

Santa Barbara County

PUBLIC Health

DEPARTMENT

**Emergency Medical Services
2010 Plan Update**



**Submitted by the Santa Barbara County
Emergency Medical Services Agency**

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

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

RESPONSE/TRANSPORTATION (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long- range plan
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		x			
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		x			
4.20	“Grandfathering”		x			
4.21	Compliance		x			
4.22	Evaluation		x			

E. FACILITIES/CRITICAL CARE

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

F. DATA COLLECTION/SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.16	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 sponsored a ballot initiative in 2008 to establish a permanent funding source replacing Maddy to support the EMS system, hospitals and the trauma system. In February 2008 Measure S went to the voters and was defeated. A jail funding measure was assessed to include language to fund the EMS system, including EMS as part of the measure did not polled well so it was remove for the ballot measure. The jail measure went to the voters in November 2010 and fail to get the 2/3 voter approval required.	LEMSA is considering other alternatives to funding and working with local legislators and will work with the Board of Supervisor on a future funding mechanism.
1.26	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	☐	☐	☐	<u>3-07</u> Marian has assigned the trauma application process to consultant and hires trauma RN. <u>5-07</u> Marian submits "Request for Application Trauma Center Designation Plan" to EMS Agency. <u>8-10</u> MMC has opted not to persue trauma center designation at this time however it continues to participate in trauma data collection.	LEMSA will continue to work and address trauma issues in our North County.

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Santa Barbara County EMS Agency

Reporting Year: 2009/2010

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 County

- | | |
|---|--------------|
| A. Basic Life Support (BLS) | _____ % |
| B. Limited Advanced Life Support (LALS) | _____ % |
| C. Advanced Life Support (ALS) | <u>100</u> % |

2. Type of agency A
- a - Public Health Department
 - b - County Health Services Agency
 - c - Other (non-health) County Department
 - d - Joint Powers Agency
 - e - Private Non-Profit Entity
 - f - Other: _____

3. The person responsible for day-to-day activities of 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) | <u>X</u> |
| Designation of trauma centers/trauma care system planning | <u>X</u> |
| Designation/approval of pediatric facilities | _____ |
| Designation of other critical care centers | <u>X</u> |
| Development of transfer agreements | _____ |
| Enforcement of local ambulance ordinance | <u>X</u> |
| Enforcement of ambulance service contracts | <u>X</u> |
| 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> X </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 2009/10
EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>496,251</u>
Contract Services (e.g. medical director)	<u> 0 </u>
Operations (e.g. copying, postage, facilities)	\$ <u>241,863</u>
Travel	\$ <u> 3,450 </u>
Fixed assets	<u> 0 </u>
Indirect expenses (overhead)	\$ <u>102,874</u>
Ambulance subsidy	<u> </u>
EMS Fund payments to physicians/hospital	\$ <u> </u>
Dispatch center operations (non-staff)	<u> </u>
Training program operations	<u> </u>
Other: <u> Contracted EMS Medical Director </u>	<u> \$60,000 </u>
Other: _____	<u> </u>
Other: _____	<u> </u>
TOTAL EXPENSES	\$ <u>904,438</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>483,987</u>
County general fund	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	\$ <u>8,722</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>303,852</u>
Contributions	_____
EMS Fund (SB 12/612)	\$ _____
Other grants: <u>Maddy Administration Fee</u>	<u>\$107,877</u>
Other fees: _____	_____
Other (specify): _____	_____
TOTAL REVENUE	\$ <u>904,438</u>

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

Table 2 - System Organization & Management (cont.)

Fee structure for FY 2009/2010

 We do not charge any fees

 X Our fee structure is:

First responder certification	\$ <u> </u>
EMS dispatcher certification	<u> </u>
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 \$ 52.00

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 \$ 36.00 each

Other:

Other:

Other:

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2009

Table 2 - System Organization & Management (cont.)

EMS System: Santa Barbara County EMS Agency

Reporting year 2009/2010

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Director	1.0	49.06	40%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Administrative Assistant	1.0	19.66	-	
ALS Coord./Field Coord./ Training Coordinator	EMS Specialist/Disaster Coordinator	-	-	-	
Program Coordinator/ Field Liaison (Non-clinical)	Performance Improvement/Contract Compliance	1.0	42.60	40%	
Trauma Coordinator	Trauma Nurse	0.5	-	-	
Medical Director	EMS Medical Director	0.3	60.00	Contract Employee	
Other MD/Medical Consult/ Training Medical Director	N/A	-	-	-	
Disaster Medical Planner	Disaster Preparedness Program Administrator	1.0	39.39	40%	

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	-	-	-	
Data Evaluator/Analyst	N/A	-	-	-	
QA/QI Coordinator	Performance Improvement/CQI Coordinator	0.5	38.24	0	
Public Info. & Education Coordinator	N/A	-	-	-	
Executive Secretary	N/A	-	-	-	
Other Clerical	N/A	-	-	-	
Data Entry Clerk	N/A	-	-	-	
Other	HPP Coordinator	-	-	-	

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: 2009/2010

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	716	N/A	147	N/A
Number newly certified this year	101	N/A	N/A	N/A
Number recertified this year	278	N/A	N/A	N/A
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	N/A	N/A
Number of certification reviews resulting in:				
a) formal investigations	1	N/A	6	N/A
b) probation	6	N/A	2	N/A
c) suspensions	2	N/A	1	N/A
d) revocations	2	N/A	0	N/A
e) denials	0	N/A	0	N/A
f) denials of renewal	0	N/A	0	N/A
g) no action taken	0	N/A	0	N/A

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 3

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 County

Reporting Year: 2009/2010

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 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 (Fire Channels) No
 - d. Do you participate in OASIS? Yes No
 - e. Do you have a plan to utilize RACES (ARES) as a back-up communication system?
Yes No
 - 1) Within the operational area? Yes No
 - 2) Between the operational area and the region and/or state? Yes No
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 Authority

Reporting Year: 2009/2010

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 0

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 Authority

Reporting Year: 2009/2010

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>1413</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>1210</u>
c) Number of major trauma patients transferred to a trauma center	<u>203</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>N/A</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>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Santa Barbara County EMS Authority

County: Santa Barbara County

Reporting Year: 2009/2010

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 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

SECTION IV – RESOURCES DIRECTORY

TABLE 8: RESOURCES DIRECTORY – Ambulance Providers

EMS System: Santa Barbara County EMS Agency County: Santa Barbara Reporting Year: 2010

Name, address & telephone: American Medical Response 240 E. Highway 246, Suite 300, Buellton Ca. 93427 (800-688-6550)			Primary Contact: Dave Schierman, Director of Operations		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>67</u> BLS _____ EMT-D _____ LALS <u>52</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: <u>18</u>
Name, address & telephone: UCSB Rescue UCSB, Santa Barbara, Ca. 93106 (805-893-3446)			Primary Contact: Dustin Olson, 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 <u>12</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: 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: 2010

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: Michael Dyer, 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: <u>2</u>

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: 2010

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: 2010

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 <u> 4 </u> BLS _____ EMT-D _____ LALS <u> 0 </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input 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 <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 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: 2010

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: Michael Dyer, 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 <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: <u>2</u>

TABLE 8: RESOURCES DIRECTORY – Fire Department Providers

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2010

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: 2010

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: Andrew DiMizio, 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: Michael Dyer, 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: 16

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

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2010

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	<i>Number of Stations: <u>2</u></i>

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

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2010

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: Jeffrey Jones, Acting 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: <u>4</u>

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

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2010

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: Jack Owen, 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: <u> 1 </u>

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: <u> 6 </u>

TABLE 8: RESOURCES DIRECTORY – Law Enforcement Agency Providers

EMS System: Santa Barbara County EMS Agency

County: Santa Barbara County

Reporting Year: 2010

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: 2010

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: 2010

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: 2010

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>06/30/2013</u> Number of courses: _____
		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: 2010

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>		<u>(805)-922-6966</u>

Student Eligibility: *General Public	Cost of Program	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>60</u> Refresher: <u>40</u> Cont. Education: _____ Expiration Date: <u>06/30/2013</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: _____
	Basic <u>\$85.00</u> Refresher <u>\$50.00</u>	

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>		<u>(805)-681-5500</u>

Student Eligibility: *Private Restricted	Cost of Program	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: _____ Refresher: <u>40</u> Cont. Education: _____ Expiration Date: <u>06/30/2013</u> Number of courses: _____ Initial training: _____ Refresher: <u>1</u> Cont. Education: _____
	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: 2010

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

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

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>6/30/2013</u> Number of courses: _____ Initial training: <u>2</u> Refresher: _____ Cont. Education: _____
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Training Institution Name	American Medical Response	Contact Person telephone no.	Les Hugie, CES Coordinator
Address	240 East Highway 246, Suite 300, Buellton Ca. 93427	(800)-688-6550	

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>06/30/2013</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: 2010

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

Training Institution Name <u>Montecito Fire Protection District</u>		Contact Person telephone no. <u>Kevin Wallace, Fire Chief</u>
Address <u>595 San Ysidro Rd, Santa Barbara, CA. 93108</u>		<u>(805) 969-7762</u>
Student Eligibility: *Private	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>24</u> Expiration Date: <u>06/30/2013</u> Number of courses: Initial training: _____ Refresher: _____ Cont. Education: <u>12</u>
Training Institution Name <u>CARPENTERIA/SUMMERLAND FIRE PROTECTION DISTRICT</u>		Contact Person telephone <u>Michael Mingee, Fire Chief</u>
Address <u>911 Walnut Ave. Carpinteria, CA 93013</u>		<u>(805) 684-4591</u>
Student Eligibility: *Private	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>29</u> Expiration Date: <u>06/30/2013</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>8</u>

• 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: 2010

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 (805) 967-3411
Santa Barbara, CA 93111

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>06/30/2013</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>06/30/2013</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: 2010

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	**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>06/30/2013</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>6</u>
	Basic _____ Refresher _____	

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	**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>06/30/2013</u> Number of courses: _____ Initial training: _____ Refresher: _____ Cont. Education: <u>6</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: 2010

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>06/30/2012</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:** 2010

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: **** <u>Level II</u>

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: **** <u>Level IV</u>

- * 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: 2010

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

<p>Name, address & telephone: Santa Ynez Valley Cottage Hospital, 2050 Viborg Road Solvang, CA 93463 (805)-688-6431</p>		<p>Primary Contact: Ron Werft, CEO Cottage Health System</p>		
<p>Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> n</p>	<p>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"/></p>	<p>Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	
<p>EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>If Trauma Center what Level: **** _____</p>
<p>Name, address & telephone: Lompoc District Hospital, 508 East Hickory St. Lompoc, Ca 93436 (805)-737-3300</p>		<p>Primary Contact: Jim Raggio, CEO Lompoc District Hospital</p>		
<p>Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> n</p>	<p>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"/></p>	<p>Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	
<p>EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>If Trauma Center what Level: **** _____</p>

* 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: 2010

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: 2010

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: 2010

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

Name, address & telephone: University of California Santa Barbara - Police Dept. 1105 Public Safety Bldg. UCSB-Santa Barbara Santa Barbara, CA 93106		Primary Contact: Dustin Olson, Police Chief (805)-893-3446	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: ___0___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If public: <input 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	

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

<p>Local EMS Agency or County Name: Santa Barbara County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title: Service Area 1</p>
<p>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.</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. 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 (EOA). 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.</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.). ALS Emergency and Nonemergency Ambulance services</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. 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.</p>

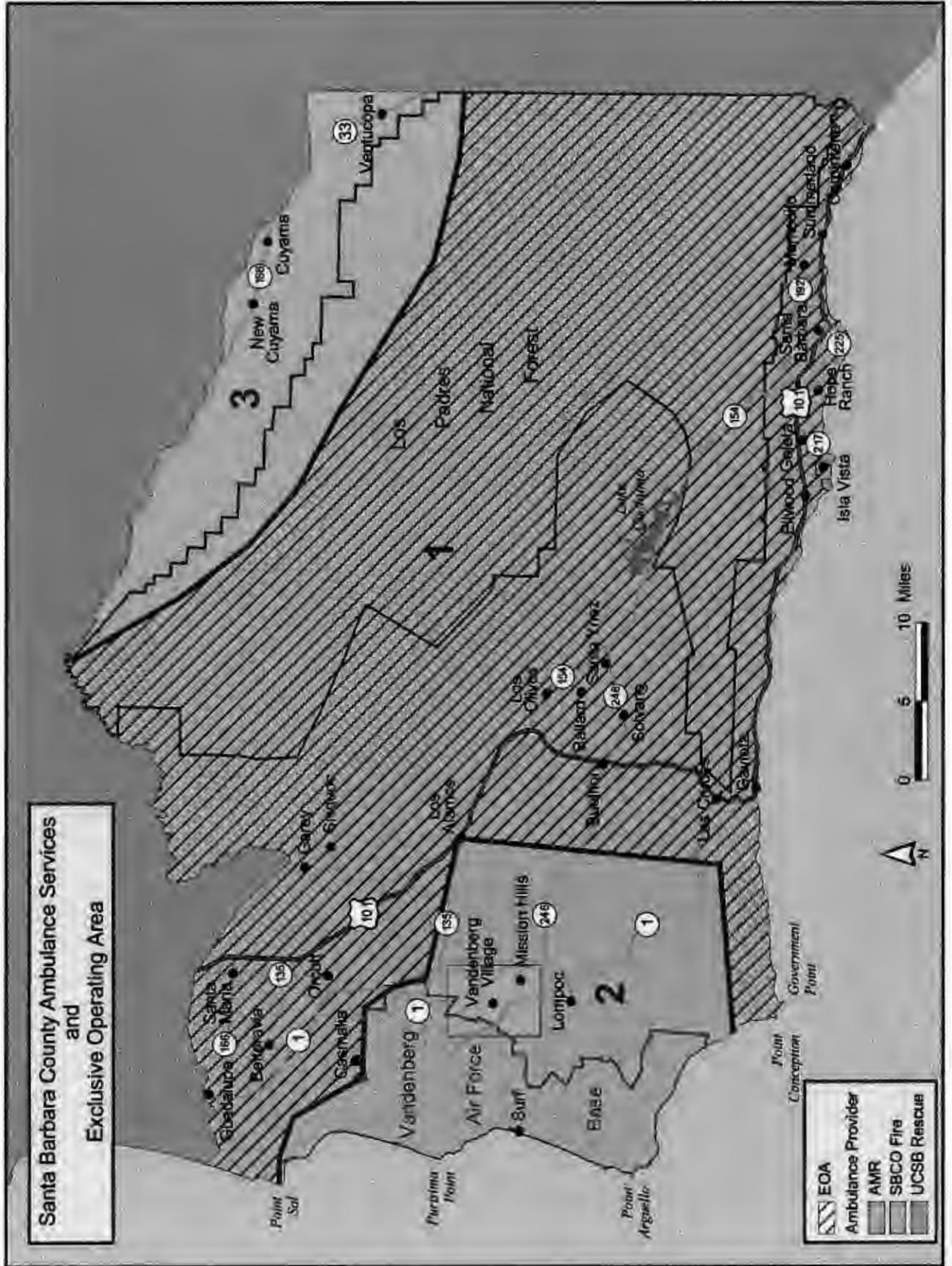
Service Area 2

Local EMS Agency or County Name: Santa Barbara County EMS Agency
Area or subarea (Zone) Name or Title: Service Area 2
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. Vandenberg Air Force Base operates an ALS ambulance on the base property and transports to local hospitals. The Santa Barbara County Fire Department operates an ALS ambulance outside the city of Lompoc in the Vandenberg Village and Mission Hills areas. The Santa Barbara County Fire Department has operated an ALS ambulance in this area since 1985.
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 2 is a non-exclusive operating area whereby ALS transport services are furnished by AMR in the City of Lompoc and surrounding area. Vandenberg Air Force Base operates an ALS ambulance on base property and the Santa Barbara County Fire Department an ALS ambulance in the Vandenberg Village/Mission Oaks area. 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 the sole provider in the City of Lompoc and surrounding area and considered a 1797.224 provider.
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 ALS ambulance 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 2 is a non exclusive service area except AMR is grandfathered as the sole provider in Lompoc under 1797.224.

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 BLS transport services were furnished by the Santa Barbara County Fire Department until 1992 when they upgraded to ALS transport services. 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 1797.224 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
2010**



EMERGENCY MEDICAL SERVICES AUTHORITY

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



July 5, 2012

Nancy Lapolla
EMS Administrator
Santa Barbara County EMS Agency
300 North San Antonio Rd.
Santa Barbara, CA 93110-1316

Dear Ms. Lapolla:

We have completed our review of *Santa Barbara County's 2010 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:

Transportation Plan:

Service Area 3: On May 23, 2012, the EMS Authority sent an email informing the County of Santa Barbara that Service Area 3 would qualify for exclusivity without a competitive process under section 1797.224. It was requested if the County wished to pursue this option, a revised AZS form would need to be completed and submitted to the Authority. Until the requested document is received, the EMS Authority will continue to recognize Service Area 3 as being non-exclusive.

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

Your annual update will be due on July 5, 2013. Please submit Santa Barbara 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".

Howard Backer, MD, MPH, FACEP
Director

Attachment

