

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
Standard 1.1.9	Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to: a) triage, b) treatment, c) medical dispatch protocols, d) transport, e) on-scene treatment times, f) transfer of emergency patients, g) standing orders, h) base hospital contact, i) on-scene physicians and other medical personnel, and j) local scope of practice for prehospital personnel.	☐	☐	☐	Treatment protocols were updated in 2007	
Standard		☐	☐	☐	In July 2009, the County of San Diego designated 15 hospitals as stroke receiving centers. Implementation of S-123, Treatment Protocol, Altered Neurological Function and S-461 Destination of Acute Stroke Patient provides direction on timely care and transport of individuals experiencing signs and symptoms of an acute stroke to a designated center.	
Standard		☐	☐	☐	The prehospital safe surrender program was developed and implemented April 2008; S-022 Infant Safe Surrender	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.14	Each local EMS agency shall develop a policy and procedures manual, which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) with the system.		<input type="checkbox"/>		Biennial review of prehospital treatment protocols completed October-November 2008.	
5.13	Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including: a) the number and role of the system participants, b) the design of catchment areas (including inter-county transport, as appropriate) with considerations of workload and patient mix, c) identification of patients who should be triaged or transferred to a designated center, d) the role of non-designated hospitals including those which are outside of the primary triage area, and e) a plan for monitoring and evaluation for the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy S-461, Destination of Acute Stroke Patient provides guidelines for transporting acute stroke patients to one of the 15 designated stroke receiving hospitals.	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT**

**EMS System: San Diego County County: San Diego Reporting Year: FY 2007-09**

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

a. Basic Life Support (BLS)	5%
b. Limited Advanced Life Support (LALS)	0%
c. Advanced Life Support (ALS)	95%
  
2. **Type of agency:** B
  - a. Public Health Department
  - b. County Health Services Agency
  - c. Other (non-health) County Department
  - d. Joint Powers Agency
  - e. Private Non-Profit Entity
  - f. Other:
  
3. **The person responsible for day-to-day activities of EMS agency reports to:** B
  - a. Public Health Officer
  - b. Health Services Agency Director/Administrator
  - c. Board of Directors
  - d. Other:
  
4. **Indicate the non-required functions that are performed by the agency:**

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	<u>X</u>
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	
Continuing education	
Personnel training	
Operation of oversight of EMS dispatch center	
Non-medical disaster planning	
Administration of critical incident stress debriefing (CISD) team	<u>X</u>
Administration of disaster medical assistance team (DMAT)	<u>X</u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>X</u>
Other: <b>Crash Injury Research and Engineering Network (CIREN)</b>	<u>X</u>

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (continued)**  
**EMS System: San Diego County County: San Diego Reporting Year: FY 20~~07~~-08**

**5. EMS agency budget for FY: 2007-08**

**A. EXPENSES:**

Salaries and benefits (all but contract personnel, Medical Director included)	\$ 3,078,507
Contract Services	2,175,952
Operations (e.g., copying, postage, facilities)	893,878
Travel	17,877
Ambulance subsidy	478,965
EMS Fund payments to physicians/hospital:	
Physicians Services Account and CMS Administration	3,068,170
Trauma Centers	1,022,582
EMS 800 MHz network radios	141,137
Dispatch center operations (non-staff)	0
Other: Ambulance Districts	
CSA 17	2,476,233
CSA 69	<u>4,603,458</u>
<b>TOTAL EXPENSES</b>	<b><u>\$17,956,759</u></b>

**B. SOURCES OF REVENUE:**

Special project grants from EMSA	
National Highway Traffic Safety Administration (NHTSA)	567,742
Metropolitan Medical Response System (MMRS)	
Medical Reserve Corps (MRC)	
Resuscitation Outcome Consortium (ROC)	5,008
State General Fund	0
County General Fund	419,123
Local tax funds (CSA 17 and CSA 69)	6,608,342
County Contracts (e.g. multi-county agencies)	275,727
Certification fees	58,082
Training Program Approval Fees	0
Base hospital application fees	0
Trauma center application fees	0

Trauma center designation fees	240,000
Trauma support activities	3,320
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	0
Type:	
Other critical care designation fees	175,000
Type: Base Hospital Designation	
Ambulance Service/vehicle fee	83,400
Contributions	0
Other fees:	
State Aid, Health Realignment, VLF	3,920,372
State Aid, Tobacco Settlement	350,000
Recovered Expenditures	67,641
State - MAA	222,634
EMS fund (SB12/612)	5,330,009
Revenue / Auditor's Adjustments	<u>360,738</u>
<b>TOTAL REVENUE</b>	<b><u>\$16,416,503</u></b>

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (continued)**  
**EMS System: San Diego County County: San Diego Reporting Year: FY 2008-09**

**5. EMS agency budget for FY: 2008-09**

**A. EXPENSES:**

Salaries and benefits (all but contract personnel, Medical Director included)	\$ 3,495,897
Contract Services	2,091,776
Operations (e.g., copying, postage, facilities)	821,235
Travel	9,001
Ambulance subsidy	480,001
EMS Fund payments to physicians/hospital:	
Physicians Services Account and CMS Administration	3,228,232
Trauma Centers	1,167,786
EMS 800 MHz network radios	149,766
Other Transfers	0
Dispatch center operations (non-staff)	0
Other: Ambulance Districts	
CSA 17	2,622,544
CSA 69	<u>4,372,953</u>
<b>TOTAL EXPENSES</b>	<b><u>\$18,969,229</u></b>

**C. SOURCES OF REVENUE:**

National Highway Traffic Safety Administration (NHTSA)	516,919
Metropolitan Medical Response System (MMRS)	0
Resuscitation Outcome Consortium (ROC)	(1,404)
County General Fund	426,995
Local tax funds (CSA 17 and CSA 69)	7,253,135
County Contracts (e.g. multi-county agencies)	255,721
Certification fees	81,345
Training Program Approval Fees	0
Base hospital application fees	0
Trauma center application fees	0
Trauma center designation fees	207,087
Pediatric facility approval fees	0

Pediatric facility designation fees	0
Other critical care center application fees	0
Type:	
Other critical care designation fees	175,000
Type: Base Hospital Designation	
Ambulance Service/vehicle fee	97,579
Gain on Sale/Other	2,533
Contributions	0
Other fees:	
State Aid, Health Realignment, VLF	3,659,068
State Aid, Tobacco Settlement	350,000
Recovered Expenditures	118,047
State - MAA	120,346
EMS fund (SB12/612)	5,706,858
Revenue / Auditor's Adjustments	<u>0</u>
<b>TOTAL REVENUE</b>	<b><u>\$18,969,229</u></b>

**TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)**

**EMS System: San Diego County County: San Diego Reporting Year: FY 2007-09**

**6. Fee structure for FY: 2007-09**

We do not charge any fees.

Our fee structure is:

First responder certification	\$ 0
EMS dispatcher certification	0
EMT-I certification	17
EMT-I recertification	17
EMT-defibrillation certification	17
EMT-defibrillation recertification	0
EMT-II certification	0
EMT-II recertification	0
EMT-P accreditation	17
Mobile Intensive Care Nurse/Authorized Registered Nurse (MICN/ARN) certification	17
MICN/ARN recertification	17
EMT-I training program approval	0
EMT-II training program approval	0
EMT-P training program approval	0
MICN/ARN training program approval	0
Base hospital application	0
Base hospital designation	25,000
Trauma center application	0
Trauma center designation	40,000

**TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)** 2009  
**EMS System: San Diego County County: San Diego Reporting Year: FY-2007-09**

**6. Fee structure for FY: 2007-09 (continued)**

Pediatric facility approval	\$	0
Pediatric facility designation		0
Other critical care center application		0
Other critical care center designation		0
Ambulance service license: Ground	(Initial)	2,000
	(Renewal)	1,000
Ambulance service license: Air		
Primary Response Rotocraft:	(Initial)	15,000
	(Renewal)	7,500
Interfacility Rotocraft:	(Initial)	2,000
	(Renewal)	1,000
Ambulance vehicle permits: Ground	(BLS)	250
	(ALS/CCT)	375
Ambulance vehicle permits: Air		
Rotocraft		500

**7. Complete the table on the following four pages for the EMS agency staff for:  
Fiscal Year 2005-07**

**TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)**

EMS System: San Diego County

County: San Diego

Reporting Year: FY <sup>2009</sup>~~2008~~

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Administrator/ Coordinator/Director	Chief EMS	1	44.11	57.5%	
Assistant Administrator	Administrative Analyst II	1	30.17	57.5%	
Assistant Administrator	Assoc Accountant	1	25.11	57.5%	
Assistant Administrator	Administrative Analyst II	1	30.17	57.5%	
Administrative Assistant	Administrative Analyst III	1	32.80	57.5%	
Administrative Manager	Admin Srvc Manager I	1	37.05	57.5%	
ALS Coordinator	Coord, EMS	1	40.46	57.5%	
Field Coordinator	EMS Specialist	1	33.19	57.5%	
Training Coordinator	NA	0			
Program Coordinator	NA			57.5%	
Field Liaison (nonclinical)	EMS Specialist	1	33.19		
Medical Director	Medical Director	1	90.82	57.5%	
Other MD	NA				
Medical Consultant	NA				
Training Medical Director	NA				
Disaster Medical Planner	Coordinator, EMS	1	40.46	57.5%	

**TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)**  
**EMS System: San Diego County**                      **County: San Diego**

Reporting Year: FY <sup>2009</sup>~~2007-08~~

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor	NA				
Data Evaluator	Biostatistician	2	30.97	57.5%	
Analyst	Senior Epidemiologist	1	42.85	57.5%	
	Epidemiologist	2	35.33	57.5%	
	Health Information Spec II	1	25.89		
QA/QI Coordinator	Quality Assurance Specialist	6	38.45	57.5%	
Public Information and Education Coordinator	NA				
Executive Secretary	Administrative Secretary I	1	14.98	57.5%	
Other Clerical	Board Secretary	1	21.33	57.5%	
	Senior Office Assistant	1	17.94	57.5%	
	Office Assistant	1	14.06	57.5%	
	Office Support Specialist	1	17.49	57.5%	
	Departmental Clerk	1	10.85	57.5%	
Data Entry Clerk	Student Workers	4	13.85		
Other	Coord, EMS	1	40.46	57.5%	
	Medical Record Technician	1	13.70	57.5%	
	Health Svcs Project Coord	1	39.47	57.5%	
	Temp Expert Prof Employee	1	37.10	57.5%	

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

**(SEE PAGE 16)**

**TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)**  
**EMS System: San Diego County**                      **County: San Diego**

2009  
 Reporting Year: FY ~~2008-09~~

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Administrator/ Coordinator/Director	Chief EMS	1	45.65	57%	
Assistant Administrator	Administrative Analyst II	1	31.23	57%	
Assistant Administrator	Assoc Accountant	1	29.47	57%	
Assistant Administrator	Administrative Analyst II	1	31.23	57%	
Administrative Assistant	Administrative Analyst III	1	32.80	57%	
Administrative Manager	Admin Srvc Manager I	1	37.05	57%	
ALS Coordinator	Coord, EMS	1	41.88	57%	
Field Coordinator	EMS Specialist	1	34.35	57%	
Training Coordinator	NA	0			
Program Coordinator	NA				
Field Liaison (nonclinical)	EMS Specialist	1	34.35	57%	
Medical Director	Medical Director	1	94.23	57%	
Other MD	NA				
Medical Consultant	NA				
Training Medical Director	NA				
Disaster Medical Planner	Coordinator, EMS	1	40.46	57%	

**TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)**  
**EMS System: San Diego County**                      **County: San Diego**

2009  
 Reporting Year: FY-~~2008-09~~

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor	NA				
Data Evaluator	Biostatistician	2	33.66	57%	
Analyst	Senior Epidemiologist	1	44.35	57%	
	Epidemiologist	2	40.31	57%	
QA/QI Coordinator	Quality Assurance Specialist	5	39.80	57%	
Public Information and Education Coordinator	NA				
Executive Secretary	Administrative Secretary II	1	16.29	57%	
Other Clerical	Board Secretary	1	22.08	57%	
	Senior Office Assistant	1	18.57		
	Assoc Accountant	1	29.47		
	Office Assistant	2	15.28		
	Office Support Specialist	1	18.57		
	Departmental Clerk	1	11.59		
Other	Coord, EMS	1	41.88	57%	
	Medical Record Technician	1	18.15	57%	
	Health Svcs Project Coord	1	40.85	57%	
	Temp Expert Prof Employee	1	37.10	57%	

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

**(SEE PAGE 16)**

**TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training**  
**EMS System: San Diego County**                      **County: San Diego**

Reporting Year: FY ~~2007-09~~ <sup>2009</sup>

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	4,398	0		292	0
Number newly certified this period	2,111	0		98	0
Number recertified this period	2,287	0		194	0
Total number of accredited personnel on July 1 of the reporting year			1,671		
Number of certification reviews resulting in:					
a) formal investigations	5	0	0	0	0
b) probation	6	0	0	0	0
c) suspensions	8	0	0	0	0
d) revocations	0	0	0	0	0
e) denials	4	0	0	0	0
f) denials of renewal	0	0	0	0	0
g) no action taken	0	0	0	0	0

1. Number of EMS dispatchers trained to EMSA standards:                      **N/A**
2. Early defibrillation:
  - a) Number of EMT-I (defib) certified
  - b) Number of public safety (defib) certified (non-EMT-I)
3. Do you have a first responder training program?                                      **NO**

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**  
**EMS System: San Diego County County: San Diego Reporting Year: FY 2008-09**

1. Number of primary Public Service Answering Points (PSAPs)	14
2. Number of secondary PSAPs	9
3. Number of dispatch centers directly dispatching ambulances	15
4. Number of designated dispatch centers for EMS Aircraft	1
5. Do you have an operational area disaster communication system?	YES
a. Radio primary frequency	800 MHz
b. Other methods	ARES, QCS, WebEOC, EMAN, CAHAN
c. Can all medical response units communicate on the same disaster communications system?	YES
d. Do you participate in OASIS?	NO
e. Do you have a plan to utilize RACES as a back-up communication system?	YES
1) Within the operational area?	YES
2) Between the operational area and the region and/or state?	YES
6. Who is your primary dispatch agency for day-to-day emergencies?	
	<u>We have multiple agencies; no central point of dispatch. We utilize individual dispatch agencies.</u>
7. Who is your primary dispatch agency for a disaster?	
	<u>We have multiple agencies, but use the Ambulance Coordinator position in the EMS DOC (MOC) as a primary coordination point. This position is currently held by AMR-San Diego.</u>

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response & Transportation  
 EMS System: San Diego County County: San Diego Reporting Year: FY 2007-09**

**TRANSPORTING AGENCIES**

1. Number of exclusive operating areas		22
2. Percentage of population covered by Exclusive Operating Areas (EOA)		95%
3. Total number of responses - <b>FY 2007-08</b>		310,738
a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	231,668
b) Number of non-emergency responses	(Code 1: normal)	66,017
<hr/>		
Total number of responses - <b>FY 2008-09</b>		320,062
a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	238,619
b) Number of non-emergency responses	(Code 1: normal)	67,998
<hr/>		
4. Total number of transports - <b>FY 2007-08</b>		257,461
a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	172,509
b) Number of non-emergency transports	(Code 1: normal)	58,166
<hr/>		
Total number of transports - <b>FY 2008-09</b>		264,481
a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	177,213
b) Number of non-emergency transports	(Code 1: normal)	59,752

**EARLY DEFIBRILLATION PROVIDERS**

**Reporting Year: FY 2007-09**

5. Number of public safety defibrillation providers (Included in EMT-D below)

6. Number of EMT-Defibrillation providers

- a) Automated 46
- b) Manual 0

**AIR AMBULANCE SERVICES**

**FY 2007-08**

**FY 2008-09**

7. Total number of responses

1,081

1,147

8. Total number of transports

1,056

1,109

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response and Transportation (continued)**  
**EMS System: San Diego County**                      **County: San Diego**                      **Reporting Year: FY 2007-09**

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

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder	not collected	not collected	not collected	not collected
2. Early defibrillation responder	not collected	not collected	not collected	not collected
3. Advanced life support responder (ALS-Ground)	11.5 minutes	30.00 minutes	24.00 minutes	12.00 minutes
4. Transport Ambulance (BLS)	33.00 minutes	35.00 minutes	25.00 minutes	33.00 minutes
5. ALS Responder (Air)	21.5 minutes	34.00 minutes	36.00 minutes	26.5 minutes

NOTE: Response times are estimates based on preliminary data, using 12 months of available 2003/2005 data projected to an annual basis.

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS - Facilities & Critical Care  
EMS System: San Diego County County: San Diego Reporting Year: FY 2007-09**

**TRAUMA:**

Trauma patients:	FY 07-08	FY 08-09
a) Number of patients meeting prehospital or trauma center internal trauma triage criteria	11,102	10,648
b) Number of major trauma victims* transported directly to a trauma center by ambulance	4,980	4,730
c) Number of major trauma patients* transferred to a trauma center	1,591	1,481
d) Number of patients meeting triage criteria who weren't treated at a trauma center		**NA

**EMERGENCY DEPARTMENTS:**

Total number of emergency departments	20
a) Number of referral emergency services	0
b) Number of standby emergency services	1
c) Number of basic emergency services	18
d) Number of comprehensive emergency services	1

**RECEIVING HOSPITALS:**

1. Number of receiving hospitals with written agreements	0
2. Number of base hospitals with written agreements	7

\*Major trauma patient numbers for FY 05-07 reflect only those patients meeting the criteria for inclusion in the trauma registry.

\*\*Mistriaged patients are transferred to trauma centers when identified at non-designated facilities.

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical  
 EMS System: San Diego County County: San Diego Reporting Year: FY 2008-09**

**SYSTEM RESOURCES:**

1. **Field Treatment Sites (FTS)**
  - a. Where are your FTS located? Not predesignated
  - b. How are they staffed? MRC, Public Health Nurses, DMAT, CAL-MAT
  - c. Do you have a supply system for supporting them for 72 hours? YES
2. **CISD**
  - a. Do you have a CISD provider with 24 hour capability? YES
3. **Medical Response Team**
  - a. Do you have any team medical response capability? YES
  - b. For each team, are they incorporated into your local response plan? YES
  - c. Are they available for statewide response? YES
  - d. Are they part of a formal out-of-state response system? YES
4. **Hazardous Materials**
  - a. Do you have any HazMat trained medical response teams? YES
  - b. At what HazMat level are they trained? Level A  
 HazMat Technician  
 Specialist, Industrial  
 Hygienist
  - c. Do you have the ability to do decontamination in an emergency room? YES
  - d. Do you have the ability to do decontamination in the field? YES

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical  
(continued)**

**EMS System: San Diego County County: San Diego Reporting Year: FY 2007-09**

**OPERATIONS:**

- |   |   |
|---|---|
| 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?                       | YES   |
| 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?  | 19  |
| 3. Have you tested your MCI Plan this year in a:  | YES   |
| a. real event?  | YES   |
| b. exercise?  | YES   |
| 4. List all counties with which you have a written medical mutual aid agreement.  | <p><b>Region I:</b> Los Angeles<br/>Orange</p> <p><b>Region VI:</b> Riverside<br/>Imperial<br/>San Bernardino<br/>Inyo<br/>Mono</p> |
| 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?                                    | YES*  |
| 6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response?                           | YES   |
| 7. Are you part of a multi-county EMS system for disaster response?   | YES   |
| 8. 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? | YES**   |

\* Annex D.

\*\* While the EMS agency is part of the Health and Human Services Agency, Environmental Health is a separate department; however, a plan to coordinate public health and environmental health issues is in place.

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

**EMS System: San Diego County**

**County: San Diego**

**Reporting Year: FY ~~2007~~/2009**

<p><b>College of Oceanering</b> 3580 Aero Court San Diego, CA 92123</p> <p style="text-align: right;"><b>Phone:</b> (619) 563-7324</p>	<p><b>Contact Person:</b> Mark Brown</p>
<p><b>**Program Level:</b> EMT-I</p> <p><b>Student Eligibility:</b></p>	<p><b>Number of students completing training per year:</b></p> <p>Initial training: 0                  Refresher: 0                  Continuing Education: 0                  Expiration Date: 2010</p>
<p><b>Cost of Program:</b> Basic: \$ 0 (Department only)                  Refresher:</p>	<p><b>Number of courses:</b></p> <p>Initial training: 0                  Refresher: 1                  Continuing Education: 0</p>
<p><b>EMSTA, Inc.</b> PO Box 21894 El Cajon, CA 92021</p> <p style="text-align: right;"><b>Phone:</b> (619) 562-4664                  (619) 593-6782</p>	<p><b>Contact Person:</b> Rick Foehr, Program Director</p>
<p><b>**Program Level:</b> EMT-I/EMT-P</p> <p><b>Student Eligibility:</b> Open to general public</p>	<p><b>Number of students completing training per year:</b></p> <p>Initial training EMT-I: 200                  Refresher EMT-I: 120                  Initial training EMT-P: 60                  Refresher EMT-P: 25                  Continuing Education: 220                  Expiration Date: 2011</p>
<p><b>Cost of Program:</b> EMT Basic: \$ 875                  EMT Refresher: \$ 150                  EMT-P Basic: \$ 10,000                  EMT-P Refresher: \$ 450</p>	<p><b>Number of courses:</b></p> <p>Initial training EMT: 14                  Refresher EMT-I: 6                  EMT-P: 2                  EMT-P Refresher: 2                  Continuing Education: 25</p>

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

**EMS System: San Diego County**

**County: San Diego**

**Reporting Year: FY ~~2007~~/2009**

<b>Grossmont Health Occupation</b> 9368 Oakbourne Road Santee, CA 92071 <b>Phone: (619) 596-3690</b>		<b>Contact Person:</b> Steve Niemeyer, Director	
<b>**Program Level:</b> EMT-I  <b>Student Eligibility:</b> Open to general public	<b>Number of students completing training per year:</b> Initial training: 248 Refresher: 0 Continuing Education: 0 Expiration Date: 2011		
<b>Cost of Program:</b> Basic: \$ 160 Refresher: \$ 60	<b>Number of courses:</b> Initial training: 11 Refresher: 0 Continuing Education: 0		

<b>Miramar College</b> 10440 Black Mountain Road San Diego, CA 92126 <b>Phone: (619) 221-2142</b>		<b>Contact Person:</b> Mary Kjartanson, Department Chair	
<b>**Program Level:</b> EMT-I  <b>Student Eligibility:</b> Open to the general public	<b>Number of students completing training per year:</b> Initial training: 844 Refresher: 86 Continuing Education: 96 Expiration Date: 2011		
<b>Cost of Program:</b> Basic: \$ 431 Refresher: \$ 26	<b>Number of courses:</b> Initial training: 25 Refresher: 4 Continuing Education: 4		

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

**EMS System: San Diego County**

**County: San Diego**

**Reporting Year: FY ~~2007~~/2009**

<b>Palomar College</b> 1951 East Valley Parkway Escondido, CA 92027  <b>Phone: (760) 744-1150/8153</b>		<b>Contact Person:</b> Debi Workman	
<b>**Program Level:</b> EMT-I/EMT-P  <b>Student Eligibility:</b> Open to the general public	<b>Number of students completing training per year:</b> Initial training EMT-I: 193 Refresher EMT-I: 47 Initial training EMT-P: 37 Refresher EMT-P: 0 Continuing Education: 30 Expiration Date: 2012		
<b>Cost of Program:</b> Basic EMT-I: \$ 472 Refresher EMT-I: \$ 45 Basic EMT-P: \$ 3,063 Refresher EMT-P: \$ 600	<b>Number of courses:</b> Initial training EMT-I: 12 Initial training EMT-P: 2 Refresher EMT-I: 3 Continuing Education: 11		

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

**EMS System: San Diego County**

**County: San Diego**

**Reporting Year: FY ~~2007~~/2009**

<b>Southwestern College Higher Education Center at Otay Mesa</b> 8100 Gigantic St. San Diego, CA 92154 <p style="text-align: right;"><b>Phone:</b> (619) 216-6760</p>		<b>Contact Person:</b> Joanne Stonecipher
<b>**Program Level:</b> EMT-I/EMT-P  <b>Student Eligibility:</b> Open to the general public	<b>Number of students completing training per year:</b> Initial training EMT-I: 100 Initial training EMT-P: 30 Refresher: 175 Continuing Education: 0 Expiration Date: 2012	
<b>Cost of Program:</b> EMT-I Basic: \$ 750 EMT-P Basic: \$ 2,500 EMT-I Refresher: \$ 20 EMT-P Refresher: \$ 60	<b>Number of courses:</b> Initial training EMT-I: 9 Initial training EMT-P: 2 Refresher EMT-I: 4	

**TABLE 11**  
**Dispatch Agencies**

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**  
**EMS System: San Diego County**                      **County: San Diego**

**Reporting Year: FY 2007/2009**

<b>AIRCARE INTERNATIONAL GROUND TRANSPORT</b> 2105 CAMINO VIDA ROBLE, SUITE E CARLSBAD, CA 92011 Phone: (760) 579-0240			Primary Contact: GREG SOTTEK
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u>17</u> EMT-D _____ ALS    _____ BLS _____ LALS    _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

<b>ALERT AMBULANCE NETWORK</b> 3585 HANCOCK STREET, SUITE 200 SAN DIEGO, CA 92110 Phone: (619) 298-7203			Primary Contact: BURLEY WRIGHT
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u>17</u> EMT-D _____ ALS    _____ BLS _____ LALS    _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	



**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**  
**EMS System: San Diego County**                      **County: San Diego**

**Reporting Year: FY ~~2007~~/2009**

<b>BALBOA AMBULANCE INCORPORATED</b> 6340 RIVERDALE SAN DIEGO, CA 92120 <p style="text-align: right;">Phone: (619) 295-1942</p>			<b>Primary Contact: ANGELA HARDING, ASST. SUPERVISOR</b>
<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	<b>Number of personnel providing services:</b> _____ EMD Training                      _____ EMT-D _____ ALS    _____ BLS _____ LALS <u>  7  </u> Other
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

  

<b>CALIFORNIA DEPARTMENT OF FORESTRY</b> 249 JAMACHA ROAD EL CAJON, CA 92020 <p style="text-align: right;">Phone: (619) 590-3100</p>			<b>Primary Contact: CHIEF HOWARD WINDSOR</b>
<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	<b>Number of personnel providing services:</b> _____ EMD Training                      _____ EMT-D _____ ALS    _____ BLS _____ LALS <u> 10 </u> Other
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal



**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**  
**EMS System: San Diego County**      **County: San Diego**

**Reporting Year: FY 2007/2009**

<b>ER AMBULANCE II</b> 9640-B MISSON GORGE ROAD #338 SANTEE, CA 92071  <p style="text-align: center;">Phone: (619)</p>			Primary Contact: RAPHAEL SILVA
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training      _____ EMT-D _____ ALS                              _____ BLS _____ LALS                              _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

  

<b>ESCONDIDO, CITY OF</b> 700 WEST GRAND AVENUE ESCONDIDO, CA 92025  <p style="text-align: center;">Phone: (760) 839-4622</p>			Primary Contact: GARY WELLS
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: <u>22</u> EMD Training      _____ EMT-D _____ ALS                              _____ BLS _____ LALS <u>1</u> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**  
**EMS System: San Diego County**      **County: San Diego**

**Reporting Year: FY 2007/2009**

<b>HEARTLAND DISPATCH JPA</b> 100 EAST LEXINGTON EL CAJON, CA 92020 Phone: (619) 441-1621			<b>Primary Contact: CHIP YARBOROUGH</b>
<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	<b>Number of personnel providing services:</b> 17 EMD Training      _____ EMT-D _____ ALS      _____ BLS _____ LALS      _____ Other
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other, explain: City/Fire District JPA		<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

<b>MAXCARE AMBULANCE</b> 7614 LEMON AVENUE LEMON GROVE, CA 91945 Phone: (619) 303-6705			<b>Primary Contact: MAX LAUFER</b>
<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	<b>Number of personnel providing services:</b> _____ EMD Training      11 EMT-D _____ ALS      _____ BLS _____ LALS      _____ Other
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**  
**EMS System: San Diego County**                      **County: San Diego**

**Reporting Year: FY ~~2007~~/2009**

<b>MEDFLEET AMBULANCE</b> 3479 KURTZ STREET SAN DIEGO, CA 92110  Phone: (619) 222-2244			Primary Contact: GREG GIBSON
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u>15</u> EMT-D _____ ALS    _____ BLS _____ LALS    _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

<b>MERCY AIR</b> 545 GIA KENNEY ST. EL CAJON, CA 92020  Phone: (619) 448-3457			Primary Contact: AARON O' SHEMA, MEDICAL MANAGER
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training                      _____ EMT-D <u>12</u> ALS    _____ BLS _____ LALS <u>3</u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**  
**EMS System: San Diego County**                      **County: San Diego**

**Reporting Year: FY ~~2008~~/2009**

<b>NORTH COUNTY DISPATCH JPA</b> PO BOX 410 RANCHO SANTA FE, CA 92067 Phone: (858) 756-1126			<b>Primary Contact: CHARLIE KNUST, SUPERVISOR</b>		
<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	<b>Number of personnel providing services:</b> ___ 14 ___ EMD Training                      ___ EMT-D ___ ALS    ___ BLS ___ LALS    ___ Other		
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other, explain:      Joint Powers Authority		<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

<b>PACIFIC AMBULANCE</b> 5550 OBERLIN DRIVE, SUITE A SAN DIEGO, CA 92121 Phone: 866-277-2727			<b>Primary Contact: STAYCE LEISTER</b>		
<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	<b>Number of personnel providing services:</b> ___ EMD Training                      ___ 112 ___ EMT-D ___ ALS    ___ BLS ___ LALS    ___ Other		
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**  
**EMS System: San Diego County**      **County: San Diego**

**Reporting Year: FY ~~2007~~/2009**

<b>PINEAPPLE EXPRESS AMBULANCE</b> 4400 PALM AVENUE, SUITE C LA MESA, CA 91941 Phone: (619) 589-0022			Primary Contact: BENJAMIN TOWN, OPERATION MANAGER
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u>16</u> EMT-D _____ ALS                      _____ BLS _____ LALS                      _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

  

<b>PRIORITY ONE</b> 202 GREENFIELD EL CAJON, CA 92020 Phone: 1-800-600-3370			Primary Contact: MICHAEL PARKER, PRESIDENT
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: <u>8</u> EMD Training      _____ EMT-D _____ ALS                      _____ BLS _____ LALS                      _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

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

EMS System: San Diego County

County: San Diego

Reporting Year: FY ~~2007~~/2009

<b>SAN DIEGO FIRE AND RESCUE</b> 3750 KEARNY VILLA ROAD SAN DIEGO, CA 92123 Phone: (858) 573-1301			Primary Contact: SUSAN INFANTINO, DIRECTOR		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: 37 EMD Training ALS LALS		
			EMT-D 15 BLS Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal		
			<input type="checkbox"/> County <input type="checkbox"/> Fire District		
<b>SCHAEFER AMBULANCE SERVICE</b> 7257 UNIVERSITY AVENUE LA MESA, CA 91941 Phone: (619) 583-0454			Primary Contact: RICK LARSON, REGIONAL MANAGER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: EMD Training 5 ALS LALS		
			EMT-D BLS Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal		
			<input type="checkbox"/> County <input type="checkbox"/> Fire District		

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**  
**EMS System: San Diego County**                      **County: San Diego**

**Reporting Year: FY 2007/2009**

<b>SCHAEFER AMBULANCE SERVICE</b> 7257 UNIVERSITY AVENUE LA MESA, CA 91941 Phone: (619) 583-0454			Primary Contact: RICK LARSON, REGIONAL MANAGER
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u>  5  </u> EMT-D _____ ALS                      _____ BLS _____ LALS                      _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

<b>SOUTH BAY AMBULANCE</b> 4901 MORENA BOULEVARD #208B SAN DIEGO, CA 92117 Phone: (858) 270-0020			Primary Contact: ALOHI REIGOR, OWNER
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u>  25  </u> EMT-D _____ ALS                      _____ BLS _____ LALS                      _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

**TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**  
**EMS System: San Diego County**                      **County: San Diego**

**Reporting Year: FY ~~2007~~/2009**

<b>SYMONS AMBULANCE</b> P.O. BOX 1033 SAN BERNADINO, CA 92423  Phone: (619) 583-0454		Primary Contact: JEFF GRANGE, PRESIDENT	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training <u>  6  </u> EMT-D _____ ALS    _____ BLS _____ LALS    _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

**TABLE 11A**  
**Disaster Medical Responders**  
**(County)**

**TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (County)**

**EMS System: San Diego County**

**County: San Diego**

**COUNTY OFFICE OF EMERGENCY SERVICES (OES)**

**Coordinator: Ron Lane**

Work Phone: (858) 565-3490

Home Phone: NA

Pager: NA

FAX: (858) 565-3499

24-Hour Phone: (858) 565-3490

**Alternate: Herman Reddick**

Work Phone: (858) 565-3490

Home Phone: NA

Pager: NA

FAX: (858) 565-3499

24-Hour Phone: (858) 565-3490

**COUNTY EMS DISASTER MEDICAL SERVICES (DMS)**

**Coordinator: Patrick Buttron**

Work Phone: (619) 285-6429

Home Phone: NA

Pager: (619) 526-0392

FAX: (619) 285-6531

24-Hour Phone: (858) 565-5255  
(Station M)

**Alternate: Marcy Metz**

Work Phone: (619) 285-6429

Home Phone: NA

FAX: (619) 285-6531

24-Hour Phone: (858) 565-5255  
(Station M)

**COUNTY HEALTH OFFICER**

**Public Health**

**Officer: Wilma Wooten, M.D., MPH**

Work Phone: (619) 515-6519

Home Phone: NA

Pager: NA

FAX: (619) 685-2423

24-Hour Phone: (858) 565-5255  
(Station M)

**Alternate: Bruce E. Haynes, M.D.**

Work Phone: (619) 285-6429

Home Phone: NA

Pager: NA

FAX: (619) 285-6531

24-Hour Phone: (858) 565-5255  
(Station M)

**TABLE 11B**  
**Disaster Medical Responders**  
**Regional Disaster Medical/Health Coordinators**

**TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders  
(Regional Disaster Medical/Health Coordinators)**

**OES Region: San Diego County**

**County: San Diego**

**REGIONAL OES COORDINATOR:**

**Sam Musgrave**

Work Phone: (562) 795-2902

Home Phone: NA

Pager: (916) 594-2077

FAX: NA

24-Hour Phone: (916) 845-8911

**Alternate: Joanne Phillips**

Work Phone: (562) 795-2973

Home Phone: NA

Pager: (916) 594-2062

FAX: NA

24 Hour Phone: (916) 845-8911

**REGIONAL DISASTER COORDINATOR:**

**Eric Frykman, M.D.**

Work Phone: (951) 358-5058

Home Phone: NA

Pager: NA

FAX: (951) 358-4529

24-Hour Phone: (909) 356-3805

**Alternate: Wilma Wooten, M.D.**

Work Phone: (619) 515-6519

Home Phone: NA

Pager: NA

FAX: (619) 685-2423

24-Hour Phone: (858) 565-5255  
(Station M)

**SECTION 5**  
**DESCRIPTION OF PLAN DEVELOPMENT PROCESS**

## Description of Plan Development Process

The local EMS agency ensures ongoing EMS plan development through continual input from prehospital and hospital providers, physicians, and consumers. At the system-wide level, a variety of advisory groups and committees provide input on EMS issues and policies relating to the delivery of emergency medical services. Each group/committee is composed of appropriate public and private provider representatives with a mix of prehospital care personnel (i.e., MICNs, EMT-Ps, EMT-Is, physicians and administrators). Their input establishes a framework in which the EMS community and the local EMS agency develop common goals and objectives in order to achieve greater system effectiveness.

Forums are conducted at the MICN, EMT-P and EMT-I levels to encourage sharing of information between field, hospital and management personnel. The Base Station Physicians' Committee and the Emergency Medical Care Committee provide a forum for a similar interchange between the Medical Director, base hospital physicians and other prehospital personnel.

System changes are further reviewed by the Medical Audit Committee, Prehospital Audit Committee, Healthcare Association of San Diego and Imperial Counties, County Paramedic Agencies Committee and various subcommittees. The local EMS agency further seeks input as needed from other interested groups, including the County Medical Society, the Medical Society EMS Committee, the Emergency Nurses Association and the San Diego County Paramedic Association.

The Emergency Medical Care Committee (EMCC) and its subcommittees (Prehospital/Hospital, Disaster Operations, Education and Research) provide an ongoing mechanism to evaluate EMS system design and operations. The EMCC acts as the primary advisory group to the local EMS agency and the Board of Supervisors on all EMS matters. The Board of Supervisors appoints 18 members; five of the 18 are public members, one nominated by each member of the Board of Supervisors. Information is acquired and analyzed to measure the impact and the quality of emergency medical care services.

In cooperation with the Community Health Programs of the Health and Human Services Agency, the local EMS agency participates in prevention programs (e.g., Violence Prevention Coalition, American Trauma Society/Southern California Division) developed to meet the needs of the community.

The EMS Base Plan was submitted to and approved by the EMCC, then submitted in its final version to the County Board of Supervisors along with a resolution to adopt the plan in 1998. This document serves as the annual update to that plan.

**SECTION 6**  
**ANNEX**

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>Barona Indian Reservation</p>
<p><b>Name of Current Provider (s):</b></p> <p>Barona Fire Department</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>Barona Indian Reservation and surrounding communities</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Although a sovereign nation, the Barona Band of Mission Indians voluntarily incorporated its ALS service into the San Diego County EMS system through agreement with the County on May 18, 1999.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Sovereign nation</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>City of Carlsbad</p>
<p><b>Name of Current Provider(s):</b></p> <p>City of Carlsbad Fire Department</p>
<p><b>Area or sub area (Zone) Geographic Description:</b></p> <p>Carlsbad city limits</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of Carlsbad. Approved and authorized by the Board of Supervisors on 8/30/77 (18).</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 8/30/77.</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>City of Chula Vista</p>
<p><b>Name of Current Provider(s):</b></p> <p>American Medical Response</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>The jurisdictional limits of the Bonita-Sunnyside Fire Protection District and the Cities of Chula Vista and Imperial Beach</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of Chula Vista. Approved and authorized by the Board of Supervisors on 3/8/77 (42).</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 3/8/77.</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>City of El Cajon</p>
<p><b>Name of Current Provider(s):</b></p> <p>City of El Cajon Fire Department</p>
<p><b>Area or sub area (Zone) Geographic Description:</b></p> <p>El Cajon city limits</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of El Cajon. Approved and authorized by the Board of Supervisors on 3/11/80 (37).</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 3/11/80.</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>City of Escondido</p>
<p><b>Name of Current Provider(s):</b></p> <p>City of Escondido Fire Department</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>Escondido city limits and within adjoining areas as specified by agreements mutually acceptable to both parties and approved by the County of San Diego LEMSA.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of Escondido. Approved and authorized by the Board of Supervisors on 8/30/77 (18).</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 8/30/77. On 12/7/83, the zone area was modified to include certain adjoining areas as specified by agreements mutually acceptable to both parties and approved by the County of San Diego LEMSA.</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<b>Local EMS Agency or County Name:</b> San Diego County
<b>Area or subarea (Zone) Name or Title:</b> City of National City
<b>Name of Current Provider(s):</b> American Medical Response
<b>Area or sub area (Zone) Geographic Description:</b> National City limits and adjoining areas as specified by agreements with adjoining paramedic services.
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Exclusivity granted by contractual agreement between the County of San Diego and the City of National City. Approved and authorized by the Board of Supervisors on 10/4/83 (11).
<b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b> ALS
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> Provider is competitively determined

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>City of Oceanside</p>
<p><b>Name of Current Provider(s):</b></p> <p>City of Oceanside Fire Department</p>
<p><b>Area or sub area (Zone) Geographic Description:</b></p> <p>Oceanside city limits</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of Oceanside. Approved and authorized by the Board of Supervisors on 3/29/77 (73).</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 3/29/77.</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<b>Local EMS Agency or County Name:</b> San Diego County
<b>Area or subarea (Zone) Name or Title:</b> City of Poway
<b>Name of Current Provider(s):</b> City of Poway Fire Department
<b>Area or subarea (Zone) Geographic Description:</b> Poway city limits
<b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b> Exclusivity granted by contractual agreement between the County of San Diego and the City of Poway. Approved and authorized by the Board of Supervisors on 12/4/76 (24).
<b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b> ALS
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 12/4/76.

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>City of San Diego</p>
<p><b>Name of Current Provider(s):</b></p> <p>San Diego Medical Services Enterprise (partnership with San Diego Fire/Rural Metro)</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>Within the boundaries of the city of San Diego with the exception of those city areas which are encompassed in a County Service Area</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of San Diego. Approved and authorized by the Board of Supervisors on 5/21/91 (55).</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Provider is competitively determined</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>City of San Marcos</p>
<p><b>Current Provider(s):</b></p> <p>American Medical Response</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>San Marcos city limits and the San Marcos Fire Protection District</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of San Marcos. Approved and authorized by the Board of Supervisors on 12/1/87 (42).</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Provider is competitively determined</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>City of Vista</p>
<p><b>Name of Current Provider(s):</b></p> <p>City of Vista Fire Department</p>
<p><b>Area or sub area (Zone) Geographic Description:</b></p> <p>Vista city limits and the Vista Fire Protection District</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of Vista. Approved and authorized by the Board of Supervisors on 8/30/77 (18).</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 8/30/77.</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>County Service Area Number 17</p>
<p><b>Name of Current Provider (s):</b></p> <p>American Medical Response (07/01/91 – 08/31/01) San Diego Medical Services Enterprise (09/01/01 - present)</p>
<p><b>Area or sub area (Zone) Geographic Description:</b></p> <p>The cities of Encinitas, Solana Beach, Del Mar and Rancho Santa Fe, and the communities of Del Mar Heights, Del Mar Terrace, and Elfin Forest</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the members of CSA 17. BLS agreement with the Fire Departments since 8/15/69 (13). ALS agreement with private contractor since 7/25/75.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>Combination of ALS 911 calls with BLS ambulance back-up when ALS units are unavailable</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Provider is competitively determined</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>County Service Area Number 69</p>
<p><b>Name of Current Provider(s):</b></p> <p>Santee Fire Department and Lakeside Fire Department</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>Area comprising the Fire Protection Districts of Lakeside and Bostonia, and the City of Santee</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the members of CSA 69. Approved and authorized by the Board of Supervisors on 12/18/74 (19).</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to scope and manner of service since 12/18/74.</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>Grossmont Hospital District, Zone 1- Suburban</p>
<p><b>Name of Current Provider(s):</b></p> <p>American Medical Response</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>The boundaries of the Grossmont Hospital District</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the Grossmont Hospital District. Approved and authorized by the Board of Supervisors on 5/15/79 (27).</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Grandfathered. Area has a history of uninterrupted service with no changes to manner and scope since 5/15/79.</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>Grossmont Hospital District, Zone 2 – Rural</p>
<p><b>Name of Current Provider(s):</b></p> <p>American Medical Response provides EMT-P's and the Fire Protection Districts provide EMT-I's.</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>Unincorporated east and south County areas.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the Grossmont Hospital District. Approved and authorized by the Board of Supervisors on 5/15/79 (27).</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Provider is competitively determined. Although the Hospital District has had the exclusive zone since 1979, this portion of the District did not have ALS services until July 1994 and therefore was established through a competitive process.</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>North County Fire Protection District</p>
<p><b>Name of Current Provider(s):</b></p> <p>North County Fire Protection District</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>The areas within the geographical limits of the North County Fire Protection District</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the North County Fire Protection District. Approved and authorized by the Board of Supervisors on 7/3/90 (24).</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Provider is competitively determined</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>Ramona Municipal Water District</p>
<p><b>Name of Current Provider(s):</b></p> <p>California Department of Forestry</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>Within the boundaries of the Ramona Municipal Water District and nearby areas approved by the Ramona Municipal Water District Board of Directors</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the Ramona Municipal Water District. Approved and authorized by the Board of Supervisors on 10/11/88 (7).</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Provider is competitively determined</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p>Sycuan Indian Reservation</p>
<p><b>Name of Current Provider(s):</b></p> <p>Sycuan Fire Department</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>Sycuan Indian Reservation. Provides mutual aid to surrounding communities on request.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Although a sovereign nation, the Sycuan Tribal Council voluntarily incorporated its ALS service into the San Diego County EMS system through agreement with the County on August 1, 1997.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Sovereign nation</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or sub area (Zone) Name or Title:</b></p> <p>Borrego Springs service area</p>
<p><b>Name of Current Provider(s):</b></p> <p>Borrego Springs Fire Protection District</p>
<p><b>Area or sub area (Zone) Geographic Description:</b></p> <p>The area within the geographical limits of the Borrego Springs Fire Protection District</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the Borrego Springs Fire Protection District. Approved and authorized by the Board of Supervisors on 7/01/00.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Provider is competitively determined.</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or sub area (Zone) Name or Title:</b></p> <p>Julian-Cuyamaca Fire Protection District</p>
<p><b>Name of Current Provider(s):</b></p> <p>Julian-Cuyamaca Fire Protection District</p>
<p><b>Area or sub area (Zone) Geographic Description:</b></p> <p>The areas within the geographical limits of the Julian-Cuyamaca Fire Protection District.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the Julian-Cuyamaca Fire Protection District. Approved and authorized by the Board of Supervisors on 11/10/2000.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Provider is competitively determined.</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or sub area (Zone) Name or Title:</b></p> <p>Valley Center service area</p>
<p><b>Name of Current Provider(s):</b></p> <p>Valley Center Fire Protection District</p>
<p><b>Area or sub area (Zone) Geographic Description:</b></p> <p>The area within the geographical limits of the Valley Center Fire Protection District.</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the Valley Center Fire Protection District. Approved and authorized by the Board of Supervisors on 7/01/2001.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Provider is competitively determined.</p>

**EXCLUSIVE OPERATING AREAS  
EMS PLAN – ZONE SUMMARY**

<p><b>Local EMS Agency or County Name:</b></p> <p>San Diego County</p>
<p><b>Area or sub area (Zone) Name or Title:</b></p> <p>City of Coronado</p>
<p><b>Name of Current Provider(s):</b></p> <p>Coronado Fire Department</p>
<p><b>Area or sub area (Zone) Geographic Description:</b></p> <p>City of Coronado city limits</p>
<p><b>Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)</b></p> <p>Exclusivity granted by contractual agreement between the County of San Diego and the City of Coronado Fire Department. Approved and authorized by the Board of Supervisors on 7/01/2001.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance," "ALS," or "LALS" (HS 1797.85):</b></p> <p>ALS</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b></p> <p>Provider is competitively determined.</p>

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DRIVE, SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 324-2875



March 1, 2012

Marcy Metz  
Chief, Emergency Medical Services  
San Diego County EMS Agency  
6255 Mission Gorge Road  
San Diego, CA 92120

Dear Ms. Metz:

We have completed our review of *San Diego County's 2009 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*. Following are comments on the EMS plan update:

**Trauma System Status Report:** The EMS Authority approved San Diego County's last Trauma Plan in October 2008 and requested your Trauma System Status Report be submitted with the 2009 submission of your EMS plan update, which was due July 16, 2010. The EMS Authority has not received a Trauma System Status Report since your last submission. Local EMS agencies are required to include a Trauma System Status Report as a separate part of the annual EMS Plan update according to the California Code of Regulations, Title 22 Section 100253. A December 19, 2011, reminder letter was sent to you with no response received to date. Please expedite the submission of this report.

**Transportation Plan:** The Ramona Municipal Water District obtained exclusivity through a competitive process in 1990. Health and Safety Code Section 1797.224 states that a local EMS plan shall "include provisions for a competitive process held at periodic intervals" when such a process is utilized for selecting providers and determining the scope of their operations. It is the EMS Authority's intent that a competitive process should not exceed a ten year frame. Extending a provider's contract, obtained through a competitive process, beyond ten years could be construed as allowing for a "defacto grandfathered" provider. The original contract date for this zone far exceeds the ten year time frame. The Ambulance Zone Summary form submitted for this zone states a competitive process will be conducted in 2012. Prior to posting, please submit a copy of the Request for Proposal to the EMS Authority for review and approval. Until the completion of the new competitive process, the EMS Authority will recognize the Ramona Municipal Water District Zone as being non-exclusive.

Marcy Metz  
March 1, 2012  
Page 2

Based on the documentation you provided please see the attachment on the EMS Authority's determination of the exclusivity of San Diego County's ambulance zones.

Your 2012 annual update will be due on March 1, 2013. Please submit San Diego County EMS Agency's 2012 Trauma System Status Report, as a separate document, with your EMS Plan Update. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 431-3688.

Sincerely,

A handwritten signature in cursive script that reads "Howard Backer". The signature is written in black ink and is positioned below the word "Sincerely,".

Howard Backer, MD, MPH, FACEP  
Director

HB:ss

✓ Attachment

**Attachment**

**EMSA Determination**

San Diego County March 1, 2012

Zone	Exclusivity			Type			Level										
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Service	9-1-1 Emergency Response	7-Digit Emergency Response	ALS Ambulance	All ALS Ambulance Services (includes emergency & IFT)	All CCT/ALS Ambulance Services	BLS IFT	BLS Non-Emergency	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Borrego Springs FPD		x	Non-Competitive	x				x		x							
City of Carlsbad		x	Non-Competitive	x				x		x							
City of Chula Vista		x	Non-Competitive	x				x		x							
City of Coronado		x	Non-Competitive	x				x		x							
City of El Cajon		x	Non-Competitive	x				x		x							
City of Escondido		x	Non-Competitive	x				x		x							
Grossmont Hospital District Zone 1 - Suburban		x	Non-Competitive	x				x		x							
Grossmont Hospital District Zone 2 - Rural		x	Non-Competitive	x				x		x							

Zone	Exclusivity			Type			Level										
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Service	9-1-1 Emergency Response	7-Digit Emergency Response	ALS Ambulance	All ALS Ambulance Services (includes emergency & IFT)	All CCT/ALS Ambulance Services	BLS IFT	BLS Non-Emergency	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Julian-Cuyamaca FPD		x	Competitive	x				x		x							
National City		x	Competitive	x				x		x							
North County FPD		x	Non-Competitive	x				x		x							
Ramona Municipal Water District	x																
City of Oceanside		x	Non-Competitive	x				x		x							
City of Poway		x	Non-Competitive	x				x		x							
City of San Diego		x	Competitive	x				x		x							
City of San Marcos		x	Competitive	x				x		x							
Valley Center FPD		x	Competitive	x				x		x							
City of Vista		x	Non-Competitive	x				x		x							
CSA #17		x	Competitive	x				x		x							
CSA #69		x	Competitive	x				x		x							
Barona Indian Reservation			Sovereign Nation	x				x		x							
Sycuan Indian Reservation			Sovereign Nation	x				x		x							