although there is no defined pediatric emergency medical/critical care system, suggestions on pediatric issues and feedback on proposals are sought from prehospital personnel through our CPAC and RPAC committees, Drug & Equipment Committee, Quality Assurance Board and other EMS committees. Input is also obtained from the Fire Chiefs' EMS committee and providers, both ALS and BLS. Hospital input comes from hospitals through RPACs and the Base Physicians who include a pediatric emergency specialist; also, the Base Hospital Coordinators. Specific pediatric feedback is also obtained from pediatric critical care physicians who are consulted, including from our two campuses of Children's Hospital of Orange County. OCEMS works closely with the Hospital Association of Southern California to ensure extensive hospital involvement.

Pediatric specific treatment is included in each applicable Treatment Guideline. In 2004, upon recommendation of the Base Hospital Coordinators, several pediatric specific policies / treatment guidelines were added to augment existing practice. Included were the following: "Apparent Life-Threatening Event (ALTE)" information and protocol, an update on pediatric defibrillation procedures, pediatric medication dosing safety recommendations, and information on and recommendation to use the Pediatric Assessment Triangle when evaluating children.

The OCEMS Facilities Coordinator is involved in planning and preventing childhood injury and illness through involvement in *EMS for Children* meetings.

Need(s):

Current committee representation meets this standard.

Objective(s):

- 5.12.1 Evaluate additional participation by pediatric specialists.
- Short-range Plan.
 - Long-range Plan.

Standard 5.13

Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including: a) the number and role of system participants, b) the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix, c) identification of patients who should be triaged or transferred to a designated center, d) the role of non-designated hospitals including those which are outside of the primary triage area, and e) a plan for monitoring and evaluation of the system.

Current Status:

Orange County has a well-defined trauma system for designated trauma patients. All areas of the County are covered by trauma centers and the volume of trauma patients being transported to each of the three in-county and one out-of-county trauma centers appears appropriate and commensurate with the size and capacity of the respective trauma centers. Policy 310.30 of the Orange County EMS Policy and Procedures manual establishes guidelines to ensure that trauma patients are transported to the most appropriate medical facility and that gross over-triage or under-triage is avoided.

Patients with non-traumatic neurosurgical emergencies may be identified in the field under existing treatment guidelines and transported to a PRC with neurosurgical capability, or one of the trauma centers equipped to care for these patients.

Two burn centers are available in Orange County and receive burn patients from the field. A burn center designation process is not in place; rather, OCEMS relies upon state licensure of these facilities.

OCEMS has established criteria for the designation of Cardiovascular Receiving Centers (CVRC) (Policy #630.00). Currently, twelve (12) hospitals have received this designation. The CVRC system is a comprehensive collaboration between EMS field providers and designated CVRC hospitals and has documented significant improvements to cardiac patient care in Orange County. The system is designed to allow for the field triage of patients with ST segment elevation myocardial infarctions to be transported directly to a designated CVRC hospital to ensure that definitive care and treatment is initiated. All ALS (Fire Department) EMS providers have purchased 12-lead EKG monitors and are actively participating in the system. OCEMS policy #630.00 of the Orange County EMS Policy and Procedures manual may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/630.00.pdf>

Need(s):

System meets the standard.

Standard 5.14

In planning other specialty care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

Current Status:

The Emergency Medical Care Committee (EMCC) and technical advisory subcommittee structure includes broad representation by EMS System participants, providers, and consumers. The EMCC meets on the "even" months; subcommittees meet on the "odd" months throughout the year. In addition, OCEMS works closely with the Hospital Association of Southern California (HASC) on all issues impacting hospitals.

Need(s):

Current system meets this standard.

DATA COLLECTION/SYSTEM EVALUATION

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.

Goal:

The local EMS agency shall identify minimum QI indicators for use by each service provider (*i.e.*, base hospitals, paramedic receiving centers, specialty centers, and provider agencies), using the State guidelines as a basis. A standardized template for tracking and reporting would facilitate this process. Emphasis shall be placed on those aspects of care that evaluate the care provided to all patients within the EMS system, with special attention to low volume/high risk procedures as well as select patient populations.

Current Status:

OCEMS monitors and evaluates the countywide EMS system. Policy #385.00 of the Orange County EMS Policy and Procedures manual outlines a comprehensive QI plan that is in place and addresses various components (dispatch, first responder, ALS provider agencies, base hospitals, paramedic receiving centers, and trauma centers). The base hospitals have a well-defined QI program, as do the trauma centers and dispatch agencies. The Orange County Fire Chief's EMS Section has a CQI subcommittee that meets regularly and has been working diligently to standardize and incorporate the California State EMS QI Guidelines into their individual CQI plans. An OCEMS staff member regularly attends the meetings. Policy #385.00 may be accessed on the OCEMS website at:
<http://www.ochealthinfo.com/docs/medical/ems/P&P/385.00.pdf>

The Board of Supervisors has designated the Quality Assurance Board (QAB) to review and recommend studies to OCEMS. Policy #150.10 of the Orange County EMS Policy and Procedures manual describes the bylaws of the OCEMS QAB. The QAB is comprised of a diverse cadre of EMS system participants who function in an advisory capacity to the OCEMS medical director. The group hears presentations pertaining to EMS CQI research studies conducted by OCEMS and provides meaningful feedback. The group also hears presentations pertaining to Incidents and Complaints received by OCEMS and provides recommendations for follow-up. The closed sessions of the QAB are protected from discovery pursuant to Section 1157.7 of the California Evidence Code.

EMS system patient outcome data for patients evaluated, treated, and transported by a paramedic is routinely reported to OCEMS by Base Hospitals, Trauma Centers, and Paramedic Receiving Centers (PRC). Base Hospitals and Trauma Centers submit data to OCEMS on a rotating schedule. Data received is imported into the countywide Base Hospital and Trauma Registry data systems and used for regular analysis and system monitoring. PRC's submit "Hospital Discharge Data Summary" (HDDS) reports to OCEMS on a regular basis. The HDDS data submitted by the PRC's includes Emergency Department (ED) diagnoses and patient disposition when discharged from the ED.

Standard 6.01 (Continued)

Need(s):

System meets the standard. BLS provider agencies need to improve participation in internal and countywide QI activities.

Objective(s):

- 6.01.1 Each BLS provider agency will develop and adopt a basic CQI plan.
 Long-range Plan

- 6.01.2 Ambulance/BLS service providers will participate in internal and countywide CQI activities.
 Long-range Plan

Standard 6.02

Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

Current Status:

Policy #390.15 of the Orange County EMS Policy and Procedures manual mandates the completion of a prehospital care report (PCR) by paramedics and identifies the Orange County definition of a patient. The policy also identifies the distribution of the PCR. Currently, EMS receives hard copies of the PCR as well as hard copies of the Base Hospital Report (BHR) completed by the MICN when on-line medical control is needed. In addition, data derived from the BHR or the PCR (depending on whether ALS standing orders were utilized) is submitted electronically from each of the six base hospitals and one paramedic resource hospital on each ALS call; the data is then uploaded into the EMS database. Policy #390.15 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/390.15.pdf>

In September 2006, OCEMS implemented a standardized PCR numbering system. The PCR Sequence number is an eight character alpha-numeric tracking number that has been "pre-printed" on each PCR form. The number replaces the former Orange County "Log #" system that was an intelligence based system identifier (based on the local base hospital number, date, and other factors) and was created only when a paramedic level assessment and transport was initiated. The new tracking method (Sequence #) has been integrated into all EMS data systems and has greatly improved our probabilistic matching capability between different data systems (e.g. Base Hospital data vs. Trauma Registry data). The new system will also facilitate the collection and integration of Basic Life Support (BLS) system PCR's.

Two Fire Departments have the ability to scan their PCRs into a database for QI and ambulance billing purposes, and most private ambulance companies utilize EMS dispatch and billing software that includes information derived from the PCR. However, many other Orange County EMS providers (both private and public) are exploring the possibility of implementing electronic patient care report systems of their own. OCEMS understands the value of electronic data capture by EMS field providers, and has initiated a taskforce comprised of EMS system participants that has been tasked with the countywide standardization of EMS data.

The group, the Orange County EMS Data Standards Taskforce, has been working to integrate and/or adopt data standards established by the National Emergency Medical Services Information System (NEMSIS) and the California Emergency Medical Services Information System (CEMSIS). The Orange County EMS Data Standards, when developed, will establish the countywide basic minimum data elements required to be integrated into any electronic PCR system established or purchased by an Orange County EMS provider.

Currently, BLS providers complete a field report as described in Policy #390.20 of the Orange County EMS Policy and Procedures manual, although each provider agency utilizes their own unique form. Policy #390.20 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/390.20-attachment.pdf>

Policy #750.05 establishes requirements for the submission of an "Air Ambulance Service Report" to OCEMS whenever a patient is transported via helicopter by an approved Orange County air transport provider resulting from a 9-1-1 EMS system response. Policy 750.05 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/750.05.pdf>

Standard 6.02 (Continued)

Policy #670.15 of the Orange County EMS Policy and Procedures manual establishes reporting requirements when an interfacility transfer is initiated via the 9-1-1 system. Policy #670.15 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/670.10.pdf>

Need(s):

System meets the standard.

The adoption of a standardized BLS patient care record and/or ePCR data element standards (as described above), for use by ambulance service providers, would result in more uniform reporting. The ambulance providers have their own, individual report form that varies from company to company. Some of the lifeguard agencies use the EMS agency PCR.

Objective(s):

- 6.02.1 Adopt and use a standardized BLS prehospital patient record.
 - Long-range Plan.

- 6.02.3 Complete the Orange County EMS Data Standards project.
 - Short-range Plan.

Standard 6.03

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

Goal:

The local EMS agency shall assist system participants in the development of a quality assurance plan with minimum QI indicators for use by base hospitals and provider agencies, using the State guidelines as a basis. OCEMS shall also conduct independent audits.

Current Status:

OCEMS monitors and evaluates the countywide EMS system. Policy #385.00 of the Orange County EMS Policy and Procedures manual outlines a comprehensive QI plan that is in place and addresses various components (dispatch, first responder, ALS provider agencies, base hospitals, paramedic receiving centers, and trauma centers). Policy #385.00 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/385.00.pdf>

The Board of Supervisors has designated the Quality Assurance Board (QAB) to review and recommend studies to OCEMS. Policy #150.10 of the Orange County EMS Policy and Procedures manual describes the bylaws of the OCEMS QAB. The QAB is comprised of a diverse cadre of EMS system participants who function in an advisory capacity to the OCEMS medical director. The group hears presentations pertaining to EMS CQI research studies conducted by OCEMS and provides meaningful feedback. The group also hears presentations pertaining to Incidents and Complaints received by OCEMS and provides recommendations for follow-up. The closed sessions of the QAB are protected from discovery pursuant to Section 1157.7 of the California Evidence Code.

The Orange County Fire Chief's EMS Section has a CQI subcommittee that meets regularly and has been working diligently to standardize and incorporate the California State EMS QI Guidelines into their individual CQI plans. An OCEMS staff member regularly attends the meetings.

Policy #385.05 of the Orange County EMS Policy and Procedures manual establishes the practices and procedures utilized by Orange County Base Hospital Coordinators for effective CQI of EMS field providers. Policy #385.05 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/385.05.pdf>

Need(s):

System meets the standard and the goal.

Standard 6.04

The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post dispatch directions.

Current Status:

Review of medical dispatching is performed routinely in-house by agencies providing Emergency Medical Dispatch (EMD) with summary reports submitted by most agencies to the EMS agency and Quality Assurance Board. This review varies from agency to agency and needs to include a defined quality improvement system for dispatch, including additional audits, reviews, and to ascertain that the time taken to process calls is not detrimental.

Need(s):

OCEMS will be reviewing the EMSA dispatch guidelines. A task force will be created and a work plan will be developed.

Objective(s):

- 6.04.1 Determine level of compliance of each dispatch agency to the State EMS Authority Dispatch Guidelines
 - Long-range Plan.

- 6.04.2 Implement pre-arrival/post dispatch instructions in all dispatch agencies.
 - Long-range Plan.

- 6.04.3 Implement QI studies on dispatch delays resulting from call processing and impact on response times for selected clinical conditions.
 - Short-range Plan.
 - Long Term Plan.

See also Standards 2.04, 3.09, and 4.03

Standard 6.05

The local EMS agency shall establish a data management system, which supports its system-wide 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.

Goal:

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 outcome data to assist in the evaluation of patient assessment and treatment by field paramedics.

Current Status:

Currently, EMS system data exists for patients evaluated, treated, and transported by a paramedic and is routinely reported to OCEMS by Base Hospitals, Trauma Centers, and Paramedic Receiving Centers (PRC). Base Hospitals and Trauma Centers submit data to OCEMS on a rotating schedule. Data received is imported into the countywide Base Hospital and Trauma Registry data systems and used for regular analysis and system monitoring. PRC's submit "Hospital Discharge Data Summary" (HDDS) reports to OCEMS on a regular basis. The HDDS data submitted by the PRC's includes Emergency Department (ED) diagnoses and patient disposition when discharged from the ED.

Many Orange County EMS providers (both private and public) are exploring the possibility of implementing electronic patient care report systems. OCEMS understands the value of electronic data capture by EMS field providers, and has initiated a taskforce comprised of EMS system participants that has been tasked with the countywide standardization of EMS data.

The group, the Orange County EMS Data Standards Taskforce, has been working to integrate and/or adopt data standards established by the National Emergency Medical Services Information System (NEMSIS) and the California Emergency Medical Services Information System (CEMSIS). The Orange County EMS Data Standards, when developed, will establish the countywide basic minimum data elements required to be integrated into any electronic PCR system established or purchased by an Orange County EMS provider.

It is the intention of OCEMS to establish a comprehensive data repository system that is capable of importing data from field providers (both public and private) that is based on the established countywide EMS data standards. Funding sources for a project such as this are currently being explored.

Coordination With Other EMS Agencies:

A trauma designation criterion mandates reporting of system response and clinical data by Long Beach Memorial Hospital (the Orange County designated trauma center in Los Angeles County) receiving trauma victims from Orange County.

Need(s):

System meets the standard.

Objective(s):

- 6.05.1 Complete the Orange County EMS Data Standards.
 Short-range Plan.

- 6.05.2 Implement a countywide EMS data repository system that is based on the established standards.
 Long-range Plan.

Standard 6.06

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

Current Status:

The current EMS organizational structure, through the advisory committees and existing data management system, provide a mechanism for dynamic evaluation of EMS system design and operations. Prevention strategies are provided through multiple agencies such as Public Health, Fire Agencies, Trauma Centers and Safe Kids Coalition, among others.

OCEMS provides EMS system data upon request to other programs within the Orange County Health Care Agency and community programs to assist with the development of illness and injury prevention strategies.

Annually, EMS Week is utilized as an avenue to promote community awareness of injury and illness prevention programs.

Need(s):

Current system meets the standard. OCEMS partners with community organizations to address illness and injury prevention in the community.

Standard 6.07

The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

Current Status:

The EMS system QI Program includes provider participation and data reporting. The system-wide evaluation program provides oversight, consultation, education and data analysis/reporting for EMS system participants

Need(s):

The current system meets the standard.

Standard 6.08

The local EMS agency shall, at least annually report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

Current Status:

OCEMS produces quarterly and annual System Activity Reports, which are distributed for review by all EMS system participants, and are available on the OCEMS website at:
<http://www.ochealthinfo.com/medical/ems/reports.htm>

The System Activity Reports are distributed to the Emergency Medical Care Committee (EMCC) and its subcommittees. The Board of Supervisors has designees on the EMCC.

Need(s):

None. Standard is met.

Standard 6.09

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities.

Goal:

Using the standardized QI plans from the base hospitals and provider agencies (see Standard 6.03), the local EMS agency can better review and evaluate the oversight provided by the base hospitals to provider agencies.

Current Status:

Policy #385.05 of the Orange County EMS Policy and Procedures manual establishes the practices and procedures utilized by Orange County Base Hospital Coordinators for effective CQI of EMS field providers. Policy #385.05 may be accessed on the OCEMS website at:
<http://www.ochealthinfo.com/docs/medical/ems/P&P/385.05.pdf>

Review of Base Hospital EMS data is conducted monthly and a comprehensive report (System Activity Report) generated from data entered by the base hospitals is produced quarterly. An in-depth audit of each base hospital is conducted at least every three years by Agency policy (#610.00). Included in this audit is a review of the QI process with findings and recommendations presented to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee (EMCC).

The EMS System Activity Reports may be accessed on the OCEMS website at:
<http://www.ochealthinfo.com/medical/ems/reports.htm>

Need(s):

Current system meets the standard and the goal.

Standard 6.10

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a) a trauma registry, b) a mechanism to identify patients whose care fell outside of established criteria, and c) a process of identifying potential improvements to the system design and operation.

Current Status:

The American College of Surgeons (ACS) surveys all Orange County trauma designated hospitals at least every three years. Concurrent with the ACS survey, a separate review is performed by OCEMS staff.

The current trauma system provides for comprehensive evaluation of clinical and operational aspects. Policies #600.00, #620.00, and #390.40 establish clear data reporting. Additionally, Policy #390.45 establishes mandatory reporting requirements pertaining to the treatment of patients with traumatic injuries who were received at a non-trauma center.

Trauma registry data is received electronically from the trauma centers. Individual trauma centers conduct internal patient care reviews using specific audit filters. The EMS database system includes the Trauma One Regional database system.

OCEMS facilitates a quarterly meeting with the trauma program coordinators and trauma medical directors. Improving patient care and system coordination in the trauma system is the primary focus. A collaborative review of clinical approaches at the individual trauma centers, discussion of current research and best practices has resulted in improvement in the overall care of trauma patients and improved outcomes.

Need(s):

Current system meets the standard.

Standard 6.11

The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information, which is required for quality assurance/quality improvement and system evaluation.

Goal:

OCEMS will review the current OC trauma registry reporting elements for compliance with the proposed Trauma Registry Data Set once the revisions are approved.

Current Status:

Trauma system evaluation includes data reporting requirements for designated trauma centers and non-trauma centers providing trauma care. Coroner reports on traumatic deaths at non-trauma centers are reviewed by EMS and reported to Quality Assurance Board (QAB) and the Trauma Operations Committee.

Need(s):

System meets the standard.

PUBLIC INFORMATION AND EDUCATION

Standard 7.01

The local EMS agency shall promote the development and dissemination of information materials for the public which addresses: a) understanding of EMS system design and operation, b) proper access to the system, c) self help (e.g. CPR, first aid, etc.), d) patient and consumer rights as they relate to the EMS system, e) health and safety habits as they relate to the prevention and reduction of health risks in target areas, and f) appropriate utilization of emergency departments.

Goal:

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

Current Status:

For the past several years, OCEMS has taken advantage of EMS Week to focus community attention on injury and illness prevention. This has been accomplished through partnering with fire, law and community groups, and the media. EMS Week programs typically include a Super CPR day in which over one thousand individuals are trained in the principles of CPR and/or first aid. Additional events often include bicycle safety, infant and child seat safety, gun safety, pool safety, and blood pressure checks.

Need(s):

None. Standard is met.

Standard 7.02

The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

Goal:

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

Current Status:

OCEMS staff is actively involved in the *Orange County Safe Kids Coalition*. EMS staff members have chaired the sports and recreation subgroup. The Coalition is active in public education related to drowning prevention, car seat safety, leaving children in cars, and sports injuries/prevention. OCEMS has had a representative on the *Orange County Drowning Prevention Network*. OCEMS staff has presented educational seminars targeting high risk injury and illness.

In addition, OCEMS is utilizing EMS Week each year to focus public attention on injury and illness prevention. OCEMS has promoted programs aimed at pool safety, bike and pedestrian safety, gun safety, infant/children safety seats, CPR and blood pressure checks.

The Orange County Health Care Agency Public Health Division, local hospital and public safety agencies provide a variety of comprehensive health education programs including injury and illness prevention for high risk patient populations, bicycle safety, SIDS, drowning, chronic diseases, and breast cancer prevention.

Need(s):

Meets the standard.

Objective(s):

- 7.02.1 Continue to foster other opportunities to educate the public.
 - Long-range Plan.

Standard 7.03

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

Goal:

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

Current Status:

In 2006, OCEMS was reorganized into a new division within the Orange County Health Care Agency. The new division, Health Disaster Management (HDM), integrates OCEMS with the Bioterrorism Preparedness and Training Units and the Pandemic Flu Planning Section. The new division, in concert with OCEMS, is assigned the role of medical disaster management and preparedness. This includes assisting hospitals, BLS transport companies and the Orange County Health Care Agency in efforts related to medical disaster education and preparedness. This is accomplished by aiding with plan development Hospital Incident Command System (HICS), MASICS, etc., mass casualty exercise coordination, information dissemination (bulletins, advisories, newsletters, etc.) and educational presentations. Most activities occur within the medical/health-related community; however, newsletters and presentations are delivered to non-medical community groups, when requested and appropriate. The Orange County Sheriffs Department (local OES function) is often involved or aware of these activities, and routinely shares in the activity. As part of the Homeland Security program, HDM/OCEMS is participating in the development of the Medical Reserve Corps (MRC), a subset of the Citizens Reserve Corp. A full time MRC coordinator, funded through the HRSA grant, is in place and manages the recruitment and registry of licensed medical personnel volunteers that could be assigned to various tasks to assist during major emergencies or disasters.

Need(s):

System meets the standard.

Objective(s):

Continue to reinforce public and medical community education related to disaster preparedness through:

- 7.03.1 Continued presentations and newsletters to the medical community and, when appropriate, the public.
 - Short-range Plan.

- 7.03.2 Expand public and medical education regarding disaster preparedness through the development of a Health Disaster Management website..
 - Short-range Plan.

Standard 7.04

The local EMS agency shall promote the availability of first aid and CPR training for the general public.

Goal:

The local EMS agency will continue to make CPR training available to the general public through such events as "Super CPR Day".

Current Status:

In the past, community first aid and CPR training has been formally promoted by OCEMS and the Board of Supervisors through the purchase and donation of CPR training manikins for all public schools in Orange County. No community training goals had been adopted by OCEMS for the general public.

Within the last few years, OCEMS sponsored a "Super CPR Day" to provide lay persons with CPR and First Aid training course coordinated and taught by American Red Cross CPR/First Aid Instructors. "Super CPR Day" has attracted over one thousand participants in each of the last three years, and has continued to gain incredible acceptance and participation from members of the EMS community and the public. Course materials were presented to participants in English, Spanish, and Vietnamese.

OCEMS has also implemented an AED program in the Hall of Administration and the Health Care Agency's administrative building.

Need(s):

Expand CPR training opportunities for the general public through the promotion of agencies like the Heart Association and American Red Cross who regularly provide such training. Current EMS agency resources are not adequate to further address this standard or goal. Additional staff, assigned to community education coordination responsibilities, would be required to adequately meet this need.

Objective(s):

- 7.04.1 Continue to promote CPR training opportunities within the community.
 Long-range Plan.
- 7.04.2 Target high-risk groups for CPR training.
 Long-range Plan.

DISASTER MEDICAL RESPONSE

Standard 8.01

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

Current Status:

A comprehensive disaster medical response plan has been developed and is continually being updated. This plan is exercised yearly on an Operational Area level, as well as with individual emergency responders. Disasters involving toxic substances have been addressed in the Orange County Operational Area Plan.

In 2006, OCEMS was reorganized into a new division within the Orange County Health Care Agency. The new division, Health Disaster Management (HDM), integrates OCEMS with the Bioterrorism Preparedness and Training Units and the Pandemic Flu Planning Section. The new division, in concert with OCEMS, is assigned the role of medical disaster management and preparedness. Various medical response plans including but not limited to those involving toxic substances have been developed or are in the process of development.

Coordination With Other EMS Agencies:

The disaster medical response plan includes utilization of out-of-county resources through the Regional Disaster Medical/Health Coordination System.

Need(s):

System meets standard.

Standard 8.02

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

Goal:

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

Current Status:

The National Incident Management System (NIMS), California Office of Emergency Services' (OES) Standardized Emergency Management System (SEMS) and Incident Command System (ICS) standards were utilized in the development of the Orange County EMS Mass Casualty Incident Response. The Orange County Mass Casualty Incident Plan is tested multiple times each year in a variety of scenarios. It is a multi-hazard plan based upon the Incident Command System; it works in concert with the Operational Area's SEMS based plan.

Within the Health Care Agency and Emergency Medical Services, disaster plans and response activities are based on NIMS and SEMS. The Bioterrorism Training Unit of the Health Disaster Management (HDM) division has instituted a Health Care Agency-wide training program on the basic principles of NIMS (IS-700) and the National Response Plan (IS-800).

Needs:

System meets this standard.

Standard 8.03

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

Current Status:

Fire departments have primary responsibility for scene management of hazardous materials incidents. Currently, there are five (5) hazardous material response teams in the county, all operated by fire departments. All fire personnel have been trained to a minimum level of "Haz Mat First Responder Awareness". Private BLS transport personnel receive training as required by OSHA. With the advent of grant funding from Homeland Security, CDC, and HRSA, hospitals, ambulance providers, law enforcement, fire department and public health personnel are rapidly being outfitted with personal protective equipment and provided respective training to be able to respond to chemical and biological incidents. A pharmaceutical stockpile of drugs that may be needed in a biological or chemical event has been established. Three cities within Orange County—Huntington Beach, Santa Ana, and Anaheim—have been identified and funded as Metropolitan Medical Response System cities and have subsequently developed relatively large caches of protective equipment, decontamination equipment and Mark I kits to respond to incidents involving weapons of mass destruction. The resources of these cities are available through mutual aid to assist all cities within Orange County.

Need(s):

System meets the standard.

Objective(s):

- 8.03.1 Continued dissemination of hazardous material information, and training (AWR-160, Decon., ICS 100 and IS 700) to hospital personnel. Training funds have been allocated from the Homeland Security grant for hospital personnel.
- Short-range plan

Standard 8.04

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

Goal:

The local EMS agency should ensure that ICS training is provided for all medical providers.

Current Status:

The OCEMS Multi-Casualty Incident disaster plan and ANNEX A of the Health Care Agency Emergency Operations Plan (HCA-EOP) utilize principles established by NIMS/SEMS and Incident Command System (ICS) guidelines established by "Firescope". ICS is routinely employed by the fire departments in Orange County. In addition, all assisting agencies have adopted the ICS system for the management of large scale medical/health emergencies. The Bioterrorism Training Unit of the Health Disaster Management (HDM) division has instituted a Health Care Agency-wide training program on the basic principles of NIMS (IS-700) and the National Response Plan (IS-800). All Health Care Agency employees are now required to complete IS 100 and 700 by the first day of employment. Additionally, many members of the management staff are required to complete IS 200 and 800. Several HDM / OCEMS staff members have also completed IS 300 and 400, and some have obtained ICS "trainer" status. Policy #900.00 of the Orange County EMS Policy and Procedures manual establishes the current standards utilized by EMS system providers during a Multi-Casualty Incident (MCI). Policy #900.00 may be accessed on the OCEMS website at:<http://www.ochealthinfo.com/docs/medical/ems/P&P/900.00.pdf>

Need(s):

System meets the standard.

Standard 8.05

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

Goal:

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

Current Status:

Pursuant to Policy #900.00, "Multi-Casualty Incident Response Plan (Interim)" of the Orange County EMS Policy and Procedures manual, Orange County Communications (OCC) will "draw" a concentric circle around an incident location to identify a sufficient number of hospital beds to handle the number of patients identified at the incident location. For incidents with "trauma" patients, at least one designated trauma center will be activated. The existing "Interim" plan is currently under evaluation by a committee that will determine and finalize the system to be used in the future. Policy #900.00 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/900.00.pdf>

Coordination with Other EMS Agencies:

OCEMS actively coordinates and participates in regional activities through the Regional Disaster Medical Health System. We attend quarterly meetings, attend exercises and meetings in other counties and invite participants from outside of Orange County to participate and/or observe Orange County exercises.

Many EMS agencies demonstrate interagency coordination during the annual San Onofre Nuclear Generating Station drills evaluated by the Nuclear Regulatory Commission.

Need(s):

System meets this standard. Educational efforts continue to enhance hospital capabilities in response to a chemical contamination emergency.

Standard 8.06

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

Goal:

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

Current Status:

A mechanism exists for needs/resource assessment and the communication of this information through the Regional Disaster Medical/Health Coordinator program. OCEMS participates in annual drills evaluating this capability. Existing policies meet the standard and the goal. Operationally, we can communicate our needs through the utilization of RIMS, normal telephones, Nextel phones with both cellular and radio capability, 800 MHz radios (through the County EOC), HAM radios, and through the RDMHC for Region I.

Need(s):

System meets this standard.

Standard 8.07

A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

Current Status:

All acute care hospitals in Orange County have been equipped with 800 MHz radios with an assigned talk group. Training was provided to hospital staff responsible for operation of the radio. The 800 MHz radio allows for the field personnel to communicate directly to the receiving hospital. OCEMS staff members and other members of the Health Care Agency also have these radios. The Hospital Emergency Administrative Radio (HEAR) serves as a back-up to the 800 MHz radio in the event of a failure. Health Care Agency executive staff have also been issued Nextel telephones which have radio communication capability. This will be advantageous to us to coordinate communications with a large group of people. Specific frequencies have been designated for disaster communications and coordination between OCEMS and other responders. These communications involve the use of the ReddiNet hospital communication system and emergency amateur radio.

Coordination with Other EMS Agencies:

Coordination with other EMS agencies occurs routinely during disaster exercises and events to facilitate information sharing and requests for resources.

Need(s):

System meets this standard.

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.

Goal:

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

Current Status:

OCEMS maintains a disaster medical resource directory including EMS responders which, when utilized, would provide resource inventory data. OCEMS promotes the execution of written agreements between health care facilities and their vendors as a component of Hospital Incident Command System implementation. The County also has agreements with each of the acute care hospitals to cover the disaster supplies they have been given through grant funding.

Need(s):

Current system meets this standard.

Standard 8.09

The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

Goal:

The local EMS agency should support the development and maintenance of Disaster Medical Assistance Teams (DMAT) in its area.

Current Status:

Local DMAT teams are federally organized and funded. The Orange County Health Care Agency (HCA) / OCEMS promotes and supports local DMAT teams. OCEMS staff members and members of the Health Disaster Management (HDM) division are encouraged to become "active" members of the local Orange County DMAT team, CA-1. A role for these medical disaster responders has been identified in the county's Mass Casualty Medical Response Plan.

Need(s):

System meets this standard.

Standard 8.10

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

Current Status:

Inter-county EMS agreements for medical/health mutual aid have been executed with counties in Region I and Region VI through the Regional Disaster Medical/Health Coordinator System. Pursuant to the 11 Southern California County Medical/Health Cooperative Assistance Agreement, a mechanism exists to obtain medical/health resources from other operational areas during significant medical incidents.

Coordination With Other EMS Agencies:

Coordination with other EMS agencies includes the execution of inter-county agreements (see above) and routine interaction and resource availability through the regional Reddinet system and California State OES Response Information Management System (RIMS).

Need(s):

System meets this standard.

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:

Potential sites for local casualty collection points (CCPs) have been identified in Orange County and shall be designated by the county health officer when appropriate.

Coordination With Other EMS Agencies:

CCP site designation process involves other EMS responders within the County.

Need(s):

System meets this standard.

Standard 8.12

The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

Current Status:

The operational area disaster plan includes a mechanism for considering the use of casualty collection points (CCP's). Multiple options for CCP communications have been identified, e.g., amateur radio, Med-10, cellular and satellite telephones.

Need(s):

System meets the standard.

Standard 8.13

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

Goal:

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

Current Status:

The Orange County EMS Agency actively promotes and supports education and preparedness activities related to mass casualties resulting from exposure to toxic or radioactive substances. This is accomplished through the dissemination of printed reference materials, conducting educational seminars and participation in exercises. OCEMS response plans, and those of the Operational Area, are NIMS/SEMS based and compatible with those operational plans utilized by fire department and hazardous material teams. Orange County also participates in annual San Onofre Nuclear Generation Station (SONGS) drills. Fire departments have received extensive Office of Domestic Preparedness (ODP) training for responding to Weapons of Mass Destruction (WMD) incidents.

Need(s):

System meets the standard. The goal is to ensure training opportunities for BLS transport providers and hospital emergency department staff.

Objective(s):

- 8.13.1 Provide for the safe and appropriate management of all disaster casualties including patients requiring special handling and care due to exposure to or contamination by hazardous substances.
 - Short-range Plan.

- 8.13.2 Present and promote hospital/prehospital educational opportunities related to the management of patients contaminated with chemical, biological or radioactive material.
 - Short-range Plan.
 - Long-range Plan.

Standard 8.14

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

Goal:

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.

Current Status:

All paramedic receiving centers (PRC) participate with OCEMS in at least one system- wide exercise each calendar year. These exercises involve local OES, fire departments, law enforcement, private BLS transport agencies and other prehospital participants. Emergency communications utilizing the ReddiNet / HEAR and amateur radio systems are also employed in these full functional exercises.

Policy #600.00 of the Orange County EMS Policy and Procedures manual identifies the minimum disaster preparedness standards required of each PRC designated by OCEMS. According to the policy, each PRC have a comprehensive external and internal disaster response plan that addresses the needs of the hospital and the patients that is serves. Policy #600.00 may be accessed on the OCEMS website at: <http://www.ochealthinfo.com/docs/medical/ems/P&P/600.00.pdf>

Need(s):

System meets the standard.

Standard 8.15

The local EMS agency shall ensure that there is an emergency system for interhospital communications, including operational procedures.

Current Status:

The ReddiNet/HEAR system provides a coordinated emergency interhospital communication network. Policies and procedures direct participation and emergency and non-emergency operations. Hospitals are now also equipped with 800 MHz radios which will allow them to communicate with OCEMS and EMS providers in the field. The Hospital Disaster Support Communications System (amateur radio) provides a dependable alternative to the ReddiNet System.

Need(s):

System meets the standard.

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.

Goal:

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 hospital staffs in its service area.

Current Status:

Disaster drills conducted routinely each year are coordinated with prehospital providers, acute care facilities and a wide variety of additional emergency response agencies. These drills provide training and evaluation in disaster medical response for EMS system participants.

Need(s):

System meets the standards.

Objective(s):

- 8.16.1 While disaster drills provide overall system education, there is a need for formalized disaster medical response training for fire and BLS transportation providers.
- Long-range Plan.

Standard 8.17

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

Current Status:

Inter-county medical/health mutual aid agreements establish guidelines for the assistance of personnel from other jurisdictional EMS systems (e.g. ALS personnel) as needed during major medical incidents. In the event of the need for medical/health resources and/or personnel from another jurisdiction, the Orange County Medical/Health Operational Area Coordinator (MHOAC) would establish contact with the Region I – Regional Disaster Medical/Health Coordinator (RDMHC) to formally request medical/health mutual aid assistance.

In Orange County, the MHOAC is the EMS Program Manager of the Health Care Agency – Health Disaster Management Division.

Need(s):

Current system meets the standard.

Standard 8.18

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

Current Status:

Specialty center availability status is routinely maintained and communicated to each base hospital and paramedic receiving center utilizing land-line or the ReddiNet/HEAR to facilitate routine triage and patient destination. During a major disaster, specialty center availability could be requested utilizing the ReddiNet/HEAR. This information is currently available for patient triage and destination decisions.

Need(s):

Current system meets the standard.

Standard 8.19

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

Current Status:

ALS units and Paramedic Assessment Units are provided by fire departments for specific cities and/or unincorporated areas. Ambulance transport services are provided by fire departments or private ambulance companies for a specific city and/or unincorporated area. The system provides for mutual aid, automatic aid and/or disaster response as indicated.

Need(s):

Current system meets standard.

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System:	<u>Health Care Agency / EMS</u>
County:	<u>Orange County</u>
Reporting Year:	<u>Calendar Year 2005</u>

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%.)

a. Basic Life Support (BLS)	<u>100</u> %
b. Limited Advanced Life Support (LALS)	<u>0</u> %
c. Advanced Life Support (ALS)	<u>100</u> %

2. Type of agency B

- 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 the 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	_____
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	_____
Operation of ambulance service	_____
Continuing education	<u>X</u>
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning	<u>X</u>
Administration of critical incident stress debriefing team (CISD)	_____
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____

Table 2 - System Organization & Management (cont.)

5.	EMS agency budget for FY	<u>FY 05/06</u>
A.	EXPENSES	
	Salaries and benefits (All but contract personnel)	<u>\$ 961,260</u>
	Contract Services (e.g. medical director)	<u>\$ 306,463</u>
	Operations (e.g. copying, postage, facilities)	<u>\$ 235,390</u>
	Travel	<u>\$ 28,110</u>
	Fixed assets	_____
	Indirect expenses (overhead)	_____
	Ambulance subsidy	_____
	EMS Fund payments to physicians/hospital	_____
	Dispatch center operations (non-staff)	_____
	Training program operations	_____
	Other: _____	_____
	Other: _____	_____
	Other: _____	_____
	 TOTAL EXPENSES	 <u>\$1,531,223</u>

Table 2 - System Organization & Management (cont.)

B. SOURCES OF REVENUE

	FY 05/06
Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	<u>\$ 327,254</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees EMT, Hospital, Ambulance licensing	<u>\$ 142,992</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	_____
Contributions	_____
EMS Fund (SB 12/612)	<u>\$ 741,640</u>
Other grants: _____	_____
Other fees: _____	_____
Other (specify): Nuclear Power Plant	<u>\$ 10,000</u>
TOTAL REVENUE	<u>\$1,221, 886</u>

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

N/A

Table 2 - System Organization & Management (cont.)

6.	Fee structure for FY	<u>CY 2005</u>	
	<input type="checkbox"/> We do not charge any fees		
	<input checked="" type="checkbox"/> Our fee structure is:		
	First responder certification	\$	_____
	EMS dispatcher certification		_____
	EMT-I certification	35.00	_____
	EMT-I recertification	35.00	_____
	EMT-defibrillation certification		_____
	EMT-defibrillation recertification		_____
	EMT-II certification		_____
	EMT-II recertification		_____
	EMT-P accreditation	62.00	_____
	Mobile Intensive Care Nurse/Authorized Registered Nurse certification	84.00	_____
	MICN/ARN recertification	84.00	_____
	EMT-I training program approval		_____
	EMT-II training program approval		_____
	EMT-P training program approval		_____
	MICN/ARN training program approval		_____
	Base hospital application		_____
	Base hospital designation		_____
	Trauma center application		_____
	Trauma center designation	22,339.00	_____
	Pediatric facility approval		_____
	Pediatric facility designation		_____
	Other critical care center application		_____
	Type: _____		_____
	Other critical care center designation		_____
	Type: _____		_____
	Ambulance service license	1,763.00	_____
	Ambulance vehicle permits	150.00	_____
	Other: Medical Transportation Provider License (per year)	40.00	_____
	Other: _____		_____
	Other: _____		_____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of **2005**.

Table 2 - System Organization & Management (cont.)

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

EMS System: Health Care Agency / Orange County EMS Reporting year: FY 2005/2006

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Program Manager	1.0	\$45.35	21.61%	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator	EMS Coordinator ALS	1.0	\$31.81	21.61%	
Program Coordinator/ Field Liaison (Non-clinical)	EMS Coordinator BLS	1.0	\$31.81	21.61%	
Trauma Coordinator	EMS Coordinator Facilities	1.0	\$31.81	21.61%	
Medical Director	EMS Medical Director	.75	\$81.05	n/a	Contracted position
Other MD/Medical Consult/ Training Medical Director	Assistant Medical Director	.25	\$81.05	n/a	Contracted position
Disaster Medical Planner	EMS Coordinator	1.0	\$31.81	21.61%	
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator	EMS Coordinator Data & QI	1.0	\$31.81	21.61%	Includes Data Management responsibilities
Public Info. & Education Coordinator					
Executive Secretary	Office Supervisor	1.0	\$21.30	21.61%	
Other Clerical	Info Processing Technician	3.0	\$17.75	21.61%	
Data Entry Clerk	Data Entry Specialist	1.0	\$18.68	21.61%	
Other	Office Specialist	1.0	\$18.68	21.61%	

TABLE 3: SYSTEM RESOURCES AND OPERATIONS – Personnel / Training

EMS System:	<u>Health Care Agency / Orange County EMS</u>
County:	<u>Orange County</u>
Reporting Year:	<u>CY 2005</u>

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total Certified	282	N/A	42	20	N/A
Number newly certified this year	173	N/A	42	9	N/A
Number recertified this year	109	N/A	N/A	11	N/A
Total number of accredited personnel on July 1 of the reporting year	633	N/A	905	189	N/A
Number of certification reviews resulting in:					
a) formal investigations					
b) probation					
c) suspensions					
d) revocations					
e) denials					
f) denials of renewal					
g) no action taken					

1. Number of EMS dispatchers trained to EMSA standards: 311
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified 1060 fire, 135 amb, 151 other
 - b) Number of public safety (defib) certified (non-EMT-I) 599
3. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS – Communications

EMS System:	<u>Health Care Agency / EMS</u>
County:	<u>Orange County</u>
Reporting Year:	<u>CY 2005</u>

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

1. Number of primary Public Service Answering Points (PSAP) 22
 (19 city police depts, 1 OC Sheriff, 1 Cal State Fullerton, 1 UCI police)
 (Seal Beach Police operates West-Comm that also dispatches City of Cypress and City of Los Alamitos Police Departments. Brea Police also serves the City of Yorba Linda.)

2. Number of secondary PSAPs 8
 (7 fire, plus CA Highway Patrol. MetroNet dispatches AFD, FFD, FVFD, GGFD, HBFD, NBFD, OFD)

3. Number of dispatch centers directly dispatching ambulances 4
 (MetroNet dispatches ambulances for Anaheim, Fullerton, Huntington Beach, Newport Beach, and City of Orange)
 (OCFA dispatches ambulances for Westminster and San Clemente only)
 (Cities of La Habra and Santa Ana have their own independent ambulance dispatch systems)

4. Number of designated dispatch centers for EMS Aircraft 1
 (Mercy Air)

5. Do you have an operational area disaster communication system? Yes X
 - a. Radio primary frequency Multiple means: Public Safety VHF, UHF, 800 MHz
 - b. Other methods Telephone, fax, satellite phone, HEAR, amateur radio
 - c. Can all medical response units communicate on the same disaster communications system? Yes X
 - d. Do you participate in OASIS? Yes X
 - e. Do you have a plan to utilize RACES as a back-up communication system? Yes X
 - 1) Within the operational area? Yes X
 - 2) Between the operational area and the region and/or state? Yes X

6. Who is your primary dispatch agency for day-to-day emergencies?
22 primary PSAPs (law enforcement); 8 secondary PSAPs (fire service/EMS and CHP)

7. Who is your primary dispatch agency for a disaster?
22 primary PSAPs (law enforcement); 8 secondary PSAPs (fire service/EMS and CHP)

TABLE 5: SYSTEM RESOURCES AND OPERATIONS – Response/Transportation

EMS System:	<u>Health Care Agency / EMS</u>
County:	<u>Orange County</u>
Reporting Year:	<u>FY 2005 - 2006</u>

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas	<u>34</u>	
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	<u>100</u>	%
		Fire/ALS*	Amb/BLS
3.	Total number responses	<u>147,067*</u>	<u>260,947</u>
	a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	<u>147,067*</u>	<u>159,751</u>
	b) Number non-emergency responses (Code 1: normal)	<u>0</u>	<u>101,228</u>
4.	Total number of transports	<u>101,453*</u>	<u>229,412</u>
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	<u>101,453*</u>	<u>133,321</u>
	b) Number of non-emergency transports (Code 1: normal)	<u>10,024</u>	<u>96,091</u>

Early Defibrillation Providers

		Fire/ALS	Amb/BLS	PD
5.	Number of public safety defibrillation providers	<u>13</u>	<u>6</u>	<u>10</u>
	a) Automated	<u>12</u>	<u>6</u>	<u>10</u>
	b) Manual	<u>13</u>	<u>0</u>	<u>0</u>
	c) Both automated and manual	<u>13</u>		
6.	Number of EMT-Defibrillation providers	<u>na</u>		
	a) Automated	<u>na</u>		
	b) Manual	<u>na</u>		

Air Ambulance Services

7.	Total number of responses	<u>41</u>
	a) Number of emergency responses	<u>41</u>
	b) Number of non-emergency responses	<u>0</u>
8.	Total number of transport	<u>41</u>
	a) Number of emergency (scene) transports	<u>41</u>
	b) Number of non-emergency transports	<u>0</u>

TABLE 5: SYSTEM RESOURCES AND OPERATIONS – Response/Transportation (cont'd.)

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEM WIDE
1.BLS and CPR capable first responder	3 – 5 minutes	N/A	N/A	3 – 5 minutes
2.Early defibrillation responder	3 – 5 minutes	N/A	N/A	3 – 5 minutes
3.Advanced life support responder	5 – 7 minutes	N/A	N/A	5 – 7 minutes
4.Transport Ambulance	< 10 minutes	N/A	N/A	< 10 minutes

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

EMS System:	<u>Health Care Agency / EMS</u>
County:	<u>Orange County</u>
Reporting Year:	<u>CY 2005</u>

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>4568</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>3761</u>
c) Number of major trauma patients transferred to a trauma center	<u>202</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>362</u>

Emergency Departments

Total number of emergency departments	<u>25</u>
a) Number of referral emergency services	<u>0</u>
b) Number of standby emergency services	<u>0</u>
c) Number of basic emergency services	<u>24</u>
d) Number of comprehensive emergency services	<u>1</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>25</u>
2. Number of base hospitals with written agreements	<u>7</u>

Table 8: Resources Directory – Fire Service Providers

As of January 1-June, 30, 2005

Name, address & telephone: Anaheim Fire Department 201 S. Anaheim Boulevard #301 Anaheim, CA 92805 Phone # (714) 765-4000				Primary Contact: Denise Mitchell	
Written Contract: <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: ____ PS ____ PS-Defib ____ BLS <u>155</u> EMT-D ____ LALS <u>85</u> 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: <u>0</u>

As of July 1-December 31, 2005

Name, address & telephone: Anaheim Fire Department 201 S. Anaheim Boulevard #301 Anaheim, CA 92805 Phone # (714) 765-4000				Primary Contact: Denise Mitchell	
Written Contract: <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"/> NonTransport	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: ____ PS ____ PS-Defib ____ BLS <u>155</u> EMT-D ____ LALS <u>85</u> 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: <u>0</u>

As of January 1-June, 30, 2005

Name, address & telephone: Brea Fire Department 1 Civic Center Circle Brea, CA 92821				Phone # (714) 990-7644	Primary Contact: Steve Wood	
Written Contract: <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: ____ PS ____ PS-Defib ____ BLS 40 EMT-D ____ LALS 15 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: <u>0</u>	

As of July 1-December 31, 2005

Name, address & telephone: Brea Fire Department 1 Civic Center Circle Brea, CA 92821				Phone # (714) 990-7644	Primary Contact: Steve Wood	
Written Contract: <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"/> NonTransport	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: ____ PS ____ PS-Defib ____ BLS 40 EMT-D ____ LALS 15 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: <u>0</u>	

As of January 1-June, 30, 2005

Name, address & telephone: Costa Mesa Fire Department 77 Fair Drive, 5 th Floor Costa Mesa, CA 92626				Phone # (714) 754-5155		Primary Contact: Larry Grihalva	
Written Contract: <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: _____ PS _____ PS-Defib 69 BLS 69 EMT-D _____ LALS 33 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 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: <u>0</u>		

As of July 1-December 31, 2005

Name, address & telephone: Costa Mesa Fire Department 77 Fair Drive, 5 th Floor Costa Mesa, CA 92626				Phone # (714) 754-5155		Primary Contact: Larry Grihalva	
Written Contract: <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"/> NonTransport	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: _____ PS _____ PS-Defib 69 BLS 69 EMT-D _____ LALS 33 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 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: <u>0</u>		

As of January 1-June, 30, 2005

Name, address & telephone:Fountain Valley Fire Department 10200 Slater Avenue Fountain Valley, CA 92708 Phone # (714) 593-4436				Primary Contact: Randy Anno	
Written Contract: <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: ____PS ____PS-Defib 21____BLS ____EMT-D ____LALS 15____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:0

As of July 1-December 31, 2005

Name, address & telephone:Fountain Valley Fire Department 10200 Slater Avenue Fountain Valley, CA 92708 Phone # (714) 593-4436				Primary Contact: Randy Anno	
Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	Number of personnel providing services: ____PS ____PS-Defib 21____BLS ____EMT-D ____LALS 15____ALS
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:_____	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:_____	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances:0

As of January 1-June, 30, 2005

Name, address & telephone: Fullerton Fire Department 312 E. Commonwealth Avenue Fullerton, CA 92832				Phone # (714) 738-6507		Primary Contact: Gary Dominguez	
Written Contract: <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: ____ PS ____ PS-Defib 50 BLS ____ EMT-D ____ LALS 28 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: <u>0</u>		

As of July 1-December 31, 2005

Name, address & telephone: Fullerton Fire Department 312 E. Commonwealth Avenue Fullerton, CA 92832				Phone # (714) 738-6507		Primary Contact: Gary Dominguez	
Written Contract: <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"/> NonTransport	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: ____ PS ____ PS-Defib 50 BLS ____ EMT-D ____ LALS 28 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: <u>0</u>		

As of January 1-June, 30, 2005

Name, address & telephone:Garden Grove Fire Department 11301 Acacia Parkway Garden Grove, CA 92840				Phone # (714) 741-5600		Primary Contact: Nickolas Booker	
Written Contract: <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: ____PS ____PS-Defib 56 BLS ____EMT-D ____LALS 27 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:0		

As of July 1-December 31, 2005

Name, address & telephone:Garden Grove Fire Department 11301 Acacia Parkway Garden Grove, CA 92840				Phone # (714) 741-5600		Primary Contact: Nickolas Booker	
Written Contract: <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"/> NonTransport	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: ____PS ____PS-Defib 56 BLS ____EMT-D ____LALS 27 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:0		

As of January 1-June, 30, 2005

Name, address & telephone:Huntington Beach Fire Department 2000 Main Street Huntington Beach, CA 92648 Phone # (714) 536-5411				Primary Contact: Duane Olson	
Written Contract: <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: ____PS ____PS-Defib 141 BLS ____EMT-D ____LALS 53 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:4

As of July 1-December 31, 2005

Name, address & telephone:Huntington Beach Fire Department 2000 Main Street Huntington Beach CA 92648 Phone # (714) 536-5411				Primary Contact: Duane Olson	
Written Contract: <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"/> NonTransport	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: ____PS ____PS-Defib 141 BLS ____EMT-D ____LALS 53 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:4

As of January 1-June, 30, 2005

Name, address & telephone: La Habra Fire Department* 850 W. La Habra Blvd. La Habra, CA 90631				Phone # (562) 905-9794		Primary Contact: Andy Grzywa	
Written Contract: <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: ____PS ____PS-Defib 30 BLS ____EMT-D ____LALS 15 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: <u>1</u>		

***Fire Department was dissolved and ceased operations on June 30, 2005**

As of July 1-December 31, 2005

Name, address & telephone: Los Angeles County Fire Department (La Habra)** 1320 N. Eastern Avenue Los Angeles, CA 90063				Phone # (323) 838-2212		Primary Contact: Bill Niccum	
Written Contract: <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"/> NonTransport	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: ____PS ____PS-Defib 12 BLS ____EMT-D ____LALS 6 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 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: <u>2</u> <u>Ambulances operated and</u> <u>staffed by the</u> <u>City of La Habra</u>		

****Fire Department assumed citywide fire and EMS services for the City of La Habra on July 1, 2005**

As of January 1-June, 30, 2005

Name, address & telephone: Laguna Beach Fire Department 505 Forest Avenue Laguna Beach, CA 92651				Phone # (949) 497-0791		Primary Contact: Mike Macey	
Written Contract: <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: ____ PS ____ PS-Defib 25 BLS ____ EMT-D ____ LALS 15 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: <u>0</u>		

As of July 1-December 31, 2005

Name, address & telephone: Laguna Beach Fire Department 505 Forest Avenue Laguna Beach, CA 92651				Phone # (949) 497-0791		Primary Contact: Mike Macey	
Written Contract: <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: ____ PS ____ PS-Defib 25 BLS ____ EMT-D ____ LALS 15 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: <u>0</u>		

As of January 1-June, 30, 2005

Name, address & telephone: Newport Beach Fire Department 3300 Newport Boulevard Newport Beach, CA 92663				Phone # (949) 644-3384		Primary Contact: Cathy Ord	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" 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: ____ PS 200 PS-Defib 98 BLS EMT-D ____ LALS 18 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 checked="" type="checkbox"/> Other explain: Lifeguards	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: 3 (2 Reserve)		

As of July 1-December 31, 2005

Name, address & telephone: Newport Beach Fire Department 3300 Newport Boulevard Newport Beach, CA 92663				Phone # (949) 644-3384		Primary Contact: Cathy Ord	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> NonTransport	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: ____ PS 200 PS-Defib 98 BLS EMT-D ____ LALS 18 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 checked="" type="checkbox"/> Other explain: Lifeguard	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: 3 (2 Reserve)		

As of January 1-June, 30, 2005

Name, address & telephone: Orange County Fire Authority 1 Fire Authority Road Irvine, CA 92602				Phone # (714) 573-6072		Primary Contact: Ruth Grubb	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input checked="" type="checkbox"/> auxiliary rescue <input 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: ____PS 885 BLS 885 PS-Defib ____LALS 317 EMT-D ____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 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: <u>3</u>		

As of July 1-December 31, 2005

Name, address & telephone: Orange County Fire Authority 1 Fire Authority Road Irvine, CA 92602				Phone # (714) 573-6072		Primary Contact: Ruth Grubb	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> NonTransport	Air Classification: <input checked="" type="checkbox"/> auxiliary rescue <input 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: ____PS 885 BLS 885 PS-Defib ____LALS 317 EMT-D ____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 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: <u>3</u>		

As of January 1-June, 30, 2005

Name, address & telephone: City of Orange Fire Department 176 S. Grand Street Orange, CA 92866				Phone # (714) 288-2500		Primary Contact: Suzanne Goodrich	
Written Contract: <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: ____ PS ____ PS-Defib 78 BLS EMT-D ____ LALS 39 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: <u>3</u> <u>Front Line and 3 Reserve</u>		

As of July 1-December 31, 2005

Name, address & telephone: City of Orange Fire Department 176 S. Grand Street Orange, CA 92866				Phone # (714) 288-2500		Primary Contact: Suzanne Goodrich	
Written Contract: <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"/> NonTransport	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: ____ PS ____ PS-Defib 78 BLS EMT-D ____ LALS 39 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: <u>3</u> <u>Front Line and 3 Reserve.</u>		

As of January 1-June, 30, 2005

Name, address & telephone: Santa Ana Fire Department 1439 S. Broadway Street Santa Ana, CA 92707				Phone # (714) 647-5700		Primary Contact: Jeff Talmage	
Written Contract: <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: ____ PS ____ PS-Defib <u>215</u> BLS ____ EMT-D ____ LALS <u>98</u> 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: <u>10</u>		

As of July 1-December 31, 2005

Name, address & telephone: Santa Ana Fire Department 1439 S. Broadway Street Santa Ana, CA 92707				Phone # (714) 647-5700		Primary Contact: Jeff Talmage	
Written Contract: <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"/> NonTransport	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: ____ PS ____ PS-Defib <u>215</u> BLS ____ EMT-D ____ LALS <u>98</u> 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: <u>10</u>		

**Table 8:
Resources Directory –
Private Ambulance Providers
(Ground and Air)**

As of January 1-June, 30, 2005

Name, address & telephone: Ambuserv, Inc. 15105 S. Broadway Gardena, CA 90248				Phone # (310) 644-4500		Primary Contact: Traci Taylor	
Written Contract: <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: ____ PS ____ PS-Defib ____ BLS ____ EMT-D ____ LALS ____ 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: <u>6</u>		

As of July 1-December 31, 2005

Name, address & telephone: Ambuserv, Inc. 15105 S. Broadway Gardena, CA 90248				Phone # (310) 644-4500		Primary Contact: Traci Taylor	
Written Contract: <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"/> NonTransport	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: ____ PS ____ PS-Defib ____ BLS ____ EMT-D ____ LALS ____ 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: <u>6</u>		

As of January 1-June, 30, 2005

Name, address & telephone: Americare Ambulance 820 W. Lomita Boulevard Harbor City, CA 90710				Phone # (310) 835-9390		Primary Contact: John Beltran	
Written Contract: <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: ____ PS ____ PS-Defib 20 BLS ____ EMT-D ____ LALS ____ ALS		
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: <u>8</u>		

As of July 1-December 31, 2005

Name, address & telephone: Americare Ambulance 820 W. Lomita Boulevard Harbor City, CA 90710				Phone # (310) 835-9390		Primary Contact: John Beltran	
Written Contract: <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"/> NonTransport	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: ____ PS ____ PS-Defib 20 BLS ____ EMT-D ____ LALS ____ ALS		
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: <u>8</u>		

As of January 1-June, 30, 2005

Name, address & telephone: American Medical Response 10662 Stanford Avenue Garden Grove, CA 92840				Phone # (714) 638-6200		Primary Contact: Ernie Chavez	
Written Contract: <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: ____ PS ____ PS-Defib 96 ____ BLS ____ EMT-D ____ LALS ____ ALS		
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: <u>86</u>		

As of July 1-December 31, 2005

Name, address & telephone: American Medical Response 10662 Stanford Avenue Garden Grove, CA 92840				Phone # (714) 638-6200		Primary Contact: Ernie Chavez	
Written Contract: <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"/> NonTransport	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: ____ PS ____ PS-Defib 115 ____ BLS ____ EMT-D ____ LALS ____ ALS		
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: <u>85</u>		

As of January 1-June, 30, 2005

Name, address & telephone: Care Ambulance Service 1517 W. Braden Court Orange, CA 92868				Phone # (714) 288-3888		Primary Contact: Bill Weston	
Written Contract: <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: ____ PS ____ PS-Defib 400 BLS 400 EMT-D ____ LALS ____ ALS		
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: <u>92</u>		

As of July 1-December 31, 2005

Name, address & telephone: Care Ambulance Service 1517 W. Braden Court Orange, CA 92868				Phone # (714) 288-3888		Primary Contact: Bill Weston	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> NonTransport	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: ____ PS ____ PS-Defib 400 BLS 400 EMT-D ____ LALS ____ ALS		
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: <u>92</u>		

As of January 1-June, 30, 2005

Name, address & telephone: Doctor's Ambulance 23091 Terra Drive Laguna Hills, CA 92653				Phone # (949)-951-6600		Primary Contact: Cory Osburn	
Written Contract: <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: ____ PS ____ PS-Defib ____ BLS <u>90</u> EMT-D ____ LALS <u>10</u> ALS		
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: <u>21</u>		

As of July 1-December 31, 2005

Name, address & telephone: Doctor's Ambulance 23091 Terra Drive Laguna Hills, CA 92653				Phone # (949) 951-6600		Primary Contact: Cory Osburn	
Written Contract: <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"/> NonTransport	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: ____ PS ____ PS-Defib ____ BLS <u>90</u> EMT-D ____ LALS <u>10</u> ALS		
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: <u>21</u>		

As of January 1-June, 30, 2005

Name, address & telephone: Emergency Ambulance Service 3200 E. Birch Street, Suite A Brea, CA 92821				Phone # (714) 990-1331		Primary Contact: Scott Pipkin	
Written Contract: <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: ____PS ____PS-Defib ____BLS <u>60</u> EMT-D ____LALS <u>1</u> ALS		
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: <u>34</u>		

As of July 1-December 31, 2005

Name, address & telephone: Emergency Ambulance Service 3200 E. Birch Street, Suite A Brea, CA 92821				Phone # (714) 990-1331		Primary Contact: Scott Pipkin	
Written Contract: <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"/> NonTransport	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: ____PS ____PS-Defib ____BLS <u>50</u> EMT-D ____LALS <u>1</u> ALS		
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: <u>27</u>		

As of January 1-June, 30, 2005

Name, address & telephone: Gerber Ambulance Service 19801 Mariner Avenue Torrance, CA 90503				Phone # (310) 542-6464		Primary Contact: Matthew Steeneken	
Written Contract: <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: ____ PS ____ PS-Defib 6 ____ BLS ____ EMT-D ____ LALS ____ ALS		
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: <u>2</u>		

As of July 1-December 31, 2005

Name, address & telephone: Gerber Ambulance Service 19801 Mariner Avenue Torrance, CA 90503				Phone # (310) 542-6464		Primary Contact: Matthew Steeneken	
Written Contract: <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"/> NonTransport	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: ____ PS ____ PS-Defib 4 ____ BLS ____ EMT-D ____ LALS ____ ALS		
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: <u>2</u>		

As of January 1-June, 30, 2005

Name, address & telephone: Huntington Ambulance LLC P.O. Box 145 Sunset Beach, CA 90742				Phone # (562) 904-1550		Primary Contact: Stacey O'Bryan	
Written Contract: <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: ____ PS ____ PS-Defib 6 ____ BLS ____ EMT-D ____ LALS ____ 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 type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: <u>2</u>		

As of July 1-December 31, 2005

Name, address & telephone: Huntington Ambulance LLC P.O. Box 145 Sunset Beach, CA 90745				Phone # (562) 904-1550		Primary Contact: Stacey O'Bryan	
Written Contract: <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"/> NonTransport	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: ____ PS ____ PS-Defib 6 ____ BLS ____ EMT-D ____ LALS ____ 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 type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: <u>2</u>		

As of January 1-June, 30, 2005

Name, address & telephone:Lifeline Ambulance Service 1120 S Maple Avenue Unit 200 Montebello CA 90640				Phone # (800) 700-9344		Primary Contact: Jorge Fazzini	
Written Contract: <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: ____PS ____PS-Defib 96____BLS ____EMT-D ____LALS ____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: <u>10</u>		

As of July 1-December 31, 2005

Name, address & telephone:Lifeline Ambulance Service 1120 S Maple Avenue Unit 200 Montebello CA 90640				Phone # (800) 700-9344		Primary Contact: Jorge Fazzini	
Written Contract: <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"/> NonTransport	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: ____PS ____PS-Defib 96____BLS ____EMT-D ____LALS ____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: <u>10</u>		

As of January 1-June, 30, 2005

Name, address & telephone: Lynch Ambulance 2950 La Jolla Street Anaheim, CA 92806				Phone # (714) 632-0225		Primary Contact: Greg Pate	
Written Contract: <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: ____ PS ____ PS-Defib <u>110</u> BLS ____ EMT-D ____ LALS ____ ALS		
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: <u>38</u>		

As of July 1-December 31, 2005

Name, address & telephone: Lynch Ambulance 2950 La Jolla Street Anaheim, CA 92806				Phone # (714) 632-0225		Primary Contact: Greg Pate	
Written Contract: <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"/> NonTransport	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: ____ PS ____ PS-Defib <u>160</u> BLS ____ EMT-D ____ LALS ____ ALS		
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: <u>38</u>		

As of January 1-June, 30, 2005

Name, address & telephone: MedCoast Ambulance Service 14092 E Firestone Blvd Santa Fe Springs CA 90670 Phone # (562) 926 9990				Primary Contact: Matt Armstrong	
Written Contract: <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: ____ PS ____ PS-Defib <u>20</u> BLS ____ EMT-D ____ LALS ____ 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: <u>10</u>

As of July 1-December 31, 2005

Name, address & telephone: MedCoast Ambulance Service 14092 E Firestone Blvd Santa Fe Springs CA Phone # (562) 926 9990				Primary Contact: Matt Armstrong	
Written Contract: <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"/> NonTransport	Air Classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input checked="" type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib <u>30</u> BLS ____ EMT-D ____ LALS ____ 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: <u>14</u>

As of January 1-June, 30, 2005

Name, address & telephone: Medix Ambulance Service 26021 Pala Drive Mission Viejo, CA 92691				Phone # (949) 470-8915		Primary Contact: Jim Ignacio	
Written Contract: <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 checked="" type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib 110 BLS 8 EMT-D ____ LALS ____ ALS		
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: <u>28</u>		

As of July 1-December 31, 2005

Name, address & telephone: Medix Ambulance Service 26021 Pala Drive Mission Viejo, CA 92691				Phone # (949) 470-8915		Primary Contact: Jim Ignacio	
Written Contract: <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"/> NonTransport	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: ____ PS ____ PS-Defib 110 BLS 8 EMT-D ____ LALS ____ ALS		
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: <u>28</u>		

As of January 1-June, 30, 2005

Name, address & telephone: Mercy Air Service 9745 Prospect Avenue., Suite 204 Santee, CA 92071				Phone # (619) 448-1412		Primary Contact: Pamela Steen	
Written Contract: <input type="checkbox"/> yes <input checked="" 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: ____ PS ____ PS-Defib ____ BLS ____ EMT-D ____ LALS <u>8</u> ALS		
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: <u>3</u>		

As of July 1-December 31, 2005

Name, address & telephone: Mercy Air Service 9745 Prospect Avenue, Suite 204 Santee, CA 92071				Phone # (619) 448-1412		Primary Contact: Pamela Steen	
Written Contract: <input type="checkbox"/> yes <input checked="" 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"/> NonTransport	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: ____ PS ____ PS-Defib ____ BLS ____ EMT-D ____ LALS <u>8</u> ALS		
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: <u>3</u>		

As of January 1-June, 30, 2005

Name, address & telephone: Pacific Ambulance 22541 Aspan Street, Suite E Lake Forest, CA 92630				Phone # (949) 470-2350		Primary Contact: John Weston	
Written Contract: <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: ____PS ____PS-Defib <u>22</u> BLS ____EMT-D ____LALS ____ALS		
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: <u>8</u>		

As of July 1-December 31, 2005

Name, address & telephone: Pacific Ambulance, Inc. 22541 Aspan Street, Suite E Lake Forest, CA 92630				Phone # (949) 470-2350		Primary Contact: John Weston	
Written Contract: <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"/> NonTransport	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: ____PS ____PS-Defib <u>36</u> BLS ____EMT-D ____LALS ____ALS		
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: <u>12</u>		

As of January 1-June, 30, 2005

Name, address & telephone: Priority One Medical Transport, Inc. 740 South Rochester Street, Suite E Ontario, CA 91761 Phone # (800) 600-5433				Primary Contact: Jim Karras	
Written Contract: <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: ____ PS ____ PS-Defib 8 ____ BLS ____ EMT-D ____ LALS ____ ALS
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: <u>3</u>

As of July 1-December 31, 2005

Name, address & telephone: Priority One Medical Transport, Inc. 740 South Rochester Street, Suite E Ontario, CA 91761 Phone # (800) 600-5433				Primary Contact: Jim Karras	
Written Contract: <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"/> NonTransport	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: ____ PS ____ PS-Defib 8 ____ BLS ____ EMT-D ____ LALS ____ ALS
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: <u>3</u>

As of January 1-June, 30, 2005

Name, address & telephone: Schaefer Ambulance Service 2215 S. Bristol Street Santa Ana, CA 92704				Phone # (714) 545-8486		Primary Contact: Jimmy McNeal	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" 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 type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib 21 BLS ____ EMT-D ____ LALS 3 ALS		
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: <u>7</u>		

As of July 1-December 31, 2005

Name, address & telephone: Schaefer Ambulance Service 2215 S. Bristol Street Santa Ana, CA 92704				Phone # (714) 545-8486		Primary Contact: Jimmy McNeal	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> NonTransport	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 type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib 21 BLS ____ EMT-D ____ LALS 3 ALS		
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: <u>7</u>		

**Table 9:
Resources Directory –
Approved Training Programs
(EMT-I and Paramedic)**

Training Institution Name: California Paramedic Institute
Address: 23141 Lake Center Drive
Lake Forest, CA 92630

Contact Person/telephone number:

As of January 1-June 30, 2005

Student Eligibility:*	Cost of Program: Basic: \$10,025 Refresher:	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: <u>38</u> Refresher: <u>0</u> Continuing Education: <u>0</u> Expiration Date: <u>06/30/2007</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>0</u> Continuing Education: <u>0</u>
-----------------------	---	--

Training Institution Name: California Paramedic Institute
Address: 23141 Lake Center Drive
Lake Forest, CA 92630

Contact Person/telephone number:

As of July 1-December 31, 2005

Student Eligibility:*	Cost of Program: Basic: \$10,025 Refresher:	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: <u>39</u> Refresher: <u>0</u> Continuing Education: <u>0</u> Expiration Date: <u>06/30/2007</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>0</u> Continuing Education: <u>0</u>
-----------------------	---	--

Training Institution Name: Capistrano-Laguna ROP
 Address: 31522 El Camino Real
San Juan Capistrano, CA 92675

Contact Person/telephone number: Cliff Bramlette
(949) 496-3118

As of January 1-June 30, 2005

Student Eligibility:*	Cost of Program: Basic: <u>\$50.00</u> Refresher: <u>\$50.00</u>	**Program Level: <u>EMT-Basic</u> Number of students completing training per year: Initial training: <u>20</u> Refresher: <u>0</u> Continuing Education: <u>0</u> Expiration Date: <u>08/31/2010</u> Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: <u>0</u> Continuing Education: <u>0</u>
-----------------------	--	--

Training Institution Name: Capistrano-Laguna ROP
 Address: 31522 El Camino Real
San Juan Capistrano, CA 92675

Contact Person/telephone number: Cliff Bramlette
(949) 496-3118

As of July 1-December 31, 2005

Student Eligibility:*	Cost of Program: Basic: <u>\$50.00</u> Refresher: <u>\$50.00</u>	**Program Level: <u>EMT-Basic</u> Number of students completing training per year: Initial training: <u>18</u> Refresher: <u>0</u> Continuing Education: <u>0</u> Expiration Date: <u>08/31/2010</u> Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: <u>0</u> Continuing Education: <u>0</u>
-----------------------	--	--

Training Institution Name: Central County ROP - Garden Grove USD
 Address: 11852 Knott Street
Garden Grove, CA 92841

Contact Person/telephone number: Denise Clynes
(714) 663-6546

As of January 1-June 30, 2005

Student Eligibility:*	Cost of Program: Basic: <u>Text \$75.00</u> Refresher: <u>N/A</u>	**Program Level: <u>EMT - Basic</u> Number of students completing training per year: Initial training: <u>30</u> Refresher: <u>0</u> Continuing Education: <u>0</u> Expiration Date: <u>March 31, 2007</u> Number of courses: <u>1</u> Initial training: <u>0</u> Refresher: <u>0</u> Continuing Education: <u>0</u>
-----------------------	---	--

Training Institution Name: Central County ROP - Garden Grove USD
 Address: 11852 Knott Street
Garden Grove, CA 92841

Contact Person/telephone number: Denise Clynes
(714) 663-6546

As of July 1-December 31, 2005

Student Eligibility:*	Cost of Program: Basic: <u>Text \$75.00</u> Refresher: <u>N/A</u>	**Program Level: <u>EMT - Basic</u> Number of students completing training per year: Initial training: <u>30</u> Refresher: <u>0</u> Continuing Education: <u>0</u> Expiration Date: <u>March 31, 2007</u> Number of courses: <u>1</u> Initial training: <u>0</u> Refresher: <u>0</u> Continuing Education: <u>0</u>
-----------------------	---	--

Training Institution Name: Coastline Regional Occupational Program
Address: 1001 Presidio Square
Costa Mesa CA 92626

Contact Person/telephone number: Linda Kallow
(714) 979-1955

As of January 1-June 30, 2005

Student Eligibility:*	Cost of Program: Basic: <u>\$40 adults; no cost for high school students</u> Refresher: _____	**Program Level: <u>EMT-Basic</u> Number of students completing training per year: Initial training: <u>61</u> Refresher: _____ Continuing Education: _____ Expiration Date: _____ Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: _____ Continuing Education: _____
-----------------------	---	--

Training Institution Name: Coastline Regional Occupational Program
Address: 1001 Presidio Square
Costa Mesa CA 92626

Contact Person/telephone number: Linda Kallow
(714) 979-1955

As of July 1-December 31, 2005

Student Eligibility:*	Cost of Program: Basic: <u>\$40 adults; no cost for high school students</u> Refresher: _____	**Program Level: <u>EMT-Basic</u> Number of students completing training per year: Initial training: <u>30</u> Refresher: _____ Continuing Education: _____ Expiration Date: _____ Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: _____ Continuing Education: _____
-----------------------	---	--

Training Institution Name: Costa Mesa Fire Department
Address: 77 Fair Drive, 5th Floor
Costa Mesa, CA 92626

Contact Person/telephone number: Larry Grihalva
(714) 754-5155

As of January 1-June 30, 2005

Student Eligibility:*	Cost of Program: Basic: <u>\$250</u> Refresher: <u>\$150</u>	**Program Level: <u>EMT-Basic</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>69</u> Continuing Education: <u>33</u> Expiration Date: <u>11/28/2009</u> Number of courses: <u>1</u> Initial training: <u>0</u> Refresher: <u>69</u> Continuing Education: <u>33</u>
-----------------------	--	---

Training Institution Name: Costa Mesa Fire Department
Address: 77 Fair Drive, 5th Floor
Costa Mesa, CA 92626

Contact Person/telephone number: Larry Grihalva
(714) 754-5155

As of July 1-December 31, 2005

Student Eligibility:*	Cost of Program: Basic: _____ Refresher: _____	**Program Level: <u>EMT-Basic</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>69</u> Continuing Education: <u>33</u> Expiration Date: <u>11/28/2009</u> Number of courses: <u>1</u> Initial training: <u>0</u> Refresher: <u>69</u> Continuing Education: <u>33</u>
-----------------------	--	---

Training Institution Name: Newport Beach Fire Department
Address: 3300 Newport Blvd
Newport Beach, CA 92663

Contact Person/telephone number: Cathy Ord
(949) 644-3384

As of January 1-June 30, 2005

Student Eligibility:*	Cost of Program: Basic: <u>0</u> Refresher: <u>0</u>	**Program Level: <u>EMT-Basic</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Continuing Education: <u>98/18</u> Expiration Date: _____ Number of courses: _____ Initial training: <u>0</u> Refresher: <u>0</u> Continuing Education: <u>2/--</u>
-----------------------	--	---

Training Institution Name: Newport Beach Fire Department
Address: 3300 Newport Blvd.
Newport Beach, CA 92663

Contact Person/telephone number: Cathy Ord
(949) 644-3384

As of July 1-December 31, 2005

Student Eligibility:*	Cost of Program: Basic: <u>0</u> Refresher: <u>0</u>	**Program Level: <u>EMT-Basic</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Continuing Education: <u>98/18</u> Expiration Date: _____ Number of courses: _____ Initial training: <u>0</u> Refresher: <u>0</u> Continuing Education: <u>2/--</u>
-----------------------	--	---

Training Institution Name: North Orange County ROP
Address: 1617 E. Ball Road
Anaheim, CA 92805

Contact Person/telephone number: Barbara Sinclair
(714) 502-5964

As of January 1-June 30, 2005

Student Eligibility:*	Cost of Program: Basic: <u>\$20</u> Refresher: <u>\$20</u>	**Program Level: <u>EMT-Basic</u> Number of students completing training per year: Initial training: <u>Aprox. 200-225</u> Refresher: <u>6 - 10</u> Continuing Education: <u>0</u> Expiration Date: <u>05/31/2008</u> Number of courses: <u>3</u> Initial training: <u>3</u> Refresher: <u>3</u> Continuing Education: <u>Ongoing, as needed</u>
-----------------------	--	--

Training Institution Name: North Orange County ROP
Address: 1617 E. Ball Road
Anaheim, CA 92805

Contact Person/telephone number: Thanh Nguyen (9/05 - 12/05)
(714) 502-5964

As of July 1-December 31, 2005

Student Eligibility:*	Cost of Program: Basic: <u>\$20</u> Refresher: <u>\$20</u>	**Program Level: <u>EMT-Basic</u> Number of students completing training per year: Initial training: <u>Aprox. 200-225</u> Refresher: <u>6 - 10</u> Continuing Education: <u>0</u> Expiration Date: <u>5/31/08</u> Number of courses: <u>3</u> Initial training: <u>3</u> Refresher: <u>3</u> Continuing Education: <u>Ongoing, as needed</u>
-----------------------	--	---

Training Institution Name: Orange County Fire Authority
Address: 1 Fire Authority Road
Irvine, CA 92602

Contact Person/telephone number: Ruth Grubb
(714) 573-6072

As of January 1-June 30, 2005

Student Eligibility:*	Cost of Program: Basic: <u>\$0</u> Refresher: <u>\$0</u>	**Program Level: <u>EMT-Basic</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>_____</u> Continuing Education: <u>89</u> Expiration Date: <u>11/01/2008</u> Number of courses: <u>Ongoing CE</u> Initial training: <u>_____</u> Refresher: <u>_____</u> Continuing Education: <u>Ongoing</u>
-----------------------	--	---

Training Institution Name: Orange County Fire Authority
Address: 1 Fire Authority Road
Irvine, CA 92602

Contact Person/telephone number: Ruth Grubb
(714) 573-6072

As of July 1-December 31, 2005

Student Eligibility:*	Cost of Program: Basic: <u>\$0</u> Refresher: <u>\$0</u>	**Program Level: <u>EMT-Basic</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>_____</u> Continuing Education: <u>33</u> Expiration Date: <u>11/01/2008</u> Number of courses: <u>Ongoing CE</u> Initial training: <u>_____</u> Refresher: <u>_____</u> Continuing Education: <u>Ongoing</u>
-----------------------	--	---

Training Institution Name: Orange Coast College
Address: 2701 Fair Road
Costa Mesa, CA 92626

Contact Person/telephone number: Phylicia Hassapis
(714) 432-5089

As of January 1-June 30, 2005

Student Eligibility:*	Cost of Program: Basic: <u>\$350.00-400.00 approx</u> Refresher: <u>\$75.00 approx</u>	**Program Level: <u>EMT-Basic</u> Number of students completing training per year: Initial training: <u>40</u> Refresher: <u>0</u> Continuing Education: <u>6</u> Expiration Date: <u>08/31/06</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>1</u> Continuing Education: <u>1</u>
-----------------------	--	--

Training Institution Name: Orange Coast College
Address: 2701 Fair Road
Costa Mesa, CA 92626

Contact Person/telephone number: Phylicia Hassapis
(714) 432-5089

As of July 1-December 31, 2005

Student Eligibility:*	Cost of Program: Basic: <u>\$350.00-\$400.00 approx</u> Refresher: <u>\$75.00 approx</u>	**Program Level: <u>EMT-Basic</u> Number of students completing training per year: Initial training: <u>40</u> Refresher: <u>0</u> Continuing Education: <u>4</u> Expiration Date: <u>08/31/06</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>1</u> Continuing Education: <u>1</u>
-----------------------	--	--

Training Institution Name: Saddleback College
Address: 28000 Marguerite Parkway
Mission Viejo, CA 92692

Contact Person/telephone number: Joanna Reina/Randy Hardick
(949) 582-4581

As of January 1-June 30, 2005

Student Eligibility:*	Cost of Program: Basic: <u>\$189.00</u> Refresher: <u>\$38.00</u>	**Program Level: <u>EMT-Basic</u> Number of students completing training per year: Initial training: <u>70</u> Refresher: <u>15</u> Continuing Education: <u>0</u> Expiration Date: <u>04/30/2009</u> Number of courses: <u>4</u> Initial training: <u>3</u> Refresher: <u>1</u> Continuing Education: <u>0</u>
-----------------------	---	---

Training Institution Name: Saddleback College
Address: 28000 Marguerite Parkway
Mission Viejo, CA 92692

Contact Person/telephone number: Joanna Reina/Randy Hardick
(949) 582-4581

As of July 1-December 31, 2005

Student Eligibility:*	Cost of Program: Basic: <u>\$189.00</u> Refresher: <u>\$38.00</u>	**Program Level: <u>EMT-Basic</u> Number of students completing training per year: Initial training: <u>100</u> Refresher: <u>15</u> Continuing Education: <u>0</u> Expiration Date: <u>04/30/2009</u> Number of courses: <u>5</u> Initial training: <u>4</u> Refresher: <u>1</u> Continuing Education: <u>0</u>
-----------------------	---	--

Training Institution Name: Saddleback College
Address: 28000 Marguerite Parkway
Mission Viejo, Ca 92692

Contact Person/telephone number: Barbara Penland/Joanna Reina
(949) 582-4581

As of January 1-June 30, 2005

Student Eligibility:*	Cost of Program: Basic: <u>1000.00</u> Refresher: _____	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: <u>24</u> Refresher: <u>0</u> Continuing Education: <u>0</u> Expiration Date: <u>04/30/2009</u> Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: <u>0</u> Continuing Education: <u>0</u>
-----------------------	---	--

Training Institution Name: Saddleback College
Address: 28000 Marguerite Parkway
Mission Viejo, Ca 92692

Contact Person/telephone number: Barbara Penland/Joanna Reina
(949) 582-4581

As of July 1-December 31, 2005

Student Eligibility:*	Cost of Program: Basic: <u>1000.00</u> Refresher: _____	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: <u>26</u> Refresher: <u>0</u> Continuing Education: <u>0</u> Expiration Date: <u>04/30/2009</u> Number of courses: <u>1</u> Initial training: <u>1</u> Refresher: <u>0</u> Continuing Education: <u>0</u>
-----------------------	---	--

Training Institution Name: Santa Ana College
Address: 1530 W. 17th Street
Santa Ana, CA 92707

Contact Person/telephone number: Elaine Dethlefsen
(714) 564-6837

As of January 1-June 30, 2005

Student Eligibility:*	Cost of Program: Basic: <u>\$575.00</u> Refresher: <u>\$85.00</u>	**Program Level: <u>EMT Basic</u> Number of students completing training per year: Initial training: <u>55</u> Refresher: <u>0</u> Continuing Education: <u>8</u> Expiration Date: <u>06/30/2005</u> Number of courses: <u>2</u> Initial training:_____ Refresher:_____ Continuing Education:_____
-----------------------	---	--

Training Institution Name: Santa Ana College
Address: 1530 W. 17th Street
Santa Ana, CA 92706

Contact Person/telephone number: Elaine Dethlefsen
(714) 564-6837

As of July 1-December 31, 2005

Student Eligibility:*	Cost of Program: Basic: <u>\$575.00</u> Refresher: <u>\$85.00</u>	**Program Level: <u>EMT Basic</u> Number of students completing training per year: Initial training: <u>65</u> Refresher: <u>0</u> Continuing Education: <u>0</u> Expiration Date: <u>December, 2005</u> Number of courses:_____ Initial training:_____ Refresher:_____ Continuing Education:_____
-----------------------	---	--

Table 10: Resources Directory – Facilities

Name & Address: Anaheim General Hospital 3350 W. Ball Road Anaheim, CA 92804		Primary Contact: Josh Luke, CEO Phone Number: 714-827-6700		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby 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 type="checkbox"/> no ¹ N/A	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:**** N/A

Name & Address: Anaheim Memorial Medical Center 1111 West La Palma Avenue Anaheim, CA 92801		Primary Contact: Melinda Beswick, CEO Phone Number: 714-774-1450		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Paramedic Resource Hospital	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no ¹ N/A	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:**** N/A

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

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

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

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

¹OCEMS does not designate pediatric receiving centers. Each PRC is evaluated for pediatric equipment and policies during the re-designation survey. Additionally, OCEMS requires at least one RN who is certified in Pediatric Advanced Life Support (PALS) to be on duty at all times.

²OCEMS has surveyed the PICU at this facility and has granted designation as a PICU specialty center.

Name & Address: Brea Community Hospital 380 W. Central Avenue Brea, CA 92821		Primary Contact: Hospital Closed April 2005		
		Phone Number:		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby 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 type="checkbox"/> no ¹ N/A	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:**** N/A

Name & Address: Chapman Medical Center 2601 East Chapman Avenue Orange, CA 92869		Primary Contact: Doug Norris, CEO		
		Phone Number: 714-633-0011		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby 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 type="checkbox"/> no ¹ N/A	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:**** N/A

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

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

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

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

¹OCEMS does not designate pediatric receiving centers. Each PRC is evaluated for pediatric equipment and policies during the re-designation survey. Additionally, OCEMS requires at least one RN who is certified in Pediatric Advanced Life Support (PALS) to be on duty at all times.

²OCEMS has surveyed the PICU at this facility and has granted designation as a PICU specialty center.

Name & Address: Coastal Communities Hospital 2701 S. Bristol St. Santa Ana, CA 92704		Primary Contact: Jack Chubb, CEO		
		Phone Number: 714-754-5454		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby 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 type="checkbox"/> no ¹ N/A	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:**** N/A

Name & Address: Fountain Valley Regional Hospital 17100 Euclid Street Fountain Valley, CA 92708		Primary Contact: Deborah Keel, CEO		
		Phone Number: 714-966-7200		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby 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 type="checkbox"/> no ¹ N/A	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no ²	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:**** N/A

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

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

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

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

¹OCEMS does not designate pediatric receiving centers. Each PRC is evaluated for pediatric equipment and policies during the re-designation survey. Additionally, OCEMS requires at least one RN who is certified in Pediatric Advanced Life Support (PALS) to be on duty at all times.

²OCEMS has surveyed the PICU at this facility and has granted designation as a PICU specialty center.

Name & Address: Garden Grove Hospital & Medical Center 12601 Garden Grove Blvd. Garden Grove, Ca 92843		Primary Contact: Maxine Cooper, CEO	
		Phone Number: 714-537-5160	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby 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 type="checkbox"/> no ¹ N/A	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:**** N/A	

Name & Address: Hoag Memorial Hospital Presbyterian One Hoag Drive Newport Beach, CA 92658-6100		Primary Contact: Richard Afable, CEO/President	
		Phone Number: 949-645-8600	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no ¹ N/A	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:**** N/A	

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

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

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

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

¹OCEMS does not designate pediatric receiving centers. Each PRC is evaluated for pediatric equipment and policies during the re-designation survey. Additionally, OCEMS requires at least one RN who is certified in Pediatric Advanced Life Support (PALS) to be on duty at all times.

²OCEMS has surveyed the PICU at this facility and has granted designation as a PICU specialty center.

Name & Address: Huntington Beach Hospital 17772 Beach Blvd Huntington Beach, CA 92647		Primary Contact: Sofia Abrina, CEO	
		Phone Number: 714-842-1473	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no ¹ N/A	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:**** N/A	

Name & Address: Irvine Regional Hospital & Medical Center 16200 Sand Canyon Avenue Irvine, CA 92618		Primary Contact: Donald Lorack, CEO	
		Phone Number: 949-753-2564	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby 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 type="checkbox"/> no ¹ N/A	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:**** N/A	

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

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

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

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

¹OCEMS does not designate pediatric receiving centers. Each PRC is evaluated for pediatric equipment and policies during the re-designation survey. Additionally, OCEMS requires at least one RN who is certified in Pediatric Advanced Life Support (PALS) to be on duty at all times.

²OCEMS has surveyed the PICU at this facility and has granted designation as a PICU specialty center.

Name & Address: Kaiser Foundation Hospital-Orange 441 Lakeview Avenue Anaheim, CA 92807		Primary Contact: Julie Miller-Phipps, CEO	
		Phone Number: 714-279-4000	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby 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 type="checkbox"/> no ¹ N/A	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:**** N/A	

Name & Address: La Palma Intercommunity Hospital 7901 Walker Street La Palma, CA 90623		Primary Contact: Pat Wolfram, CEO	
		Phone Number: 714-670-7400	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby 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 ¹ <input type="checkbox"/> no Designated by L.A. County	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:**** N/A	

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

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

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

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

¹OCEMS does not designate pediatric receiving centers. Each PRC is evaluated for pediatric equipment and policies during the re-designation survey. Additionally, OCEMS requires at least one RN who is certified in Pediatric Advanced Life Support (PALS) to be on duty at all times.

²OCEMS has surveyed the PICU at this facility and has granted designation as a PICU specialty center.

Name & Address: Los Alamitos Medical Center 3751 Katella Avenue Los Alamitos, CA 90720		Primary Contact: Michelle Finney, CEO	
		Phone Number: 714-826-6400	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby 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 type="checkbox"/> no ¹ N/A	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:**** N/A	

Name & Address: Mission Hospital Regional Medical Center 27700 Medical Center Road Mission Viejo, CA 92691		Primary Contact: Peter Bastone, CEO	
		Phone Number: 949-364-1400	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no ¹ N/A	PICU:*** <input checked="" type="checkbox"/> yes ² <input type="checkbox"/> no <i>Affiliated w/ CHOC @ Mission</i>	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:**** II	

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

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

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

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

¹OCEMS does not designate pediatric receiving centers. Each PRC is evaluated for pediatric equipment and policies during the re-designation survey. Additionally, OCEMS requires at least one RN who is certified in Pediatric Advanced Life Support (PALS) to be on duty at all times.

²OCEMS has surveyed the PICU at this facility and has granted designation as a PICU specialty center.

Name & Address: Orange Coast Memorial Medical Center 9920 Talbert Avenue Fountain Valley, CA 92708		Primary Contact: Marcia Manker, CEO		
		Phone Number: 714-962-4677		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby 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 type="checkbox"/> no ¹ N/A	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:**** N/A

Name & Address: Placentia-Linda Hospital 1301 North Rose Drive Placentia, CA 92870		Primary Contact: Kent Clayton, CEO		
		Phone Number: 714-993-2000		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby 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 type="checkbox"/> no ¹ N/A	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:**** N/A

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

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

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

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

¹OCEMS does not designate pediatric receiving centers. Each PRC is evaluated for pediatric equipment and policies during the re-designation survey. Additionally, OCEMS requires at least one RN who is certified in Pediatric Advanced Life Support (PALS) to be on duty at all times.

²OCEMS has surveyed the PICU at this facility and has granted designation as a PICU specialty center.

Name & Address: Saddleback Memorial Medical Center – Laguna Hills 24451 Health Center Road Laguna Hills, CA 92653		Primary Contact: Steve Geidt, CEO		
		Phone Number: 949-837-4500		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby 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 type="checkbox"/> no ¹ N/A	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:**** N/A

Name & Address: Saddleback Memorial Medical Center – San Clemente 654 Camino De Los Mares San Clemente, CA 92673		Primary Contact: Diana Hendel, CEO		
		Phone Number: 949-496-1122		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby 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 type="checkbox"/> no ¹ N/A	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:**** N/A

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

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

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

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

¹OCEMS does not designate pediatric receiving centers. Each PRC is evaluated for pediatric equipment and policies during the re-designation survey. Additionally, OCEMS requires at least one RN who is certified in Pediatric Advanced Life Support (PALS) to be on duty at all times.

²OCEMS has surveyed the PICU at this facility and has granted designation as a PICU specialty center.

Name & Address: Saint Joseph Hospital 1100 West Stewart Drive Orange, CA 92868		Primary Contact: Larry Ainsworth, President/CEO	
		Phone Number: 714-633-9111	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby 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 <i>Shares an ER with CHOC</i>
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no ¹ N/A	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <i>Shares an ER with CHOC</i>	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:**** N/A	

Name & Address: Saint Jude Medical Center 101 East Valencia Mesa Drive Fullerton, CA 92835		Primary Contact: Robert Fraschetti, CEO/President	
		Phone Number: 714-871-3280	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no ¹ N/A	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:**** N/A	

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

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

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

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

¹OCEMS does not designate pediatric receiving centers. Each PRC is evaluated for pediatric equipment and policies during the re-designation survey. Additionally, OCEMS requires at least one RN who is certified in Pediatric Advanced Life Support (PALS) to be on duty at all times.

²OCEMS has surveyed the PICU at this facility and has granted designation as a PICU specialty center.

Name & Address: South Coast Medical Center 31872 Coast Highway South Laguna, CA 92677		Primary Contact: Bruce Christian, Administrator		
		Phone Number: 949-499-1311		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby 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 type="checkbox"/> no ¹ N/A	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:**** N/A

Name & Address: Tustin Hospital & Medical Center 14662 Newport Avenue Tustin, CA 92780		Primary Contact: R. Michael Hartman, CEO		
		Phone Number: 714-699-2000		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby 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 type="checkbox"/> no ¹ N/A	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:**** N/A

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

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

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

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

¹OCEMS does not designate pediatric receiving centers. Each PRC is evaluated for pediatric equipment and policies during the re-designation survey. Additionally, OCEMS requires at least one RN who is certified in Pediatric Advanced Life Support (PALS) to be on duty at all times.

²OCEMS has surveyed the PICU at this facility and has granted designation as a PICU specialty center.

Name & Address: University California Irvine Medical Center 101 The City Drive Orange, CA 92868		Primary Contact: Maureen Zehntner, Interim CEO	
		Phone Number: 714-456-6011	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no ¹ N/A	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		If Trauma Center what Level:**** I	

Name & Address: West Anaheim Medical Center 3033 West Orange Anaheim, Ca 92804		Primary Contact: David Culberson, CEO	
		Phone Number: 714-827-3000	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby 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 ¹ N/A	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:**** N/A	

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

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

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

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

¹OCEMS does not designate pediatric receiving centers. Each PRC is evaluated for pediatric equipment and policies during the re-designation survey. Additionally, OCEMS requires at least one RN who is certified in Pediatric Advanced Life Support (PALS) to be on duty at all times.

²OCEMS has surveyed the PICU at this facility and has granted designation as a PICU specialty center.

Name & Address: Western Medical Center/Anaheim 1025 South Anaheim Blvd. Anaheim, CA 92805		Primary Contact: Casey Fatch, CEO	
		Phone Number: 714-533-6220	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby 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 type="checkbox"/> no ¹ N/A	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:**** N/A	

Name & Address: Western Medical Center/Santa Ana 1001 North Tustin Avenue Santa Ana, CA 92705		Primary Contact: Dan Brothman, CEO	
		Phone Number: 714-835-3555	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no ¹ N/A	PICU:*** <input checked="" type="checkbox"/> yes ² <input type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
		If Trauma Center what Level:**** II	

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

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

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

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

¹OCEMS does not designate pediatric receiving centers. Each PRC is evaluated for pediatric equipment and policies during the re-designation survey. Additionally, OCEMS requires at least one RN who is certified in Pediatric Advanced Life Support (PALS) to be on duty at all times.

²OCEMS has surveyed the PICU at this facility and has granted designation as a PICU specialty center.

Name & Address: Children's Hospital of Orange County 455 S. Main Street Orange, CA 92868		Primary Contact: Kimberly C. Kripe, CEO		
		Phone Number: 714-532-8620		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/> Shares an ER with St. Joseph Hospital	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no ¹ N/A	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:**** N/A

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

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

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

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

¹OCEMS does not designate pediatric receiving centers. Each PRC is evaluated for pediatric equipment and policies during the re-designation survey. Additionally, OCEMS requires at least one RN who is certified in Pediatric Advanced Life Support (PALS) to be on duty at all times.

²OCEMS has surveyed the PICU at this facility and has granted designation as a PICU specialty center.

**Table 11:
Resources Directory –
911 EMS Dispatch Agencies**

As of January 1-June 30, 2005

Name & address: City of Brea 911 - Communications 1 Civic Center Circle Brea, CA 92821		Primary Contact: Deborah Keyworth Phone # (714) 990-7774	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: 12 EMD Training EMT-D BLS LALS ALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		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

As of July 1-December 31, 2005

Name & address: City of Brea 911- Communications 1 Civic Center Circle Brea, CA 92821		Primary Contact: Deborah Keyworth Phone # (714) 990-7774	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: 12 EMD Training EMT-D BLS LALS ALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		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

As of January 1-June 30, 2005

Name & address: Costa Mesa Communications 79 Fair Drive Costa Mesa, CA 92626		Primary Contact: Olivia Ramirez Phone # (714) 754-5060	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: 22 EMD Training EMT-D BLS LALS ALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		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

As of July 1-December 31, 2005

Name & address: Costa Mesa Communications 79 Fair Drive Costa Mesa, CA 92626		Primary Contact: Olivia Ramirez Phone # (714) 754-5060	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: 22 EMD Training EMT-D BLS LALS ALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		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

As of January 1-June 30, 2005

Name & address: Laguna Beach Public Safety Dispatch Center 505 Forest Avenue Laguna Beach, CA 92651		Primary Contact: Rita Fraser Phone # (949) 497-0399	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: 12 EMD Training EMT-D BLS LALS ALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		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

As of July 1-December 31, 2005

Name & address: Laguna Beach Public Safety Dispatch Center 505 Forest Avenue Laguna Beach, CA 92651		Primary Contact: Rita Fraser Phone # (949) 497-0399	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: 12 EMD Training EMT-D BLS LALS ALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		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

As of January 1-June 30, 2005

Name & address: City of La Habra Joint Fire/Police Dispatch 150 N. Euclid Street La Habra, CA 90631		Primary Contact: Lisa Polley Phone # (562) 905-9769	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS 26 _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		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

As of July 1-December 31, 2005

Name & address: LA Co. Fire Command and Control Center 1320 N. Eastern Avenue Los Angeles, CA 90063		Primary Contact: On Duty Battalion Chief (CCBC) Phone # (323) 881-2455	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input 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 ***Los Angeles County Fire Department began to provide Fire/EMS Service to the City of La Habra on 07/01/2005***

As of January 1-June 30, 2005

Name & address: Metro Cities Fire Authority 201 S. Anaheim Boulevard, Suite 302 Anaheim, CA 92805		Primary Contact: Jean Ferrell Phone # (714) 765-4077	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: 29 EMD Training EMT-D BLS LALS ALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		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

As of July 1-December 31, 2005

Name & address: Metro Cities Fire Authority 201 S. Anaheim Boulevard, Suite 302 Anaheim, CA 92805		Primary Contact: Jean Ferrell Phone # (714) 765-4077	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: 29 EMD Training EMT-D BLS LALS ALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		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

As of January 1-June 30, 2005

Name & address: Orange County Fire Authority 1 Fire Authority Road Irvine, CA 92602		Primary Contact: Ruth Grubb Phone # (714) 573-6072	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: 27 EMD Training 885 EMT-D 317 ALS 885 BLS LALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		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

As of July 1-December 31, 2005

Name & address: Orange County Fire Authority 1 Fire Authority Road Irvine, CA 92602		Primary Contact: Ruth Grubb Phone # (714) 573-6072	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: 27 EMD Training 885 EMT-D 317 ALS 885 BLS LALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		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

As of January 1-June 30, 2005

Name & address: Santa Ana Fire Department 1439 S. Broadway Santa Ana, CA 92701		Primary Contact: Amanda Laser Phone # (714) 647-5700	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: 0 ___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		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

As of July 1-December 31, 2005

Name & address: Santa Ana Fire Department 1439 S. Broadway Santa Ana, CA 92701		Primary Contact: Amanda Laser Phone # (714) 647-5700	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of personnel providing services: 0 ___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		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

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 1 – City of Anaheim	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Care Ambulance Service 1517 W. Braden Court Orange, CA 92868 Phone: (714) 288-3800	Care Ambulance Service has served the City of Anaheim since 1998.
Area or sub area (Zone) Geographic Description:	
Size: 48.9 square miles Population: 345,317 Classification: Metro/Urban	The City of Anaheim is an incorporated city, primarily residential with a concentrated area of tourism including restaurants, hotels, and major attractions and amusement parks – including the Disneyland Resort, Angel Stadium, and the Honda Center.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
The City of Anaheim conducted a RFP in 2004. The result of the RFP awarded Care Ambulance Service the contract. The term of the contract is until November 1, 2008. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Care Ambulance Service is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In 1998, the City of Anaheim advertised a RFP for licensed ambulance service providers to bid for exclusive BLS emergency ambulance response. In 2004, a second RFP was conducted with Care Ambulance winning the exclusive contract.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 2 – City of Brea	
Name of Current Provider(s):	
<small>Include company name(s) and length of operation (uninterrupted) in specified area or sub area.</small>	
Emergency Ambulance Service 3200 E. Birch Street, Suite A Brea, CA 92821 Phone: (714) 990-1742	Emergency Ambulance Service has served the City of Brea since approximately 1980.
Area or sub area (Zone) Geographic Description:	
Size: 10.5 square miles Population: 39,584 Classification: Metro/Urban	Incorporated city, with a combination of residential and commercial buildings (including a large shopping mall).
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
<small>Include intent of local EMS agency and Board action.</small>	
Emergency Ambulance Service has provided BLS emergency ambulance transportation service for the City of Brea since 1980; there has not been a RFP. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
<small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>	
Emergency Ambulance Service provides exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
<small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>	
Emergency Ambulance Service has been providing BLS emergency ambulance transportation services for the City of Brea since 1980. Exclusivity for this EOA has been "grandfathered" pursuant to statute; therefore, a RFP has not been conducted. No changes in company ownership or service levels since 1980.	
<small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>	
N/A	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 3 – City of Buena Park	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Care Ambulance Service 1517 W. Braden Court Orange, CA 92868 Phone: (714) 288-3800	Care Ambulance Service has served the City of Buena Park since 1998.
Area or sub area (Zone) Geographic Description:	
Size: 10.6 square miles Population: 81,066 Classification: Metro/Urban	The City of Buena Park is an incorporated city, primarily residential with a concentrated area of tourism including restaurants, hotels, and a major amusement park – Knott's Berry Farm.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
The City of Buena Park conducted a RFP in 1998. Care Ambulance Service was awarded the contract to provide BLS emergency ambulance transportation to the City of Buena Park. The original term of the contract expired in 2004. The contract was renewed and is now due to expire in 2011. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Care Ambulance Service is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In April 1998, the City of Buena Park conducted a RFP for licensed ambulance service providers to bid for BLS emergency ambulance response. Care Ambulance Service was awarded the contract. The former ambulance service provider was American Medical Response.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 4 – City of Costa Mesa	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Schaefer Ambulance Service 2215 S. Bristol Street Santa Ana, CA 92704 Phone: (714) 545-8486	Schaefer Ambulance Service has served the City of Costa Mesa since 2000.
Area or sub area (Zone) Geographic Description:	
Size: 15.6 square miles Population: 113,440 Classification: Metro/Urban	Incorporated city; primarily residential with commercial buildings.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
A RFP was conducted by the City of Costa Mesa in October 2000. Schaefer was awarded a three (3) year contract to provide emergency ambulance services with the possibility of renewal for an additional three (3) years. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Schaefer Ambulance Service is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In October 2000, the City of Costa Mesa conducted a RFP for licensed ambulance services to bid for BLS emergency ambulance response. Schaefer Ambulance Service was awarded the contract to provide ambulance transport services for the City of Costa Mesa for a period of three (3) years with the possibility of a three (3) year renewal. The current contract expired in 2006. An additional one year contract was extended through 2007. The city is currently conducting a RFP process for BLS transport ambulance services. A BLS ambulance service transport provider has not yet been selected.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 5 – City of Cypress	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Medix Ambulance Service 26021 Pala Drive Mission Viejo, CA 92691 Phone: (949) 470-8921	Medix Ambulance Service has served the City of Cypress since 1998.
Area or sub area (Zone) Geographic Description:	
Size: 6.6 square miles Population: 48,863 Classification: Metro/Urban	Incorporated city; primarily residential with some commercial buildings and a community college.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
A RFP was conducted by the Orange County Fire Authority (OCFA) in May 2004, and Medix was awarded a five (5) year contract to provide emergency ambulance services with the possibility of renewal for an additional five (5) years. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Medix Ambulance Service is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for licensed ambulance services to bid for BLS emergency ambulance response. Medix Ambulance Service was awarded the contract to provide ambulance transport services for the City of Cypress for a period of five (5) years with the possibility of a five (5) year renewal. The current contract was awarded through June 2009.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 6 – City of Fountain Valley	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Care Ambulance Service 1517 W. Braden Court Orange, CA 92868 Phone: (714) 288-3800	Care Ambulance Service has served the City of Fountain Valley since 1998.
Area or sub area (Zone) Geographic Description:	
Size: 8.9 square miles Population: 53,353 Classification: Metro/Urban	Incorporated city; primarily residential.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
The City of Fountain Valley conducted a RFP in 1998. Care Ambulance Service was awarded the contract to provide BLS emergency ambulance transportation to the City of Fountain Valley. The original term of the contract was for one year, and may be extended annually provided that the provisions for renewal are met. The contract has been renewed annually since 1998. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Care Ambulance Service is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In 1998, the City of Fountain Valley conducted a RFP for licensed ambulance service providers to bid for BLS emergency ambulance response. Care Ambulance Service was awarded the contract. The original term of the contract was for one year, and may be extended annually provided that the provisions for renewal are met. The contract has been renewed annually since 1998.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 7 – City of Fullerton	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Care Ambulance Service 1517 W. Braden Court Orange, CA 92868 Phone: (714) 288-3800	Care Ambulance Service has served the City of Fullerton since November 2002. American Medical Response was the previous ambulance service provider.
Area or sub area (Zone) Geographic Description:	
Size: 22.2 square miles	Incorporated city; primarily residential; one municipal airport
Population: 135,672	
Classification: Metro/Urban	
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
The City of Fullerton conducted a RFP in 2002. Care Ambulance Service was awarded the contract to provide BLS emergency ambulance transportation to the City of Fullerton in November of 2002. The original term of the contract was for one year, and may be extended annually. The contract has been renewed annually since 2002. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Care Ambulance Service is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In 2002, the City of Fullerton conducted a RFP for licensed ambulance service providers to bid for BLS emergency ambulance response. Care Ambulance Service was awarded the contract. The original term of the contract was for one year, and may be extended annually. The contract has been renewed annually since 2002. The current contract will expire in 2008.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 8 – City of Garden Grove	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Care Ambulance Service 1517 W. Braden Court Orange, CA 92868 Phone: (714) 288-3800	Care Ambulance Service has served the City of Garden Grove since September 2000.
Area or sub area (Zone) Geographic Description:	
Size: 18 square miles Population: 172,042 Classification: Metro/Urban	Incorporated city; primarily residential; home of the Crystal Cathedral.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
The City of Garden Grove conducted a RFP in September 2000. Care Ambulance Service was awarded the contract to provide BLS emergency ambulance transportation to the City of Garden Grove. Another RFP was conducted in July 2004 and Care Ambulance was awarded the contract again for a period of seven (7) years. The current contract will expire in 2011. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Care Ambulance Service is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In 2000, the City of Garden Grove conducted a RFP for licensed ambulance service providers to bid for BLS emergency ambulance transport. Care Ambulance Service was awarded the contract. In 2004, another RFP was conducted, and Care Ambulance was awarded the contract again for a period of seven (7) years. The current contract will expire in 2011.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 9 – City of Huntington Beach	
Name of Current Provider(s):	
<small>Include company name(s) and length of operation (uninterrupted) in specified area or sub area.</small>	
Huntington Beach Fire Department 2000 Main Street Huntington Beach, CA 92648 Phone: (714) 536-5411	Huntington Beach Fire Department has provided emergency ambulance transport to the City of Huntington Beach since 1993. Whereas a private company was once contracted to provide personnel to staff the city owned and operated ambulances, the city now directly hires personnel (EMT's) to operate the emergency transport ambulances.
Area or sub area (Zone) Geographic Description:	
Size: 26.4 square miles Population: 200,763 Classification: Metro/Urban	Incorporated city; primarily residential with commercial buildings. Large waterfront areas and public beaches with a municipal pier.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
<small>Include intent of local EMS agency and Board action.</small>	
The City of Huntington Beach Fire Department has provided BLS emergency ambulance ground transport service to the City of Huntington Beach since 1993. No RFP has been conducted; therefore, this is a non-exclusive BLS emergency ambulance service area. Other licensed private ambulance providers provide critical care nurse transport and BLS interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
<small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>	
The City of Huntington Beach Fire Department provides emergency ALS and BLS ambulance transport. Other licensed private ambulance providers can provide critical care nurse transport and BLS interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
<small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>	
N/A	
<small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>	
See "Statement of Exclusivity" above. No RFP process has been conducted; therefore, this is a non-exclusive BLS emergency ambulance service area.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 10 – City of Irvine (including the unincorporated area of Santa Ana Heights and John Wayne Airport)	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Doctor's Ambulance Service, Inc. 23091 Terra Drive Laguna Hills, CA 92653 Phone: (949) 951-1668	Doctor's Ambulance Service has served the City of Irvine and the unincorporated area of Santa Ana Heights and John Wayne Airport since 2004.
Area or sub area (Zone) Geographic Description:	
Size: 46.2 square miles Population: 180,803 Classification: Metro/Urban	Incorporated city and unincorporated areas; combination residential, commercial, and industrial areas. The City of Irvine also includes the University of California, Irvine, and many high rise buildings and hotels.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for the City of Irvine and the unincorporated area of Santa Ana Heights and John Wayne Airport. Doctor's Ambulance Service, Inc. was awarded the contract. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Doctor's Ambulance Service, Inc is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for the City of Irvine and the unincorporated area of Santa Ana Heights and John Wayne Airport. Doctor's Ambulance Service, Inc. was awarded the contract. The contract was awarded for a five (5) year period through June 2009 with an optional five (5) year renewal.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 11 – City of Laguna Beach	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Doctor's Ambulance Service, Inc. 23091 Terra Drive Laguna Hills, CA 92653 Phone: (949) 951-1668	Doctor's Ambulance Service has served as the primary ambulance service provider for the City of Laguna Beach since 1996.
Area or sub area (Zone) Geographic Description:	
Size: 8.9 square miles Population: 24,969 Classification: Metro/Urban	Incorporated city; primarily residential, with large beach areas, various restaurants and hotels, and heavy tourism.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
The City of Laguna Beach has not conducted a RFP. The EOA has been served non-exclusively by Doctor's Ambulance Service, Inc. since 1996.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Doctor's Ambulance Service, Inc. is contracted to provide BLS emergency ambulance transport. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
The City of Laguna Beach has not conducted a competitive process to award an exclusive contract to a specific ambulance service provider. Ambulance services have been provided by Doctor's Ambulance Service, Inc. since 1996. American Medical Response (AMR) previously provided ambulance transport services to the City of Laguna Beach from 1993-1996. Doctor's Ambulance Service, Inc. was the "back-up" provider during that time period. AMR requested Doctor's to provide ambulance transport services to the city in 1996, and they (Doctor's) have been the primary BLS ambulance transport service provider ever since.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 12 – City of La Habra	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
La Habra Police Department 201 East La Habra Blvd. La Habra, CA 90633 Phone: (562) 905-9794	The City of La Habra Fire Department (LHFD) was dissolved and ceased operations on June 30 th , 2005. LHFD operated an emergency ambulance service that was staffed with private personnel hired by a contracted company since 1996. The Los Angeles County Fire Department (LA Co. FD) was awarded the contract to provide fire protection and paramedic / EMS service to the City of La Habra effective July 1, 2005. The city elected to continue to operate their four city owned ambulances and staff them with city personnel (EMT's). Ambulances respond out of LA Co. FD Fire Stations. The service is administered by the La Habra Police Department.
Area or sub area (Zone) Geographic Description:	
Size: 7.3 square miles Population: 61,771 Classification: Metro/Urban	Incorporated city; primarily residential with commercial buildings and industrial buildings.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
The City of La Habra has provided BLS emergency transport ambulance service to the City of La Habra since 1996. No RFP has been conducted; therefore, this is a non-exclusive BLS emergency ambulance service area. Other licensed private ambulance providers provide critical care nurse transport and BLS interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
The City of La Habra Police Department provides emergency BLS ambulance transport. Other licensed private ambulance providers can provide critical care nurse transport and BLS interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
See "Statement of Exclusivity" above. No RFP process has been conducted; therefore, this is a non-exclusive BLS emergency ambulance service area.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 13 – City of La Palma	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Care Ambulance Service 1517 W. Braden Court Orange, CA 92868 Phone: (714) 288-3800	Care Ambulance Service has served the City of La Palma since 2005.
Area or sub area (Zone) Geographic Description:	
Size: 1.8 square miles Population: 16,112 Classification: Metro/Urban	Incorporated city; primarily residential; with some commercial and industrial buildings
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for the City of La Palma. Medix Ambulance Service was originally awarded the contract; however the OCFA determined that Medix was not in compliance with the terms of the contract (Medix was providing fewer ambulances than what was required by the contract). Care Ambulance Service (the 2 nd eligible provider) was awarded the right to continue the contract in 2005 until 2009. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Care Ambulance Service is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for the City of La Palma. Medix Ambulance Service was originally awarded the contract; however the OCFA determined that Medix was not in compliance with the terms of the contract (Medix was providing fewer ambulances than what was required by the contract). Subsequently, as the second eligible provider pursuant to the RFP for this EOA, in 2005 Care Ambulance Service was awarded the opportunity to complete the contract term. The current contract will expire in 2009, with an optional 5 year extension.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 14 – City of Los Alamitos (includes the unincorporated community of Rossmore)	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Medix Ambulance Service 26021 Pala Drive Mission Viejo, CA 92691 Phone: (949) 470-8921	Medix Ambulance Service has served the City of Los Alamitos and the unincorporated community of Rossmore for more than 10 years.
Area or sub area (Zone) Geographic Description:	
Size: 5.6 square miles Population: 12,003 Classification: Metro/Urban	Incorporated city; primarily residential with some commercial buildings. The city includes the Los Alamitos Race Track and the Los Alamitos Joint Forces Training Base (with an active airfield).
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
A RFP was conducted by the Orange County Fire Authority (OCFA) in May 2004, and Medix was awarded a 5 year contract to provide emergency ambulance services with the possibility of renewal for an additional five years. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Medix Ambulance Service is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for licensed ambulance services to bid for BLS emergency ambulance response. Medix Ambulance Service was awarded the contract to provide ambulance transport services for the City of Los Alamitos for a period of five (5) years with the possibility of a five (5) year renewal. The current contract was awarded through June 2009.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 15 – City of Newport Beach	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Newport Beach Fire Department 3300 Newport Blvd. Newport Beach, CA 92663 Phone: (949) 644-3104	Newport Beach Fire Department (NBFD) has provided emergency ambulance transport to the City of Newport Beach since 1996. A private company was once contracted to provide BLS emergency ambulance transport, NBFD has been providing this service to the city for over 10 years.
Area or sub area (Zone) Geographic Description:	
Size: 36 square miles Population: 83,120 Classification: Metro/Urban	Incorporated city; primarily residential with commercial buildings. Large waterfront areas and public beaches with two municipal piers and a harbor.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
The City of Newport Beach Fire Department has provided emergency transport ambulance service to the City of Newport Beach since 1996. No RFP has been conducted; therefore, this is a non-exclusive BLS emergency ambulance service area. Other licensed private ambulance providers provide critical care nurse transport and BLS interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
The City of Newport Beach Fire Department provides emergency ALS and BLS ambulance transport. Other licensed private ambulance providers can provide critical care nurse transport and BLS interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
See "Statement of Exclusivity" above. No RFP process has been conducted; therefore, this is a non-exclusive BLS emergency ambulance service area.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 16 – City of Orange	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Orange Fire Department 176 S. Grand Orange, CA 92866 Phone: (714) 288-2500	The City of Orange Fire Department (OFD) has provided emergency ambulance transport to the City of Orange since 1996. A private company was once contracted to provide BLS emergency ambulance transport, OFD has been providing this service to the city for over 10 years.
Area or sub area (Zone) Geographic Description:	
Size: 23.4 square miles Population: 137,751 Classification: Metro/Urban	Incorporated city; primarily residential with commercial buildings. The city includes many historic buildings and is the home of Chapman University.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
The City of Orange Fire Department has provided emergency transport ambulance service to the City of Orange since 1996. No RFP has been conducted; therefore, this is a non-exclusive BLS emergency ambulance service area. Other licensed private ambulance providers provide critical care nurse transport and BLS interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
The City of Orange Fire Department provides emergency ALS and BLS ambulance transport. Other licensed private ambulance providers can provide critical care nurse transport and BLS interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
Note: The City of Orange Fire Department states that they had provided ambulance services in this EOA as the back up provider. The city claims to have legal documentation granting exclusivity. OCEMS will evaluate this claim.	
If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
See "Statement of Exclusivity" above. No RFP process has been conducted; therefore, this is a non-exclusive BLS emergency ambulance service area.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 17 – City of Placentia (Includes unincorporated areas of Brea and Tonner Canyon)	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Emergency Ambulance Service 3200 E. Birch Street, Suite A Brea, CA 92821 Phone: (714) 990-1742	Emergency Ambulance Service has served the City of Placentia for over 20 years.
Area or sub area (Zone) Geographic Description:	
Size: 6.6 square miles Population: 50,323 Classification: Metro/Urban	Incorporated city, primarily residential with some commercial buildings.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
A RFP was conducted by the Orange County Fire Authority (OCFA) in May 2004, and Emergency was awarded a five (5) year contract to provide emergency ambulance services with an optional five (5) year renewal. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Emergency Ambulance Service is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for licensed ambulance services to bid for BLS emergency ambulance response. Emergency Ambulance Service was awarded the contract to provide ambulance transport services for the City of Placentia. The current contract was awarded through June 2009 with an optional five (5) year renewal.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 18 – City of San Clemente	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Orange County Fire Authority 1 Fire Authority Road Irvine, CA 92602 Phone: (714) 573-6000	The City of San Clemente has provided emergency ambulance transport to the City of San Clemente since 1995. A private company was once contracted to provide BLS emergency ambulance transport, OCFA has been providing this service to the city for over 10 years. The City of San Clemente owns the ambulance vehicles, and the OCFA provides the BLS personnel (Firefighter/EMT's) necessary to operate the ambulances.
Area or sub area (Zone) Geographic Description:	
Size: 17.6 square miles Population: 65,338 Classification: Metro/Urban	Incorporated city; primarily residential with some commercial buildings.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
The City of San Clemente has provided emergency transport ambulance service to the City of San Clemente since 1995. OCFA EMT personnel operate the ambulances. No RFP has been conducted; therefore, this is a non-exclusive BLS emergency ambulance service area. Other licensed private ambulance providers provide critical care nurse transport and BLS interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
The City of San Clemente provides emergency BLS ambulance transport utilizing OCFA EMT personnel. Other licensed private ambulance providers can provide critical care nurse transport and BLS interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
See "Statement of Exclusivity" above. No RFP process has been conducted; therefore, this is a non-exclusive BLS emergency ambulance service area.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 19 – City of San Juan Capistrano (includes Ortega Highway)	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Medix Ambulance Service 26021 Pala Drive Mission Viejo, CA 92691 Phone: (949) 470-8921	Medix Ambulance Service has served the City of San Juan Capistrano for more than 10 years.
Area or sub area (Zone) Geographic Description:	
Size: 14.21 square miles Population: 36,078 Classification: Metro/Urban	Incorporated city, primarily residential with some commercial buildings. City is the home of Mission San Juan Capistrano.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
A RFP was conducted by the Orange County Fire Authority (OCFA) in May 2004, and Medix was awarded a five (5) year contract to provide emergency ambulance services with an optional (5) year renewal. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Medix Ambulance Service is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for licensed ambulance services to bid for BLS emergency ambulance response. Medix Ambulance Service was awarded the contract to provide ambulance transport services for the City of San Juan Capistrano. The current contract was awarded through 2009 with an optional five (5) year renewal.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 20 – City of Santa Ana	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Santa Ana Fire Department 1439 B. Broadway Santa Ana, CA 92707 Phone: (714) 647-5700	The Santa Ana Fire Department has served the City of Santa Ana for emergency ambulance transport since 1976.
Area or sub area (Zone) Geographic Description:	
Size: 27.2 square miles Population: 351,697 Classification: Metro/Urban	Incorporated city; primarily residential with commercial buildings. The city is the home of the County of Orange Hall of Administration and various State and Local government buildings. The city also includes a community college.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
The Santa Ana Fire Department has provided emergency transport ambulance service to the City of Santa Ana since 1976. No RFP has been conducted; however, this is an exclusive ALS emergency ambulance service area pursuant to the “grandfather” clause in statute. Other licensed private ambulance providers provide critical care nurse transport and BLS interfacility transport.	
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.)	
The Santa Ana Fire Department provides emergency ALS ambulance transport. Other licensed private ambulance providers can provide critical care nurse transport and BLS interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
The Santa Ana Fire Department has been providing BLS and ALS emergency ambulance transportation services for the City of Santa Ana uninterrupted since 1976. Exclusivity for this ambulance service area has been “grandfathered” pursuant to statute; therefore, a RFP has not been conducted.	
If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
N/A	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 21 – City of Seal Beach (includes Sunset Beach and Bolsa Chica)	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Medix Ambulance Service 26021 Pala Drive Mission Viejo, CA 92691 Phone: (949) 470-8921	Medix Ambulance Service has served the City of Seal Beach, Sunset Beach, and Bolsa Chica for more than 10 years.
Area or sub area (Zone) Geographic Description:	
Size: 11.51 square miles Population: 25,334 Classification: Metro/Urban	Incorporated city, primarily residential with public beach areas and a municipal pier. The city also includes the Leisure World retirement community.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
A RFP was conducted by the Orange County Fire Authority (OCFA) in May 2004, and Medix was awarded a five (5) year contract to provide emergency ambulance services with an optional five (5) year renewal. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Medix Ambulance Service is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for licensed ambulance services to bid for BLS emergency ambulance response. Medix Ambulance Service was awarded the contract to provide ambulance transport services for the City of Seal Beach, and the unincorporated areas of Sunset Beach and Bolsa Chica. The current contract was awarded through 2009 with an optional (5) year renewal.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 22 – City of Stanton (including the unincorporated community of Midway City)	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Care Ambulance Service 1517 W. Braden Court Orange, CA 92868 Phone: (714) 288-3800	Care Ambulance Service has served the City of Stanton and the unincorporated community of Midway City since 2005.
Area or sub area (Zone) Geographic Description:	
Size: 3.5 square miles Population: 38,812 Classification: Metro/Urban	Incorporated city and unincorporated community; primarily residential; with some commercial and industrial buildings.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for the City of Stanton and the unincorporated community of Midway City. Medix Ambulance Service was originally awarded the contract; however in 2005 the OCFA determined that Medix was not in compliance with the terms of the contract (Medix was providing fewer ambulances than what was required by the contract). In 2005, Care Ambulance Service (the 2 nd eligible provider) was awarded the right to continue the contract. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Care Ambulance Service is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for the City of Stanton and the unincorporated community of Midway City. Medix Ambulance Service was originally awarded the contract; however the OCFA determined that Medix was not in compliance with the terms of the contract (Medix was providing fewer ambulances than what was required by the contract). Subsequently, as the second eligible provider pursuant to the RFP for this EOA, Care Ambulance Service was awarded the opportunity to complete the contract term. The current contract will expire in 2009 with an optional five (5) year renewal.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 23 – City of Tustin (includes unincorporated areas of Cowan Heights and Lemon Heights)	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Doctor's Ambulance Service, Inc. 23091 Terra Drive Laguna Hills, CA 92653 Phone: (949) 951-1668	Doctor's Ambulance Service has served the City of Tustin for more than 10 years.
Area or sub area (Zone) Geographic Description:	
Size: 11.4 square miles Population: 70,871 Classification: Metro/Urban	Incorporated city; primarily residential, with commercial and industrial areas. A large former U.S. Marine Corp Helicopter Base has been subdivided and mostly sold to developers who have built or are planning the development of new residential, commercial, and/or industrial buildings.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
Doctor's Ambulance Service, Inc. has been the exclusive ambulance transport provider for the City of Tustin since before 1998. A RFP was conducted by the Orange County Fire Authority (OCFA) with the City of Tustin in 2004. Doctor's was re-awarded the contract for the City of Tustin and the unincorporated areas of Cowan Heights and Lemon Heights. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Doctor's Ambulance Service, Inc is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In May 2004, the Orange County Fire Authority (OCFA), with the City of Tustin, conducted a RFP for licensed ambulance services to bid for BLS emergency ambulance response. Doctor's ambulance service, the incumbent provider, was re-awarded the contract to provide ambulance transport services for the City of Tustin and the surrounding unincorporated areas of Cowan Heights and Lemon Heights. The current contract was awarded through 2009 with an optional five (5) year renewal.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 24 – City of Villa Park (including the unincorporated areas of Orange/Olive, Orange Park, and Silverado Canyon)	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Americare Ambulance Service 820 W. Lomita Boulevard Harbor City, CA 90710 Phone: (310) 835-9390	Americare Ambulance Service has served the City of Villa Park and the unincorporated areas of Orange/Olive, Orange Park, and Silverado Canyon since 2005.
Area or sub area (Zone) Geographic Description:	
Size: 2.8 square miles Population: 6,230 Classification: Metro/Urban	Incorporated city and unincorporated areas; primarily residential; with some commercial buildings.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for the City of Villa Park and the unincorporated areas of Orange/Olive, Orange Park, and Silverado Canyon. Medix Ambulance Service was originally awarded the contract; however the OCFA determined that Medix was not in compliance with the terms of the contract (Medix was providing fewer ambulances than what was required by the contract). In 2005, Americare Ambulance Service (the 2 nd eligible provider) was awarded the right to continue the contract. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Americare Ambulance Service is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for the City of Villa Park and the unincorporated areas of Orange/Olive, Orange Park, and Silverado Canyon. Medix Ambulance Service was originally awarded the contract; however the OCFA determined that Medix was not in compliance with the terms of the contract (Medix was providing fewer ambulances than what was required by the contract). Subsequently, as the second eligible provider pursuant to the RFP for this EOA, Americare Ambulance Service was awarded the opportunity to complete the contract term. The current contract will expire in 2009 with an optional five (5) year renewal.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 25 – City of Westminster	
Name of Current Provider(s):	
<small>Include company name(s) and length of operation (uninterrupted) in specified area or sub area.</small>	
Shoreline Ambulance Service 17762 Metzler Lane Huntington Beach, CA 92647 Phone: (714) 847-9107	Shoreline Ambulance Service provides personnel (EMT's) to staff ambulances owned by the City of Westminster on an interim basis while a RFP process is conducted. Ambulance personnel were previously provided by American Medical Response (AMR) since 1994, until AMR announced that they would no longer be providing services in Orange County in March 2007.
Area or sub area (Zone) Geographic Description:	
Size: 10.1 square miles Population: 92,270 Classification: Metro/Urban	Incorporated city; primarily residential with commercial buildings.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
<small>Include intent of local EMS agency and Board action.</small>	
A RFP was conducted by the City of Westminster in 1994. American Medical Response (AMR) was awarded the contract to provide personnel (EMT's) to staff two (2) city owned ambulances. The ambulances are housed and respond from Orange County Fire Authority (OCFA) fire stations (the city's contracted Fire and ALS service provider). In March 2007, AMR announced that they were no longer going to provide ambulance services to the County of Orange; and subsequently ceased to provide personnel to staff ambulances in the City of Westminster. Shoreline Ambulance Service was awarded a contract through a competitive process to provide personnel to staff the city owned ambulances on an interim basis while a RFP was conducted. The RFP is currently in process. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
<small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>	
Shoreline Ambulance is contracted to exclusively provide Emergency Medical Technicians for BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
<small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>	
N/A	
<small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>	
See "Statement of Exclusivity" above. New RFP process is currently being conducted. Final determination of contract award will be 10/07.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 26 – City of Yorba Linda	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Emergency Ambulance Service 3200 E. Birch Street, Suite A Brea, CA 92821 Phone: (714) 990-1742	Emergency Ambulance Service has served the City of Yorba Linda for more than 10 years.
Area or sub area (Zone) Geographic Description:	
Size: 19.3 square miles Population: 65,621 Classification: Metro/Urban	Incorporated city, primarily residential with some commercial buildings.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
A RFP was conducted by the Orange County Fire Authority (OCFA) in May 2004, and Emergency was awarded a five (5) year contract to provide emergency ambulance services with an optional five (5) year renewal. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Emergency Ambulance Service is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for licensed ambulance services to bid for BLS emergency ambulance response. Emergency Ambulance Service was awarded the contract to provide ambulance transport services for the City of Yorba Linda for a period of five (5) years with the possibility of a five (5) year renewal. The current contract was awarded through June 2009.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 28 – City of Laguna Hills	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Doctor's Ambulance Service, Inc. 23091 Terra Drive Laguna Hills, CA 92653 Phone: (949) 951-1668	Doctor's Ambulance Service has served the City Laguna Hills since 1998.
Area or sub area (Zone) Geographic Description:	
Size: 6.3 square miles Population: 33,253 Classification: Metro/Urban	Incorporated city, primarily residential with some commercial buildings (including a regional shopping mall).
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
A RFP was conducted by the Orange County Fire Authority (OCFA) in May 2004, and Doctor's was awarded a five (5) year contract to provide emergency ambulance services with an optional five (5) year renewal. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Doctor's Ambulance Service, Inc is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for licensed ambulance services to bid for BLS emergency ambulance response. Doctor's Ambulance Service, Inc. was awarded the contract to provide ambulance transport services for the City of Laguna Hills for a period of five (5) years with the possibility of a five (5) year renewal. The current contract was awarded through June 2009.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 29 – City of Rancho Santa Margarita (includes the unincorporated areas surrounding and including the communities of Modjeska and Trabuco Canyons, Coto de Caza and Dove Canyons. It also includes Santiago Canyon Road north to Williams Canyon Road and portions of the Cleveland National Forest within Orange County).	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Medix Ambulance Service 26021 Pala Drive Mission Viejo, CA 92691 Phone: (949) 470-8921	Medix Ambulance Service has served the City of Rancho Santa Margarita and the surrounding unincorporated areas for more than 15 years.
Area or sub area (Zone) Geographic Description:	
Size: 95 square miles Population: 49,249 Classification: Metro/Urban	Incorporated city, primarily residential. This area is subject to annexation and continued development.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
A RFP was conducted by the Orange County Fire Authority (OCFA) in May 2004, and Medix was awarded a five (5) year contract to provide emergency ambulance services with an optional five (5) year renewal. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Medix Ambulance Service is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for licensed ambulance services to bid for BLS emergency ambulance response. Medix Ambulance Service was awarded the contract to provide ambulance transport services for the City of Rancho Santa Margarita and the surrounding unincorporated areas for a period of five (5) years with the possibility of a five (5) year renewal. The current contract was awarded through June 2009.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 30 – City of Laguna Niguel	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Medix Ambulance Service 26021 Pala Drive Mission Viejo, CA 92691 Phone: (949) 470-8921	Medix Ambulance Service has served the City of Laguna Niguel for more than 10 years.
Area or sub area (Zone) Geographic Description:	
Size: 14.6 square miles Population: 66,126 Classification: Metro/Urban	Incorporated city with surrounding unincorporated areas, primarily residential, with several regional parks.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
A RFP was conducted by the Orange County Fire Authority (OCFA) in May 2004, and Medix was awarded a five (5) year contract to provide emergency ambulance services with an optional five (5) year renewal. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Medix Ambulance Service is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for licensed ambulance services to bid for BLS emergency ambulance response. Medix Ambulance Service was awarded the contract to provide ambulance transport services for the City of Laguna Niguel for a period of five (5) years with the possibility of a five (5) year renewal. The current contract was awarded through June 2009.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 32 – City of Aliso Viejo (Includes Woods / Aliso Canyon)	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Doctor's Ambulance Service, Inc. 23091 Terra Drive Laguna Hills, CA 92653 Phone: (949) 951-1668	Medix Ambulance Service served Aliso Viejo and the surrounding unincorporated areas since April 1998. The city was incorporated in 2001. The Orange County Fire Authority conducted a RFP in May 2004 and Doctor's Ambulance Service was awarded the contract.
Area or sub area (Zone) Geographic Description:	
Size:	10.2 square miles
Population:	45,017
Classification:	Metro/Urban
Incorporated city, primarily residential.	
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
Doctor's Ambulance Service, Inc. has been the exclusive ambulance transport provider for the City of Aliso Viejo since 2004. A RFP was conducted by the Orange County Fire Authority (OCFA) in May 2004, and Doctor's was awarded a five (5) year contract to provide emergency ambulance services with an optional five (5) year renewal. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Doctor's Ambulance Service, Inc is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for licensed ambulance services to bid for BLS emergency ambulance response. Doctor's Ambulance Service, Inc. was awarded the contract to provide ambulance transport services for the City of Aliso Viejo and the surrounding unincorporated areas for a period of five (5) years with the possibility of a five (5) year renewal. The current contract was awarded through June 2009.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 35 – City of Laguna Woods (Includes the community of Laguna Woods Village – formerly Leisure World)	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Doctor's Ambulance Service, Inc. 23091 Terra Drive Laguna Hills, CA 92653 Phone: (949) 951-1668	Doctor's Ambulance Service has served the City of Laguna Woods and the community of Laguna Woods Village (formerly Leisure World) since April 1998.
Area or sub area (Zone) Geographic Description:	
Size: 3.2 square miles Population: 18,371 Classification: Metro/Urban	Incorporated city, primarily residential.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
A RFP was conducted by the Orange County Fire Authority (OCFA) in May 2004, and Doctor's was awarded a five (5) year contract to provide emergency ambulance services with an optional five (5) year renewal. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Doctor's Ambulance Service, Inc is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for licensed ambulance services to bid for BLS emergency ambulance response. Doctor's Ambulance Service, Inc. was awarded the contract to provide ambulance transport services for the City of Laguna Woods and the community of Laguna Woods Village for a period of five (5) years with the possibility of a five (5) year renewal. The current contract was awarded through June 2009.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 38 – City of Mission Viejo	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Medix Ambulance Service 26021 Pala Drive Mission Viejo, CA 92691 Phone: (949) 470-8921	Medix Ambulance Service has served the City of Mission Viejo since April 1998.
Area or sub area (Zone) Geographic Description:	
Size: 18.6 square miles Population: 98,197 Classification: Metro/Urban	Incorporated city primarily residential and commercial buildings. It includes a large community college, a regional shopping mall, and a regional hospital and trauma center.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
A RFP was conducted by the Orange County Fire Authority (OCFA) in May 2004, and Medix was awarded a five (5) year contract to provide emergency ambulance services with an optional five (5) year renewal. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Medix Ambulance Service is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for licensed ambulance services to bid for BLS emergency ambulance response. Medix Ambulance Service was awarded the contract to provide ambulance transport services for the City of Mission Viejo for a period of five (5) years with the possibility of a five (5) year renewal. The current contract was awarded through June 2009.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 39 – City of Dana Point	
Name of Current Provider(s):	
Include company name(s) and length of operation (uninterrupted) in specified area or sub area.	
Doctor's Ambulance Service, Inc. 23091 Terra Drive Laguna Hills, CA 92653 Phone: (949) 951-1668	Doctor's Ambulance Service has served the City Dana Point for more than 10 years.
Area or sub area (Zone) Geographic Description:	
Size: 6.6 square miles Population: 36, 765 Classification: Metro/Urban	Incorporated city, with a combination of residential, commercial, and recreational areas. It includes a major pleasure harbor, state beach and campgrounds, and public beach areas.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
A RFP was conducted by the Orange County Fire Authority (OCFA) in May 2004, and Doctor's was awarded a five (5) year contract to provide emergency ambulance services with the possibility of renewal for an additional five (5) years. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Doctor's Ambulance Service, Inc. is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
N/A	
If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for licensed ambulance services to bid for BLS emergency ambulance response. Doctors Ambulance Service was awarded the contract to provide ambulance transport services for the City of Dana Point for a period of five (5) years with the possibility of a five (5) year renewal. The current contract was awarded through June 2009.	

ORANGE COUNTY EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or sub area, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:	
Orange County EMS	
Area or sub area (Zone) Name or Title:	
EOA 42 – City of Lake Forest	
Name of Current Provider(s):	
<small>Include company name(s) and length of operation (uninterrupted) in specified area or sub area.</small>	
Medix Ambulance Service 26021 Pala Drive Mission Viejo, CA 92691 Phone: (949) 470-8921	Medix Ambulance Service has served the City of Lake Forest for more than 10 years.
Area or sub area (Zone) Geographic Description:	
Size: 20 square miles Population: 78,020 Classification: Metro/Urban	Incorporated city with surrounding unincorporated areas; primarily residential and commercial buildings.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
<small>Include intent of local EMS agency and Board action.</small>	
A RFP was conducted by the Orange County Fire Authority (OCFA) in May 2004, and Medix was awarded a five (5) year contract to provide emergency ambulance services with an optional five (5) year renewal. Other private ambulance providers may provide interfacility transport.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
<small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>	
Medix Ambulance Service is contracted to provide exclusive BLS emergency ground ambulance transport at the request of public safety. In addition, they can provide critical care nurse transport and interfacility transport.	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
<small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>	
N/A	
<small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>	
In May 2004, the Orange County Fire Authority (OCFA) conducted a RFP for licensed ambulance services to bid for BLS emergency ambulance response. Medix Ambulance Service was awarded the contract to provide ambulance transport services for the City of Lake Forest. The current contract was awarded through June 2009 with an optional five (5) year renewal.	

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95811
(916) 322-4336 FAX (916) 324-2875



November 14, 2007

Greg Boswell, EMS Administrator
Orange County EMS Agency
405 West Fifth Street, Suite 301A
Santa Ana, CA 92701

Dear Mr. Boswell:

We have completed our review of *Orange County's 2006 Emergency Medical Services Plan*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

Standards 1.27 and 5.10: Pediatric Emergency Medical and Critical Care System and System Design - Even though this is an enhanced level, I recommend you review the "*Development and Implementation of EMSC, a Step by Step Approach*," found on our web site at http://www.emsa.ca.gov/emscdivision/emsc_page.asp. This document provides information to Local EMS Agencies interested in incremental program development for EMSC. You can contact our EMSC coordinator at Donna.Westlake@emsa.ca.gov for assistance. Development of pediatric prehospital care treatment protocols, quality improvement activities associated with pediatric EMS and pediatric specific equipment requirements for EMS vehicles are basic EMSC Program components that most Local EMS Agencies have in place. If these components are in place in Orange County, reference to these components should be included in your next EMS Plan update.

The Orange County EMS Transportation Plan has been reviewed and:

- Areas 13, 22, and 24 - In May of 2004, the Orange County Fire Authority (OCFA) conducted a Request for Proposal (RFP) and awarded the contract to Medix Ambulance Service. In 2005, the OCFA determined that Medix Ambulance Service was not in compliance with the terms of the contract and subsequently re-awarded the contract to the second selection from the 2004 competitive process. It is the opinion of the EMS Authority that in order for these zones to remain as exclusive, the OCFA must conduct a new RFP process. The original contract became void when Medix Ambulance Service defaulted after they began operations in the zones. Until the RFP process has been completed, the EMS Authority will designate these zones as being non-exclusive.

Greg Boswell
November 14, 2007
Page 2

- Please provide a geographic map for each zone within Orange County.

Your annual update will be due one year from your approval date. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,



Cesar A. Aristeiguieta, M.D., F.A.C.E.P.
Director

CAA:ss