

Santa Barbara County
PUBLIC Health
DEPARTMENT

Emergency Medical Services

300 North San Antonio Road • Santa Barbara, CA 93110-1316
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Elliot Schulman, MD, MPH Director/ Health Officer
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July 18, 2007

Ms. Bonnie Sinz
EMS Systems Manager
California EMS Authority
1930 9th Street
Sacramento, CA 95814

Dear Ms. Sinz:

We are pleased to submit the annual update to our 2006 EMS Plan. We utilized the new format for submitting plan updates that was agreed upon by the Authority earlier this year. Please advise if the content in this new report meets your information needs or if you have any questions.

Santa Barbara County is proud of the progress we have made in the past year having completed many of our short range goals and several of our long range goals. We are proud of our EMS system and look forward to several significant program improvements yet to come.

Please feel free to contact me if you have any questions and thank you for the Authority's support to our local EMS Agency during this past year.

Sincerely,



Nancy Lapolla, MPH
Director, Santa Barbara County
Emergency Medical Services Agency

SANTA BARBARA COUNTY EMERGENCY MEDICAL SERVICES AGENCY

Update To 2006 EMS Plan
July 9, 2007

SECTION	Short Range Goal - one year or less	Long Range Goal - one year or more	EMSA REQUIREMENT	TASK	PROGRESS	PROJECTED DUE DATE
1.16		X	Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of the Emergency Medical Services Fund	The County will sponsor a ballot initiative in 2008 to establish a permanent funding source replacing Maddy to support the EMS system, hospitals and the trauma system	<u>Ongoing</u> : The Public Health Department and EMS Agency submitted a report that outlined options for a tax initiative to the Santa Barbara County Board of Supervisors on June 26, 2007. The Board requested additional information to be heard at the second meeting in September 2007 prior to making a decision.	2008
1.24	X		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	Complete negotiations with UCSB and enter into a written provider agreement	06-13-06 draft agreement complete and ready for UCSB. October 24, 2006 received agreement back from UCSB; edits/changes made.	COMPLETED Agreement completed and approved by BOS March 13, 2007

SECTION	Short Range Goal - one year or less	Long Range Goal - one year or more	EMSA REQUIREMENT	TASK	PROGRESS	PROJECTED DUE DATE
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1.26	X		The local EMS agency shall develop a trauma care system plan based on community needs and utilization of appropriate resources which determines the optimal system design for trauma care in the EMS area and the process for assigning roles to system participants, including a process which allows all eligible facilities to apply	Need to designate a Level III center in the northern area of the county to meet increased population needs. Work with Marian Medical Center on obtaining Level III status or amend the trauma catchment area to better address trauma patients	3-07 Marian Medical Center has assigned the trauma application process to consultant and hires trauma RN. 5-07 Marian submits "Request for Application Trauma Center Designation Plan" to EMS Agency.	This will not be completed this year. It is anticipated this goal will be complete in 2008.
2.04		X	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	The County Communications Center uses an in-house EMD program dispatching ALS resources for all except UCSB and VAFB who utilize their own centers not EMD trained. Work towards ensuring that 100% of all medical 9-1-1 calls are handled by PSAPs that operate in accordance with EMSA EMD guidelines	4-13-07 Update - UCSB Agreement requires all critical sequence calls to receive EMD. The Santa Barbara County Emergency Communications Center starts taking over all emergency medical calls requiring EMD.	COMPLETED May 1, 2007

SECTION	<u>Short Range Goal - one year or less</u>	<u>Long Range Goal - one year or more</u>	EMSA REQUIREMENT	TASK	PROGRESS	PROJECTED DUE DATE
3.01	X		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. The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones	Santa Barbara County EMS maintains updated lists, email addresses and phone numbers of adjoining EMS agencies. Additionally, the county participates in the ReddiNet system. The EMS agency has satellite phones that are to be issued to local hospitals <u>within the next few months</u>	EMS Policies & Procedures are written, satellite phones have been delivered to the Emergency Departments and signed Memorandum of Understandings are in place.	COMPLETED August 15, 2006
3.09	X		The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response. The local EMS agency should establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions	The cities of Santa Maria and Lompoc have agreed to transfer 911 medical calls to the County Communications Center. Our objective is to ensure 100% EMD is available throughout the entire county. This is being addressed as a deliverable through the EOA ambulance contract and its subcontracts to be completed by June 1, 2006	All jurisdictions and communities within Santa Barbara County except the Vandenberg Air Force Base property have EMD (99.5% of calls have EMD). The EMS Agency is working with VAFB and discussing the renewal of the VAFB ALS agreement that would include EMD on all calls.	COMPLETED August 1, 2006

SECTION	Short Range Goal - one year or less	Long Range Goal - one year or more	EMSA REQUIREMENT	TASK	PROGRESS	PROJECTED DUE DATE
4.02	X		<p>The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures. 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</p>	<p>Complete Provider Agreement with UCSB Ambulance Service</p>	<p>06-13-06 draft agreement complete and ready for UCSB. UCSB agrees to provide data to Contract Compliance Committee for review of all calls and response times.</p>	<p>COMPLETED Agreement completed and approved by BOS March 13, 2007</p>

SECTION	<u>Short</u> Range Goal - one year or less	<u>Long</u> Range Goal - one year or more	EMSA REQUIREMENT	TASK	PROGRESS	PROJECTED DUE DATE
4.10	X		The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area. Does not meet standard. Air Ambulances shall have an agreement on file with the local EMS Agency which shall hold them accountable to all policies and procedures of Air Medical Transport and/or response	Need to meet with CALSTAR, County Fire and Sheriff to obtain written agreements	CALSTAR agreement completed and on file.	COMPLETED Agreement approved by BOS on Oct 24, 2006

SECTION	<u>Short Range Goal - one year or less</u>	<u>Long Range Goal - one year or more</u>	EMSA REQUIREMENT	TASK	PROGRESS	PROJECTED DUE DATE
5.11	X		Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including; staffing, training, equipment, identification of patients for whom consultation with a pediatric critical care center is appropriate, quality assurance/quality improvement, and data reporting to the local EMS agency. 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	The Santa Barbara County EMS Agency needs to perform a periodic review of the pediatric care capabilities of receiving facilities and establish a mechanism for the annual review of pediatric issues both field and ED based	EMS will have the hospitals submit a review of their pediatric care capabilities to the CQI Committee based upon the site assessment tool. Projected due date is November 2007.	Scheduled to be completed by November 2007.
6.04	X		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 pre-arrival/post dispatch directions	Continue to work with non EMD PSAP's in providing EMD services in their centers or agree to transfer medical emergency calls to approved EMD centers. This is being addressed as a deliverable through the EOA ambulance contract and its subcontracts	All jurisdictions and communities within Santa Barbara County except the Vandenberg Air Force Base property have EMD (99.5% of calls have EMD). The EMS Agency is working with VAFB and discussing the renewal of the VAFB ALS agreement that would include EMD on all calls.	COMPLETED

SECTION	<u>Short</u> Range Goal - one year or less	<u>Long</u> Range Goal - one year or more	EMSA REQUIREMENT	TASK	PROGRESS	PROJECTED DUE DATE
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6.05	X		<p>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 (when they are available). The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital) data. The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.</p>	<p>To work towards the inclusion of emergency department, in-hospital and discharge data in the prehospital registry and develop or adopt the necessary data elements and linkages to acute care facilities. Enter into agreements with hospitals for data sharing.</p>	<p>Existing data systems are: CAD, EPCR, PAD, Lancet, ReddiNet. As of 07-10-2006 we meet this recommendation.</p>	<p>COMPLETED July 7, 2006</p>
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SECTION	<u>Short Range Goal - one year or less</u>	<u>Long Range Goal - one year or more</u>	EMSA REQUIREMENT	TASK	PROGRESS	PROJECTED DUE DATE
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6.09		X	The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities. The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.	Need to work towards the inclusion of emergency department, in-hospital and discharge data in the prehospital registry. 1. Develop or adopt the necessary data elements and linkages to acute care facilities. 2. Enter into agreements with hospitals for data sharing.	The EMS CQI Coordinator has been working on this requirement and making progress. This is a long term goal and will be completed next year.	In progress projected completion 2008
6.11		X	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. The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their quality assurance/quality improvement and system evaluation program.	The Santa Barbara County EMS Agency needs to complete its current effort to finalize a method for non-trauma centers to submit trauma data. Objective is to incorporate the requirement for submission of trauma data into written agreements with receiving facilities.	This is requirement is also a recurring performance measure (RPM) for our department and data is currently being transmitted to the EMS Agency.	COMPLETED June 6, 2006

SECTION	<u>Short</u> Range Goal - one year or less	<u>Long</u> Range Goal - one year or more	EMSA REQUIREMENT	TASK	PROGRESS	PROJECTED DUE DATE
6.04	X		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. The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their quality assurance/quality improvement and system evaluation program	The Santa Barbara County EMS Agency needs to complete its current effort to finalize a method for non-trauma centers to submit trauma data. Incorporate the requirement for submission of trauma data into written agreements with receiving facilities	Santa Barbara County uses the "Lancet Trauma 1" system which is utilized by our Level II Trauma Center. This reporting system is also available to all county hospitals for data submittal.	COMPLETED July 10, 2006
8.03	X		All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their systems roles and responsibilities	AMR providers are to be trained to Level C with Escape Hoods by the end of 2006	A teaching agreement is in place with a vender for FRO and PPE training. These classes will complete this recommendation. Projected completion date of December 2007.	Not completed this year. Training classes are scheduled for December 2007
8.07	X		A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster	Put ReddiNet on AMR Supervisor Units	ReddiNet is now on AMR Supervisor units.	COMPLETED June 15, 2006

SECTION	<u>Short Range Goal - one year or less</u>	<u>Long Range Goal - one year or more</u>	EMSA REQUIREMENT	TASK	PROGRESS	PROJECTED DUE DATE
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8.13	X		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 and 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	EOA responders (AMR) should have a minimum 8 hour FRO training to utilize Level C PPE by December 2006	A teaching agreement is in place with a vender for FRO and PPE training. These classes will complete this recommendation. Projected completion date of December 2007.	Not completed this year. Training classes are scheduled for December 2007
8.14		X	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). At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies	The Santa Barbara County EMS Agency will ensure all hospitals plan for internal and external disasters are fully integrated with the county's medical response plan(s). At least one disaster drill per year is conducted by each hospital and involves other hospitals, The Santa Barbara County EMS Agency, and prehospital medical care agencies. Hospital plans will be evaluated by a consultant through HRSA funding, i.e. Communications Plan, HICS Plan, Disaster Plan	A consultant worked with all 5 hospitals in SB County to integrate each of their emergency disaster plans. We are currently developing the SB County Medical Response Plan. All 5 hospitals, our LEMSA and AMR are participating in the State-wide November surge capacity exercise.	Task scheduled for completion in November 2007.

SECTION	<u>Short Range Goal - one year or less</u>	<u>Long Range Goal - one year or more</u>	EMSA REQUIREMENT	TASK	PROGRESS	PROJECTED DUE DATE
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8.15	X		The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures	Implementation of Satellite Phones as a redundant system to ReddiNet. Sat phones have been purchased through a Department of Homeland Security grant. These phones need to be activated through service plans and distributed with an approved Policy and Procedure	ReddiNet, MEDNEX, SAT Phones, ARES. Sat phones have been delivered to the ED's and signed MOU's are in place on 7-3-06. This system is tested monthly per policy and will be completed once policies & procedures are in place.	COMPLETED September 15, 2006
8.16	X		The local EMS agency shall ensure that all prehospital medical response agencies and acute care hospitals in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use. The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospital staffs in its service area.	The EMS Agency will continue to participate in exercises throughout the County to ensure that all prehospital and hospital personnel are familiar with their agency plans. The Agency shall ensure 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.	COMPLETED all hospitals, County Communications, AMR, ARES, EMS and Disaster Preparedness groups participated in the November 15 State-wide drill. Patients were triaged and transported; coordinated through ReddiNet, MEDNEX and satellite phones. Drill after action reports are available.	COMPLETED November 15, 2006

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Michele Mickiewicz, MPH *Deputy Director*
Jane Overbaugh, *Deputy Director*
Peter Hasler, MD *Medical Director*

Nancy A Lapolla, MPH *Director*
Angelo Salvucci, MD, FACEP *Medical Director*

April 3, 2008

Ms. Bonnie Sinz
EMS Systems Manager
California EMS Authority
1930 9th Street
Sacramento, CA 95814

Re: 2007 Update to EMS Plan

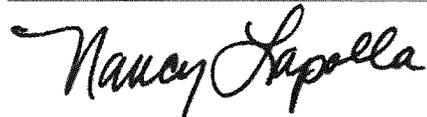
Dear Ms. Sinz:

Attached you will find the additional forms necessary to complete the update to our 2006 EMS Plan. Please advise if the content in this new report meets your information needs or if you have any questions.

Santa Barbara County is proud of the progress we have made in the past year; we have completed many of our short range goals and several of our long range goals. Additionally, we are excited about the new Computer Aided Dispatch center that just became operational the 12th of March and we hope to report improvements in our data collection efforts in our 2008 update.

Please feel free to contact me if you have any questions and thank you for the Authority's support to our local EMS Agency during this past year.

Sincerely,



Nancy Lapolla, MPH
Director, Santa Barbara County
Emergency Medical Services Agency

Instructions for Completing the Annual Update:

The annual update will consist of the following:

Changes made on a Standard - any changes made on a standard that are different from the previous plan submission, need to be completed on the new format.

New Excel format:

Column A is a drop-down menu - choose what standard you are reporting on.

Column B type the Standard

Columns C, D, & E are check boxes

Columns F & G report your Progress and Objectives

Summary of Changes - a narrative describing any changes which have occurred in your system, such as changing providers, designating new centers, changing key personnel, etc.

Tables 2-9.

Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, an Ambulance Zone Form needs to be completed for each zone, whether exclusive or non-exclusive. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Santa Barbara County EMS Agency
 Reporting Year: 2007

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

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

County: Santa Barbara

- | | |
|---|-------------|
| A. Basic Life Support (BLS) | _____ % |
| B. Limited Advanced Life Support (LALS) | _____ % |
| C. Advanced Life Support (ALS) | __ 100 __ % |

2. Type of agency
- 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 D
- a - Public Health Officer
 - b - Health Services Agency Director/Administrator
 - c - Board of Directors
 - d - Other: Public Health Deputy Director/Community Health

4. Indicate the non-required functions which are performed by the agency:
- | | |
|---|-----------|
| Implementation of exclusive operating areas (ambulance franchising) | ___ X ___ |
| Designation of trauma centers/trauma care system planning | ___ X ___ |
| Designation/approval of pediatric facilities | _____ |
| Designation of other critical care centers | _____ |
| Development of transfer agreements | _____ |
| Enforcement of local ambulance ordinance | ___ X ___ |
| Enforcement of ambulance service contracts | ___ X ___ |
| Operation of ambulance service | _____ |

Table 2 - System Organization & Management (cont.)

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

5. EMS agency budget for FY 2006/2007
EXPENSES

Salaries and benefits (All but contract personnel)	<u>\$844,651</u>
Contract Services (e.g. medical director)	<u>50,000</u>
Operations (e.g. copying, postage, facilities)	<u>503,343</u>
Travel	<u>11,415</u>
Fixed assets	<u>19,831</u>
Indirect expenses (overhead)	<u>43,344</u>
Ambulance subsidy	<u>599,933</u>
EMS Fund payments to physicians/hospital	<u> </u>
Dispatch center operations (non-staff)	<u> </u>
Training program operations	<u> </u>
Other: _____	<u> </u>
Other: _____	<u> </u>
Other: _____	<u> </u>
TOTAL EXPENSES	<u>\$1,472,584</u>

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ _____
Office of Traffic Safety (OTS)	_____
State general fund	<u>228,266</u>
County general fund	<u>240,910</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u>8,288</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	<u>276,952</u>
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: (Bioterrorism, Pan Flu, HPP)	<u>659,932</u>
Other fees: (Vehicle Code Fines, Car Seat/Maddy)	<u>56,185</u>
Other (specify): EMS Week	<u>2,051</u>
TOTAL REVENUE	<u>\$1,472,584</u>

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

Table 2 - System Organization & Management (cont.)

Fee structure for FY 2007

We do not charge any fees

Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	<u>22.00</u>
EMT-I recertification	<u>22.00</u>
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	<u>52.00</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	_____
MICN/ARN recertification	_____
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	_____
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: _____	
Ambulance service license	\$ _____
Ambulance vehicle permits	<u>36.00 each</u>
Other: (24 licensed ambulances)	_____
Other: _____	_____
Other: _____	_____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of **2007**.

Table 2 - System Organization & Management (cont.)

EMS System: Santa Barbara County EMS Agency

Reporting year 2007

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Director	1	47.64	34	
Asst. Admin./Admin. Asst./Admin. Mgr.	Administrative Assistant	1	19.09	34	
ALS Coord./Field Coord./ Training Coordinator	EMS Specialist/Disaster Coordinator	1	28.43	34	
Program Coordinator/ Field Liaison (Non-clinical)	Performance Improvement/Contract Compliance	1	41.36	34	
Trauma Coordinator	Trauma Nurse	.5	-	-	Position Vacant
Medical Director	EMS Medical Director	.3		Contract Position	
Other MD/Medical Consult/ Training Medical Director	N/A	-	-	-	-
Disaster Medical Planner	Disaster Preparedness Program Administrator	1	38.24	34	

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.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor	N/A	-	-	-	-
Medical Planner	Disaster Preparedness Planner	1	20.00	Contract Position	
Data Evaluator/Analyst	N/A	-	-	-	-
QA/QI Coordinator	Performance Improvement/CQI Coordinator	1	41.36	34	
Public Info. & Education Coordinator	N/A	-	-	-	-
Executive Secretary	N/A	-	-	34	-
Other Clerical	N/A	-	-	-	-
Data Entry Clerk	N/A	-	-	-	-
Other	HPP Coordinator	.5	35.00	Contract Position	

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.

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS System: Santa Barbara County EMS Agency

Reporting Year: 2007

NOTE: Table 3 is to be reported by agency.

	<i>EMT - Is</i>	<i>EMT - IIs</i>	<i>EMT - Ps</i>	<i>MICN</i>	<i>EMS Dispatchers</i>
Total Certified	448	N/A	142	N/A	69
Number newly certified this year	N/A		N/A		N/A
Number recertified this year	N/A		N/A		N/A
Total number of accredited personnel on July 1 of the reporting year	N/A		N/A		
Number of certification reviews resulting in:					
a) formal investigations	4		9		0
b) probation	5		2		0
c) suspensions	0		0		0
d) revocations	0		0		0
e) denials	0		0		0
f) denials of renewal	0		0		0
g) no action taken	0		0		0

1. Number of EMS dispatchers trained to EMSA standards: 40

2. Early defibrillation:
 a) Number of EMT-I (defib) certified N/A
 b) Number of public safety (defib) certified (non-EMT-I) N/A

3. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2007

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

1. Number of primary Public Service Answering Points (PSAP) 6
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 3
4. Number of designated dispatch centers for EMS Aircraft 3
5. Do you have an operational area disaster communication system? Yes X No _____
 - a. Radio primary frequency OES White
 - b. Other methods Nextel, ReddiNet, ARES
 - c. Can all medical response units communicate on the same disaster communications system?
Yes X No _____ Fire Channels
 - d. Do you participate in OASIS? Yes X No _____
 - e. Do you have a plan to utilize ARES as a back-up communication system?
Yes X No _____
 - 1) Within the operational area? Yes X No _____
 - 2) Between the operational area and the region and/or state? Yes X No _____
6. Who is your primary dispatch agency for day-to-day emergencies? Sheriff Dept
7. Who is your primary dispatch agency for a disaster? Sheriff Dept

TABLE 5: SYSTEM RESOURCES AND OPERATIONS

Response/Transportation

EMS System: Santa Barbara County EMS Agency

Reporting Year: 2007

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas	<u>1</u>
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	<u>97%</u>
3.	Total number responses (emergency code 3 only)	<u>21280</u>
4.	Total number of transports	
	a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren & CCT)	<u>26349</u>

Early Defibrillation Providers

5.	Number of public safety defibrillation providers	
	a) Automated	<u>4</u>
	b) Manual	<u>4</u>
		<u>0</u>
6.	Number of EMT-Defibrillation providers	<u>0</u>
	a) Automated	<u>0</u>
	b) Manual	<u>0</u>

Air Ambulance Services

7.	Total number of responses	<u>315</u>
	a) Number of emergency responses	<u>59</u>
	b) Number of non-emergency responses	<u>46</u>
8.	Total number of transports	<u>112</u>
	a) Number of emergency (scene) responses	<u>N/A</u>
	b) Number of non-emergency responses	<u>46</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

	<i>METRO/URBAN</i>	<i>SUBURBAN/RURAL</i>	<i>WILDERNESS</i>	<i>SYSTEMWIDE</i>
BLS and CPR capable first responder	7	14	29	90%
Early defibrillation responder	7	14	29	90%
Advanced Life Support responder	7.59	14.59	29.59	90%
Transport Ambulance	7.59	14.59	29.59	90%

Note: There are several EMS zones that are subcontracted to fire based ALS non transport providers. In those zones, the ALS ambulance may add up two minutes (7:59 to 9:59) to their response time.

TABLE 6: SYSTEM RESOURCES AND OPERATIONS Facilities/Critical Care

EMS System: Santa Barbara County EMS Agency

Reporting Year: 2007

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria (ACS)	<u>1992 *</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>1696</u>
c) Number of major trauma patients transferred to a trauma center	<u>103</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>296</u>

Emergency Departments

Total number of emergency departments	<u>5</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>4</u>
d) Number of comprehensive emergency services	<u>1</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>N/A</u>
2. Number of base hospitals with written agreements	<u>5</u>

Note: Trauma data varies from data submitted in 2006. This is due to the EMS Agency utilizing information from the Lancet Trauma One database vs utilizing the AMR QuickNet database. We believe Lancet will give us more comprehensive data however at this time not all non trauma designated facilities are current with data input. We are working toward 100% compliance with our facilities for future reports.

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Santa Barbara County EMS Agency

Reporting Year: 2007

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Not designated
 - b. How are they staffed? System participants
 - c. Do you have a supply system for supporting them for 72 hours? yes X (limited) no

2. CISD
Do you have a CISD provider with 24-hour capability? yes X no

3. Medical Response Team
 - a. Do you have any team medical response capability? yes X no
 - b. For each team, are they incorporated into your local response plan? yes X no
 - c. Are they available for statewide response? yes no X
 - d. Are they part of a formal out-of-state response system? yes no X

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes X no
 - b. At what HazMat level are they trained? FRA/FRO
 - c. Do you have the ability to do decontamination in an emergency room? yes X no
 - d. Do you have the ability to do decontamination in the field? yes X no

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 9

3. Have you tested your MCI Plan this year in a:
a. real event? yes X no
b. exercise? yes X no

4. List all counties with which you have a written medical mutual aid agreement.
 Region 1

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes X no

6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes no X

7. Are you part of a multi-county EMS system for disaster response? yes X no

8. Are you a separate department or agency? yes no X

9. If not, to whom do you report? Santa Barbara County Public Health Department

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? N/A yes no

SECTION IV – RESOURCES DIRECTORY

TABLE 8: RESOURCES DIRECTORY – Ambulance Providers

EMS System: Santa Barbara County EMS Agency County: Santa Barbara Reporting Year: 2007

Name, address & telephone: American Medical Response 240 E. Highway 246, Suite 300, Buellton Ca. 93427 (800-688-6550)			Primary Contact: Mark Norman, General Manager		
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 _____ 67 BLS _____ EMT-D _____ LALS _____ 52 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> 18 </u>
Name, address & telephone: UCSB Rescue UCSB, Santa Barbara, Ca. 93106 (805-893-3446)			Primary Contact: Bill Bean, Police Chief		
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 _____ 12 BLS _____ EMT-D _____ LALS _____ 3 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Rescue Dept.	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u> 1 </u> ALS

TABLE 8: RESOURCES DIRECTORY – Ambulance Providers (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2007

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

Name, address & telephone: Santa Barbara County Fire 4410 Cathedral Oaks Rd. Santa Barbara Ca, 93110 (805-681-5500)			Primary Contact: John Scherrei, Fire Chief		
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 checked="" type="checkbox"/> 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 <u>51</u> 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 checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

Name, address & telephone: Vandenberg Air Force Base 30 MDG, Vandenberg AFB, Ca. 93437 (805-606-4685)			Primary Contact: TSgt. Michael A Carnevale		
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 checked="" type="checkbox"/> 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>3</u> BLS _____ EMT-D _____ LALS <u>3</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Military	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1 Note: VAFB subcontracts ambulance services to AMR.

TABLE 8: RESOURCES DIRECTORY – Air Ambulance Providers

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2007

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

Name, address & telephone: CALSTAR 3996 Mitchell Road Santa Maria, CA 93455 (805-938-9001)			Primary Contact: Lisa Abeloe, Chief Flight Nurse		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ 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 Aircraft: 1

TABLE 8: RESOURCES DIRECTORY – Air Rescue Providers

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2007

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

Name, address & telephone: Santa Barbara County Sheriff 4437 Calle Real, Santa Barbara Ca, 93110 (805-681-)			Primary Contact: Bill Brown, Sheriff		
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 checked="" 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 _____ 0 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Aircraft: 2

Name, address & telephone: CHP Paso Robles 675 California Blvd. San Luis Obispo, Ca. 93401 (805-593-3300)			Primary Contact: Jerry Perez		
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 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 _____ PS-Defib _____ 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 type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Aircraft: 1

TABLE 8: RESOURCES DIRECTORY – Air Rescue Providers (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2007

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

Name, address & telephone: Santa Barbara County Fire 4410 Cathedral Oaks Rd. Santa Barbara Ca, 93110 (805-681-5500)			Primary Contact: John Scherrei, Fire Chief		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" 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> 6 </u> 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 X 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 Aircraft: 2

TABLE 8: RESOURCES DIRECTORY – Fire Department Providers

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2007

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

Name, address & telephone: Carpinteria-Summerland Fire Protection District, 911 Walnut Ave. Carpinteria, CA 93013 (805-684-4591)			Primary Contact: Michael Mingee, Fire Chief		
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 <u>17</u> BLS _____ EMT-D _____ LALS <u>12</u> 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 Stations: 2

Name, address & telephone: Montecito Fire Protection District. 595 San Ysidro Rd. Santa Barbara Ca. 93108 (805-969-3598)			Primary Contact: Kevin Wallace, Fire Chief		
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 <u>13</u> BLS _____ EMT-D _____ LALS <u>11</u> 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 Stations: 2

TABLE 8: RESOURCES DIRECTORY – Fire Department Providers (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2007

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

Name, address & telephone: Santa Barbara City Fire 121 West Carrillo Street, Santa Barbara, CA 93101 (805-965-5254)			Primary Contact: Ron Prince, Fire Chief		
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 <u>65</u> BLS _____ EMT-D _____ LALS _____ 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 Stations: 8

Name, address & telephone: Santa Barbara County Fire 4410 Cathedral Oaks Rd. Santa Barbara Ca, 93110 (805-681-5500)			Primary Contact: John Scherrei, Fire Chief		
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 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 _____ PS-Defib <u>121</u> BLS _____ EMT-D _____ LALS <u>46</u> 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 checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Stations: 15

TABLE 8: RESOURCES DIRECTORY – Fire Department Providers (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2007

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

Name, address & telephone: Lompoc City Fire 115 South G Street, Lompoc Ca. 93436 (805-736-4513)			Primary Contact: Linual White, Fire Chief		
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 <u>13</u> BLS _____ EMT-D <u>12</u> LALS _____ 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 Stations: 2

TABLE 8: RESOURCES DIRECTORY – Fire Department Providers (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2007

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

Name, address & telephone: Santa Maria City Fire 314 W. Cook Street #8, Santa Maria, Ca. 93458 (805-925-0951)			Primary Contact: Frank Ortiz, Fire Chief		
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 <u>27</u> BLS _____ EMT-D _____ LALS _____ 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 Stations: 4

Name, address & telephone: Orcutt Fire P.O. Box 2525, Orcutt, CA 93457 (805-937-7515)			Primary Contact: Brett Pickett, Interim Fire Chief		
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 <u>8</u> BLS _____ EMT-D <u>5</u> LALS _____ 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 Stations: 1

TABLE 8: RESOURCES DIRECTORY – Fire Department Providers (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2007

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

Name, address & telephone: Guadalupe Fire C/O City Hall 918 Obispo, Guadalupe, CA 93434 (805-343-1444)			Primary Contact: Carmen Johnson, Fire Chief		
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 <u> 6 </u> BLS _____ EMT-D <u> 2 </u> LALS _____ 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 Stations: 1

Name, address & telephone: Vandenberg Fire Dept. (805-606-5380)			Primary Contact: Mark Farias, Fire Chief		
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 <u> 54 </u> BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of Stations: 6

TABLE 8: RESOURCES DIRECTORY – Law Enforcement Agency Providers

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2007

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

Name, address & telephone: Santa Barbara County Sheriff 4437 Calle Real, Santa Barbara Ca, 93110 (805-681-4100)			Primary Contact: Bill Brown, Sheriff		
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 <u>460</u> PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Law enforcement duties in county area and contract cities (Carpinteria, Goleta, Solvang, Buellton) AED units on board.

Name, address & telephone: CHP Paso Robles 166 Industrial Way, Buellton, Ca. 93427 (805-688-5551)			Primary Contact: Commander Lt. Robert Del Mese,		
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 _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Highway enforcement.

TABLE 8: RESOURCES DIRECTORY – Law Enforcement Agency Providers (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2007

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

Name, address & telephone: Santa Barbara City Police 215 East Figueroa Street, Santa Barbara, CA 93101 Phone: (805) 897-2300			Primary Contact: Cam Sanchez, Police Chief		
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 _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Law enforcement duties: No AED's.

Name, address & telephone: Lompoc City Police 107 Civic Center Plaza, Lompoc, California 93436 Phone: (805-736-2341)			Primary Contact: Timothy L. Dabney, Police Chief		
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 <u> 62 </u> PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Law enforcement duties: AED's on units.

TABLE 8: RESOURCES DIRECTORY – Law Enforcement Agency Providers (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2007

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

Name, address & telephone: Santa Maria City Police 222 East Cook St. Santa Maria, Ca. 93454 (805) 925-0951)			Primary Contact: Dan Macagni, Police Chief		
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 _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Law enforcement duties: AED's on units.

Name, address & telephone: Guadalupe City Police 4490 10th St Guadalupe, California 93434 Phone: (805-343-2112)			Primary Contact: Jerry Tucker, Police Chief		
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 _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Law enforcement duties: AED's on units.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2007

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Santa Barbara City College	Contact Person telephone no.	Chris Mailes
Address	721 Cliff Drive, Santa Barbara Ca. 93109	805-965-0581	

Student Eligibility: *General Public	Cost of Program Basic <u>\$85.00</u> Refresher <u>\$50.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>160</u> Refresher: <u>100</u> Cont. Education _____
		Expiration Date: <u>06/10</u> Number of courses: _____
		Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: _____

Training Institution Name	University of California, Santa Barbara	Contact Person telephone	Bill Bean, Police Chief
Address	UCSB, Santa Barbara, Ca. 93106	805-893-3446	<i>Program Currently Inactive</i>

Student Eligibility: * General Public	Cost of Program Basic <u>\$250.00</u> Refresher _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>40</u> Refresher: <u>15</u> Cont. Education _____
		Expiration Date: <u>06/10</u> Number of courses: <u>2</u>
		Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: _____

- Open to general public or restricted to certain personnel onl . ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2007

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	<u>Allan Hancock College</u>	Contact Person telephone no.	<u>Michael Messina, EMS Chief Instructor</u>
Address	<u>800 South College Dr. Santa Maria, Ca. 93454</u>	805-922-6966	

Student Eligibility: *General Public	Cost of Program Basic <u> \$85.00 </u> Refresher <u> \$50.00 </u>	**Program Level: <u> EMT-I </u> Number of students completing training per year: Initial training: <u> 60 </u> Refresher: <u> 40 </u> Cont. Education <u> </u> Expiration Date: <u> 06/10 </u> Number of courses: <u> 2 </u> Initial training: <u> 2 </u> Refresher: <u> 2 </u> Cont. Education: <u> </u>
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Training Institution Name	<u>Santa Barbara County Fire Department</u>	Contact Person telephone no.	<u>Jan Purkett, EMS Coordinator</u>
Address	<u>4410 Cathedral Oaks Rd. Santa Barbara, Ca 93110</u>	805-681-5500	

Student Eligibility: *Private Restricted	Cost of Program Basic <u> </u> Refresher <u> </u>	**Program Level: <u> EMT-I </u> Number of students completing training per year: Initial training: <u> </u> Refresher: <u> 40 </u> Cont. Education <u> </u> Expiration Date: <u> 06/10 </u> Number of courses: <u> </u> Initial training: <u> </u> Refresher: <u> 1 </u> Cont. Education: <u> </u>
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- Open to general public or restricted to certain personnel only. ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2007

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Contact Person telephone no.	Lisa Vargas, Chief Instructor
NORTHERN CALIFORNIA TRAINING INSTITUTE		
Address	805-688-1049	
240 East Highway 246, Suite 200, Buellton Ca. 93427		

Student Eligibility: *General Public	Cost of Program Basic <u>\$8,000.00</u> Refresher _____	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: <u>50</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>2008</u> Number of courses: _____ Initial training: <u>2</u> Refresher: _____ Cont. Education: _____
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Training Institution Name	Contact Person telephone no.	Les Hugie, CES Coordinator
American Medical Response		
Address	800-688-6550	
240 East Highway 246, Suite 300, Buellton Ca. 93427		

Student Eligibility: *Private Restricted	Cost of Program Basic _____ Refresher _____	**Program Level: <u>EMT-P, EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>10</u> Expiration Date: <u>06/10</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>12</u>
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• Open to general public or restricted to certain personnel only. ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2007

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name Montecito Fire Protection District **Contact Person telephone no.** Kevin Wallace, Fire Chief
Address 595 San Ysidro Rd, Santa Barbara, CA. 93108 (805) 969-7762

Student Eligibility: *Private	Cost of Program	**Program Level: <u>EMT-P, EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>24</u> Expiration Date: <u>06/10</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>12</u>
	Basic _____ Refresher _____	

Training Institution Name CARPINTERIA/SUMMERLAND FIRE PROTECTION DISTRICT **Contact Person telephone** Michael Mingee, Fire Chief
Address 911 Walnut Ave. Carpinteria, CA 93013 (805) 684-4591

Student Eligibility: *Private	Cost of Program	**Program Level: <u>EMT-P, EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>29</u> Expiration Date: <u>06/10</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>8</u>
	Basic _____ Refresher _____	

• Open to general public or restricted to certain personnel only. ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2007

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Goleta Valley Cottage Hospital	Contact Person telephone no.	Leslie Houston, R.N. Emergency Dept.
Address	351 S. Patterson Avenue Santa Barbara, CA 93111	(805) 967-3411	

Student Eligibility: * General Public	Cost of Program	**Program Level: <u>EMT-P, EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>120</u> Expiration Date: <u>06/10</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>6</u>
	Basic _____ Refresher _____	

Training Institution Name	Santa Barbara Cottage Hospital	Contact Person telephone no.	Kelly Kam, R.N. Emergency Dept.
Address	PO Box 689, Pueblo at Bath Street, Santa Barbara, CA 93102-0689	(805) 682-7111	

Student Eligibility: * General Public	Cost of Program	**Program Level: <u>EMT-P, EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>30</u> Expiration Date: <u>06/10</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>10</u>
	Basic _____ Refresher _____	

- Open to general public or restricted to certain personnel only. ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2007

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Lompoc District Hospital	Contact Person telephone no.	Judy Blankenship, R.N. Emergency Dept.
Address	508 East Hickory St. Lompoc, CA 93436	(805) 737-3300	

Student Eligibility: * General Public	Cost of Program Basic _____ Refresher _____	**Program Level: <u>EMT-P, EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>120</u> Expiration Date: <u>06/10</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>6</u>
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Training Institution Name	Santa Ynez Valley Cottage Hospital	Contact Person telephone no.	Steve Ford, R.N. Emergency Dept.
Address	2050 Viborg Road Solvang, CA 93463	(805) 688-6431	

Student Eligibility: * General Public	Cost of Program Basic _____ Refresher _____	**Program Level: <u>EMT-P, EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education <u>75</u> Expiration Date: <u>06/10</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>6</u>
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- Open to general public or restricted to certain personnel only. ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2007

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Marian Medical Center	Contact Person telephone no.	Kathy Spry, R.N. Emergency Dept.
Address	1400 East Church St Santa Maria, CA 93454	(805) 739-3000	

Student Eligibility: * General Public	Cost of Program Basic _____ Refresher _____	**Program Level: <u>EMT-P, EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: <u>95</u> Expiration Date: <u>06/10</u> Number of courses: Initial training: _____ Refresher: _____ Cont. Education: <u>6</u>
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TABLE 10: RESOURCES DIRECTORY - Facilities

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2007

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

Name, address & telephone: Santa Barbara Cottage Hospital PO Box 689, Pueblo at Bath Street Santa Barbara, CA 93102-0689 805-682-7111			Primary Contact: Ron Werft, CEO Cottage Health System		
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 checked="" type="checkbox"/> yes <input type="checkbox"/> no		
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: **** ___ Level II _____	

Name, address & telephone: Goleta Valley Cottage Hospital, 351 S. Patterson Avenue Santa Barbara, CA 93111 805-967-3411			Primary Contact: Ron Werft, CEO Cottage Health System		
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	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: **** ___ Level IV _____	

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

TABLE 10: RESOURCES DIRECTORY - Facilities (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2007

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

<p align="center">Name, address & telephone: Santa Ynez Valley Cottage Hospital, 2050 Viborg Road Solvang, CA 93463 805-688-6431</p>		<p align="center">Primary Contact: Ron Werft, CEO Cottage Health System</p>		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> n	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	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: **** _____
<p align="center">Name, address & telephone: LOMPOC DISTRICT HOSPITAL, 508 EAST HICKORY ST. LOMPOC, CA 93436 805-737-3300</p>		<p align="center">Primary Contact: Jim Raggio, CEO Lompoc District Hospital</p>		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> n	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	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: **** _____

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

TABLE 10: RESOURCES DIRECTORY - Facilities (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2007

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

Name, address & telephone: Marian Medical Center, 1400 East Church St Santa Maria, CA 93454 (805) 739-3000		Primary Contact: Charles Cova CEO, Marian Medical Center		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> n	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	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level: **** _____

TABLE 11: RESOURCES DIRECTORY – ALS or EMD Dispatch Centers

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2007

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

<p>Name, address & telephone: Santa Barbara County Public Safety Communications Center C/O Sheriff's Department, 4434 Calle Real Santa Barbara, Ca. 93110</p>		<p>Primary Contact: Commander Sam Gross 805-681-4286</p>	
<p>Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services: _____ 25 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>		<p>If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: Combined with Fire & EMS</p>	<p>If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>

<p>Name, address & telephone: Santa Barbara City Police Department Dispatch Center 215 EAST FIGUEROA STREET, SANTA BARBARA, CA 93101</p>		<p>Primary Contact: Cam Sanchez, Police Chief 805-897-2300</p>	
<p>Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services: _____ 12 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>		<p>If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: Combined with Fire</p>	<p>If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>

TABLE 11: RESOURCES DIRECTORY – ALS / EMD Dispatch Agencies (continued)

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara

Reporting Year: 2007

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

<p>Name, address & telephone: University of California Santa Barbara - Police Dept. 1105 Public Safety Bldg. UCSB-Santa Barbara Santa Barbara, CA 93106</p>		<p>Primary Contact: Bill Bean, Police Chief 805-893-3446</p>	
<p>Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster</p>	<p>Number of Personnel providing services: _____ 0 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other</p>
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____</p>	<p>If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input checked="" type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal</p>	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

SERVICE AREA 1

Local EMS Agency or County Name: Santa Barbara County EMS Agency
Area or subarea (Zone) Name or Title: Service Area 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response of Santa Barbara County since 1970.
Area or subarea (Zone) Geographic Description: See map next page
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Santa Barbara County is divided into three ALS ambulance service areas. Service Area 1 encompasses approximately 97% of the county population and is an Exclusive Operating Area. Service Area 1 conforms to Section 1797.224 of the Health and Safety Code. There has been no change in the configuration of these service areas nor has there been any change in providers for these zones since our last plan update.
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.). ALS Emergency Ambulance
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, 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. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. American Medical Response of Santa Barbara County is the provider of ALS ambulance services for Service Area 1. AMR has been rendering services in the same manner and scope prior to January 1, 1981 and qualifies as a "grandfathered" provider under 1797.224.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

SERVICE AREA 2

<p>Local EMS Agency or County Name: Santa Barbara County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title: Service Area 2</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response operates ALS ambulance services in the City of Lompoc and surrounding areas following the merger/purchase in 1991 of Lompoc Community Ambulance Service who had been in operations since 1970. The Santa Barbara County Fire Department operates an ALS ambulance outside the city in Vandenberg Village, an unincorporated area of the county. The Santa Barbara County Fire Department has operated an ALS ambulance in this area since 1985.</p>
<p>Area or subarea (Zone) Geographic Description: See map next page</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Service Area 2 is a non-exclusive operating area whereby ALS transport services are furnished by AMR and the Santa Barbara County Fire Department. There has been no change in the configuration of this service area nor has there been any change in providers in this zone since our last plan update. AMR is considered a 201 provider in the City of Lompoc.</p>
<p>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.). Service Area 2 is a non exclusive service area.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, 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. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Service Area 2 is a non exclusive service area.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

SERVICE AREA 3

Local EMS Agency or County Name: Santa Barbara County EMS Agency
Area or subarea (Zone) Name or Title: Service Area 3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. The Santa Barbara County Fire Department operates an ALS ambulance in the unincorporated Cuyama Valley referred to as Service Area 3. The ambulance service started as a BLS service by the fire department in the 70's and 80's and became an ALS service in 1993.
Area or subarea (Zone) Geographic Description: See map next page
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Service Area 3 is a non-exclusive operating area whereby ALS transport services are furnished by the Santa Barbara County Fire Department. There has been no change in the configuration of this service area nor has there been any change in providers in this zone since our last plan update. The Santa Barbara County Fire Department is considered a 201 provider in Service Area 3.
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.). Service Area 3 is a non exclusive service area.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, 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. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Service Area 3 is a non exclusive service area.

AMBULANCE ZONE SUMMARY MAP SANTA BARBARA COUNTY, CALIFORNIA 2007

