
Emergency Medical Services Plan 2011-2012 Annual Plan Update



San Joaquin County Emergency Medical Services Agency
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EXECUTIVE SUMMARY

The San Joaquin County Emergency Medical Services (EMS) Agency was created by the Board of Supervisors as a department within Health Care Services Agency in 1982, in order to fulfill the responsibilities of a local EMS agency as contained in Health and Safety Code, Division 2.5 et seq. By statute, the primary responsibility of the San Joaquin County EMS Agency is to plan, implement and evaluate an emergency medical services system, in accordance with the provisions of Division 2.5 of the Health and Safety Code, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures. Section 1797.254 of the Health and Safety Code requires local EMS agencies to annually submit a plan for their EMS area to the State EMS Authority. These plans must be consistent with the EMS System Standards and Guidelines established by the EMS Authority.

As demonstrated in the San Joaquin County 2010 EMS Plan Update, the San Joaquin EMS System generally meets or exceeds the State EMS Authority's minimum standards and recommended guidelines. This document adheres to the EMSA requirements for EMS Plan updates. Standard and guideline areas that have changed or have been identified as requiring modification in either the short or long term are described herein. Areas targeted for major improvement in this plan update include:

Trauma System Planning: Development and implementation of a state approved trauma system plan and related policies.

Specialty Care Center Approval: Development and implementation of a ST Elevated Myocardial Infarction (STEMI) program and related policies leading to the designation of STEMI Centers.

SUMMARY OF CHANGES

Specialty Care Center Approval: ST Elevated Myocardial Infarction (STEMI) program and related policies for the designation of STEMI Centers were developed. Two hospitals have been designated as STEMI Receiving Centers.

Trauma System: A timeline for the development of all policies related to trauma center designation, trauma triage and all other policies related to the development of a trauma system has been adopted by the EMS Agency.

UPDATE TO ASSESSMENT OF SYSTEM

Changes Made on Standards

This section provides a summary of changes to how the San Joaquin County Emergency Medical Services System meets the State of California's EMS Systems Standards and Guidelines.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.07	Trauma Planning - The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Direction given to EMS agency staff to proceed with the development of a trauma plan by San Joaquin County Board of Supervisors and draft plan documents. Timeline developed	Develop and implement a trauma plan that includes: the designation of a Level III Trauma Center within San Joaquin County that will upgrade to a level II Trauma Center; the incorporation of Trauma Centers outside San Joaquin County into the trauma plan; the development of trauma triage criteria policies; and all training necessary to implement the trauma plan.

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 its Emergency Medical Services Fund.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ongoing oversight.	Note: Beginning January 1, 2012, the EMS Agency became directly responsible for the handling of EMS Maddy Fund claims for San Joaquin County.
1.19	Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to, a) triage, b) treatment, c) medical dispatch protocols, d) transport, e) on-scene treatment times f) transfer of emergency patients, g) standing orders, h) base hospital contact, i) on-scene physicians and other medical personnel, and j) local scope of practice for prehospital personnel.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ongoing oversight	Enforce compliance with local EMS agency policies and procedures. Policy development and revision are continuous activities.
1.26	The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines: a) the optimal system design for	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Received direction from County Board of Supervisors to develop a Trauma Plan, and draft trauma policies within a specific time frame.	Develop Trauma System Plan and Policies including a public comment process and submission to the Board of Supervisors in the autumn of 2012.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
	trauma care in the EMS area, and b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.					
3.01	The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1) Med-Net narrow banding project .2) Install additional Med-net repeater in south county. Twenty-five (25) satellite phones are now included in the communications plan.	Continue to monitor Med-Net coverage in the EMS Area.
4.22	The local EMS agency shall periodically evaluate the design of exclusive operating areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Renewed AMR's 5 year exclusive operating agreement.	Develop future RFP for Zones A, B, and C to take place prior to expiration of current contract in 2016.
5.04	The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STEMI Receiving Center designation policies and site visit documents completed. Two hospitals designated as STEMI Receiving Centers	Monitor performance of STEMI Receiving Centers and efficacy of and compliance with related policies in the prehospital setting.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.08	<p>Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:</p> <ul style="list-style-type: none"> a) the number and level of trauma centers (including the use of trauma centers in other counties), b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix, c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Developed an implementation timeline to complete the development of a trauma care system	Submit Trauma Plan to State EMS Authority by August, 2012; receive approval from the State EMSA by September, 2012; issue an RFI to determine level of interest for hospitals to apply for trauma center designation by October 2012 (Issue an RFP if multiple hospitals apply); conduct a site visit of applicant hospital(s) in February 2013; Complete contract negotiations and send recommendation to County BOS for approval by May 2013; develop trauma triage criteria policies and begin training EMS personnel and begin monitoring contract and oversee trauma system in July, 2013.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
	<p>be triaged to other specialty care centers,</p> <p>d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and</p> <p>e) a plan for monitoring and evaluation of the system.</p>					
5.09	In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	See 5.08	See 5.08
5.14	In planning other specialty care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Forty-five (45) day public comment period completed for development of STEMI designation policies. STEMI related policies completed and published.	Implement STEMI related policies.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.11	The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance/quality improvement and system evaluation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A timeline to develop policies specifying required data from designated trauma centers has been established	Complete development of trauma QI data policies by June 2013

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SYSTEM RESOURCES AND OPERATIONS

Table 2 System Organization and Management

EMS System: San Joaquin County EMS Agency Reporting Year: 2011-2012

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: San Joaquin

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

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 which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	Yes
Designation of trauma centers/trauma care system planning	Yes
Designation/approval of pediatric facilities	Yes
Designation of other critical care centers	Yes
Development of transfer agreements	Yes
Enforcement of local ambulance ordinance	Yes
Enforcement of ambulance service contracts	Yes
Operation of ambulance service	No
Continuing education	Yes
Personnel training	Yes
Operation or oversight of EMS dispatch center	Yes
Non-medical disaster planning	Assists
Administration of critical incident stress debriefing (CISD) team	No
Administration of disaster medical assistance team (DMAT)	N/A
Administration of EMS Fund [Senate Bill (SB) 12/612]	Yes

5. EMS agency budget for FY: 2011-2012

A. EXPENSES

Salaries and benefits	\$845,139
HPP Grant purchased services	\$200,000
EMSystem (OES Region IV pass through)	\$120,000
Other	\$310,821
Total Expenses	\$1,475,960

B. SOURCES OF REVENUE

Ambulance permit fees	\$337,500
Personnel fees	\$68,700
Training program fees	\$26,900
Facility Designation	\$100,000
Misc – includes penalties	\$180,000
General Fund Assistance	\$236,860
HPP Grant	\$320,000
EMSystem (OES Region IV pass through)	\$96,000
RDMHS Grant	\$110,000
Total Revenue	\$1,475,960

6. Fee structure for FY FY 2012/2013

Emergency Medical Responder certification	\$33
EMS dispatcher certification	\$33
EMT certification	\$150
EMT re-certification	\$112
AEMT certification	NA
EMT-P accreditation	\$300
EMT-P intern authorization	\$75
Mobile Intensive Care Nurse (MICN) authorization	\$110
MICN re-authorization	\$110
Application rush fee	\$45
Application late fee	\$45
EMT training program approval	\$22,000
EMT-P training program approval	\$33,000
MICN training program approval	no fee established
Base hospital application	no fee established
Base hospital designation	no fee established
Trauma center application	no fee established
Trauma center designation	TBD
Pediatric facility approval	no fee established
Pediatric facility designation	no fee established
STEMI Receiving Center designation	\$25,000
Ambulance service permit/license	\$2,500
	to \$425,000
Air Ambulance Authorization Fees (unit based in the county)	\$12,500
Air Ambulance Authorization Fees (unit based outside the county)	\$12,500
Documents and copying	actual cost
Other _____	_____

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CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Administrator	1FTE	\$54.84	45%	
Asst. Admin./ Admin. Asst./ Admin. Mgr.					
ALS Coord./ Field Coord./ Trng Coord.	Prehospital Care Coordinator	1FTE	TBD	TBD	
Program Coord./Field Liaison (Non- clinical)	EMS Specialist	1FTE	\$33.82	45%	
Trauma Coord.	EMS QI/ Trauma Coordinator	1FTE	\$48.56	45%	
Med. Director	Medical Director	.2FTE	\$125.00	0%	
Other MD/ Med. Consult./ Trng. Med. Dir.					
Disaster Med. Planner	Regional Disaster Medical Health Specialist And Disaster Medical Health Specialist	2FTE	\$33.82	45%	

Table 2- System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Data Evaluator/ Analyst	EMS Analyst	1FTE	\$36.75	45%	Responsible for ambulance contract oversight.
QA/QI Coordinator	See Trauma Coordinator				
Public Info. & Ed. Coord.					
Ex. Secretary					
Other Clerical	Office Technician Coordinator	1FTE	\$20.56	45%	
Data Entry Clerk					
Other					

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

San Joaquin County Organizational Charts

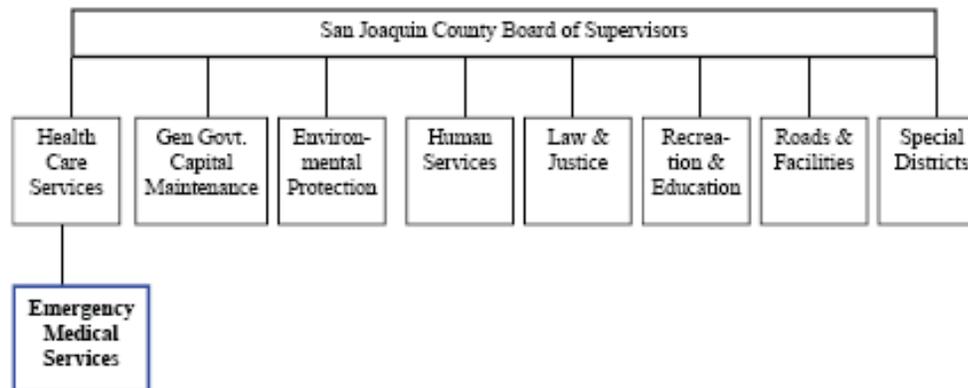
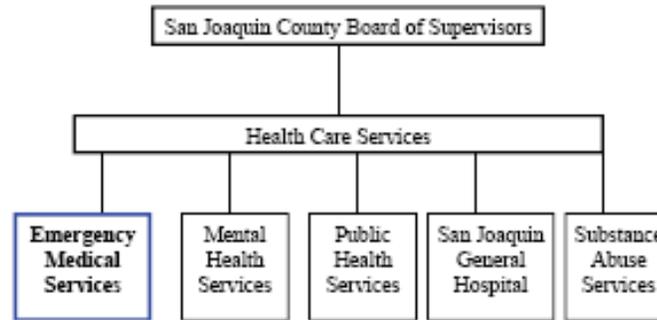


Table 3 SYSTEM RESOURCES & OPERATIONS - Personnel/Training

EMS System: San Joaquin County EMS Agency

Reporting Year: 2011-2012

	EMT	AEMT	EMT - P	MICN	EMS Dispatchers
Total certified	457	0		32	50
Number newly certified this year	89	0		3	5
Number recertified this year	358	0		29	40
Total number of accredited personnel through December 31 of the reporting year			172		
Number of certification reviews resulting in:					
a) formal investigations	17		0		
b) probation	4		0		
c) suspensions	0		0		
d) revocations	0		0		
e) denials	0		0		
f) denials of renewal	0		0		
g) no action taken	13		0		

- | | | |
|----|---|-------------------------------|
| 1. | Number of EMS dispatchers trained to EMSA standards: | Not currently tracked by EMSA |
| 2. | Early Defibrillation: | |
| | a) Number of EMTs (defib) certified | All EMTs |
| | b) Number of public safety (defib) certified (non-EMTs) | All First Responders |
| 3. | Do you have a first responder training program? | Yes |

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Table 4: SYSTEM RESOURCES & OPERATIONS - Communications

EMS System: San Joaquin County EMS Agency

County: San Joaquin

Reporting Year: 2011-2012

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

- | | | |
|----|---|---------|
| 1. | Number of primary Public Service Answering Points (PSAP) | 8 |
| 2. | Number of secondary PSAPs | 2 |
| 3. | Number of dispatch centers directly dispatching ambulances | 1 |
| 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 | CALCORD |
| | b. Other methods: | |
| | 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>Lifecom (AMR) 4701 Stoddard Rd, Modesto, CA 95356-9332</u> | |
| 7. | Who is your primary dispatch agency for a disaster? | |
| | <u>Lifecom (AMR) 4701 Stoddard Rd, Modesto, CA 95356-9332</u> | |

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Table 5: SYSTEM RESOURCES & OPERATIONS - Response/Transportation

EMS System: San Joaquin County EMS Agency

Reporting Year: 2011-2012

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 18

System Standard Response Times (90th percentile)

Enter the response times in the appropriate boxes.		URBAN	SUBURBAN	RURAL	WILDERNESS
1.	BLS and CPR first responder	n/a	n/a	n/a	n/a
2.	AED first responder	n/a	n/a	n/a	n/a
3.	ALS responder	n/a	n/a	n/a	n/a
4.	ALS Ambulance	7:29 min	9:29 min	17:29 min	29:29 min

Table 6: SYSTEM RESOURCES & OPERATIONS – Facilities/Critical Care

Trauma¹

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

Emergency Departments

Total number of emergency departments	7
a) Number of referral emergency services	0
b) Number of standby emergency services	0
c) Number of basic emergency services	7
d) Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	6
2. Number of base hospitals with written agreements	1

¹The trauma plan is being rewritten for San Joaquin County

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Table 7: SYSTEM RESOURCES & OPERATIONS - Disaster Medical

EMS System: San Joaquin County EMS Agency

County: San Joaquin

Reporting Year: 2011-2012

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Stockton Metropolitan Airport
 - b. How are they staffed? Depending on the purpose, the CCP would be staffed with one or more of the following; first responders, ambulance personnel, County Public Health, Disaster Healthcare Volunteers, Medical Reserve Corp./CALMED, CALMAT, DMAT.
 - c. Do you have a supply system for supporting them for 72 hours? Yes

2. Critical Incident Stress Debriefing (CISD)

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? No
 - d. Are they part of a formal out-of-state response system? No

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes
 - b. At what HazMat level are they trained? Hazmat Specialist & Hazmat Technician
 - 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

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? 8

3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes
 - b. exercise? Yes

4. List all counties with which you have a written medical mutual aid agreement. All Counties of Region IV: Alpine, Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, Stanislaus, Tuolumne, Yolo.

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

Table 8: RESOURCES DIRECTORY – Response/Transportation Providers

County: San Joaquin County

Provider: American Medical Response

Telephone Number: 209 948-5136

Address: 400 Fresno Avenue

Stockton, CA 95202

Number of Ambulances: 49

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<p><u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

46372 Total number of responses
46372 Number of emergency responses*
NA Number of non-emergency responses

36097 Total number of transports
36097 Number of emergency transports
NA Number of non-emergency transports**

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

*All responses received through the 911 system are defined as “emergency.” Non-emergency responses are not aggregated.

**Transports that are the result of requests not received through the 911 system are not aggregated.

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin County

Provider: Escalon Community Ambulance

Telephone Number: 209-838-1351

Address: P.O. Box 212

Escalon, CA 95320

Number of Ambulances: 2

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

703 Total number of responses
703 Number of emergency responses*
NA Number of non-emergency responses

525 Total number of transports
525 Number of emergency transports
NA Number of non-emergency transports**

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

*All responses received through the 911 system are defined as "emergency." Non-emergency responses are not aggregated.

**Transports that are the result of requests not received through the 911 system are not aggregated.

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin County

Provider: Manteca District Ambulance

Telephone Number: 209-823-1032

Address: P.O. Box 2

Manteca, CA 95336

Number of Ambulances: 4

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

<u>6369</u> Total number of responses	<u>4748</u> Total number of transports
<u>6369</u> Number of emergency responses*	<u>4748</u> Number of emergency transports
<u>NA</u> Number of non-emergency responses	<u>NA</u> Number of non-emergency transports**

*All responses received through the 911 system are defined as "emergency." Non-emergency responses are not aggregated.

**Transports that are the result of requests not received through the 911 system are not aggregated.

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin County

Provider: Ripon Fire Protection District Ambulance

Telephone Number: 209-599-4209

Address: 142 S. Stockton Avenue

Ripon, CA 95366

Number of Ambulances: 2

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

1184 Total number of responses
1184 Number of emergency responses*
NA Number of non-emergency responses

715 Total number of transports
715 Number of emergency transports
NA Number of non-emergency transports**

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

*All responses received though the 911 system are defined as "emergency." Non-emergency responses are not aggregated.

**Transports that are the result of requests not received through the 911 system are not aggregated.

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin County

Provider: Priority One Medical Transport

Telephone Number: 800-600-3370

Address: 740 S. Rochester Ave, Ste. E
Ontario, CA 91761

Number of Ambulances: 5

<p><u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Provider is non-emergency only. 24 hour service availability not required.</p>	<p><u>Service:</u></p> <table> <tr> <td><input checked="" type="checkbox"/> Transport</td> <td><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input type="checkbox"/> Non-Transport</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Water</td> </tr> </table>		<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> Air		<input type="checkbox"/> Water
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> Ground									
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> Air									
	<input type="checkbox"/> Water									
<p><u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>						

Transporting Agencies

0 Total number of responses
0 Number of emergency responses
No data Number of non-emergency responses

0 Total number of transports
0 Number of emergency transports
No data Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

*All responses received through the 911 system are defined as "emergency." Non-emergency responses are not aggregated.

**Transports that are the result of requests not received through the 911 system are not aggregated.

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin County

Provider: Protransport-1, LLC

Telephone Number: 707-586-4041

Address: P.O. Box 2332

Santa Rosa, CA 95405

Number of Ambulances: 11

<p><u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Provider is non-emergency only. 24 hour service availability not required.</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

0 Total number of responses
0 Number of emergency responses
No data Number of non-emergency responses

0 Total number of transports
0 Number of emergency transports
No data Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

*All responses received through the 911 system are defined as "emergency." Non-emergency responses are not aggregated.

**Transports that are the result of requests not received through the 911 system are not aggregated.

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin County

Provider: Mercy Air Services, Inc.

Telephone Number: 209-572-7050

Address: 1700 Coffee Road

Modesto, CA 95335

Number of Ambulances: 1 based near county

<p><u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

No data Total number of responses
No data Number of emergency responses
NA Number of non-emergency responses

3 Total number of transports
3 Number of emergency transports
NA Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin County

Provider: CALSTAR

Telephone Number: 916-921-4000

Address: 4933 Bailey Loop

McClellan, CA 95652

Number of Ambulances: 2 based near county

<p><u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

No Data Total number of responses
No Data Number of emergency responses
NA Number of non-emergency responses

3 Total number of transports
3 Number of emergency transports
NA Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin County

Provider: PHI - Air Med Team

Telephone Number: 209-550-0881

Address: 801D Airport Road

Modesto, CA 95354

Number of Ambulances: 1 based near county

<p><u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

No data Total number of responses
No data Number of emergency responses
NA Number of non-emergency responses

6 Total number of transports
6 Number of emergency transports
NA Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin County

Provider: REACH

Telephone Number: 888-660-9888

Address: 451 Aviation Blvd, Ste. 201

Santa Rosa CA 95403

Number of Ambulances: 1 based in county; 1 based near county

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water </p>	
<p><u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

No data Total number of responses
No data Number of emergency responses
NA Number of non-emergency responses

187 Total number of transports
187 Number of emergency transports
NA Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin

Provider: Clements Fire District

Telephone Number: (209) 941-2339

Address: P.O. Box 523

Clements, CA 95227

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin

Provider: Stockton Fire Department (ALS)

Telephone Number: 209-937-8022

Address: 425 N. El Dorado Street

Stockton, CA 95202

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin

Provider: Tracy Fire Department (ALS)

Telephone Number: 209) 759-3371

Address: P.O. Box 523
Clements, CA 95227

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin

Provider: Collegeville Fire District

Telephone Number: (209) 941-2339

Address: 13225 E. Mariposa Road
Stockton, CA 95205

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin

Provider: Escalon Fire District

Telephone Number: (209) 838-7500

Address: 1749 Coley Avenue

Escalon, CA 95320

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>		
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>		<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin

Provider: Farmington Fire District

Telephone Number: (209) 886-5321

Address: P.O. Box 25
Farmington, CA 95230

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin

Provider: French Camp-McKinley Fire District

Telephone Number: (209) 982-0592

Address: P.O. Box 790

French Camp, CA 95231

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin

Provider: Lathrop-Manteca Fire District

Telephone Number: (209) 858-2331

Address: 800 J Street

Lathrop, CA 95330

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin

Provider: Liberty Fire District

Telephone Number: (209) 339-1329

Address: 24124 N. Bruella Road
Acampo, CA 95220

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>		
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>		<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin

Provider: Linden Peters Fire District

Telephone Number: (209) 887-3710

Address: 17725 E. Hwy 26

Linden, CA 95236

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>		
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>		<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin

Provider: Lodi Fire Department

Telephone Number: (209) 333-6735

Address: 25 E. Pine Street

Lodi, CA 95240

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin

Provider: Manteca Fire Department

Telephone Number: (209) 239-8435

Address: 1154 S. Union Road
Manteca, CA 95337

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin

Provider: Mokelumne Fire District

Telephone Number: (209) 727-0564

Address: 13157 E. Brandt Road

Lockeford, CA 95237

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin

Provider: Montezuma Fire District

Telephone Number: (209) 464-5234

Address: 2405 S. B Street
Stockton, CA 95206

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin

Provider: Thornton Fire District

Telephone Number: 209) 794-2460

Address: 25999 N. Thornton Road

Thornton, CA 95686

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin

Provider: Waterloo Morada Fire District

Telephone Number: (209) 931-3107

Address: 6925 East Foppiano Lane
Stockton, CA 95212

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>		
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>		<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Response/Transportation/Providers

County: San Joaquin

Provider: Woodbridge Fire District

Telephone Number: (209) 369-1945

Address: 400 E. Augusta Street

Woodbridge, CA 95258

Number of Ambulances: 0

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>		
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>		<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 9: RESOURCES DIRECTORY - Facilities

County: San Joaquin

Note: Complete information for each facility by county. Make copies as needed.

Facility: San Joaquin General Hospital
Address: P.O. Box 1020
Stockton, CA 95201

Telephone Number: (209) 468-6300

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>EDAP³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>PICU⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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2 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
 3 Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
 4 Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory

Facilities

County: San Joaquin

Note: Complete information for each facility by county. Make copies as needed.

Facility: Dameron Hospital Telephone Number: (209) 944-5550
Address: 525 W. Acacia Street
Stockton, CA 95203

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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⁵ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin

Note: Complete information for each facility by county. Make copies as needed.

Facility: Kaiser Permanente Hospital Manteca Telephone Number: Phone: (209) 825-3700
Address: 1777 West Yosemite Avenue
Manteca, CA 95336

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁸ EDAP⁹ PICU¹⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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8 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
 9 Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
 10 Meets California *Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory

Facilities

County: San Joaquin

Note: Complete information for each facility by county. Make copies as needed.

Facility: Lodi Memorial Hospital Telephone Number: Phone: (209) 334-3411
Address: P.O. Box 3004
Lodi, CA 95241

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹¹ EDAP¹² PICU¹³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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11 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
 12 Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
 13 Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory

Facilities

County: San Joaquin

Note: Complete information for each facility by county. Make copies as needed.

Facility: Saint Joseph's Medical Center Telephone Number: (209) 467-6400
Address: P.O. Box 213008
Stockton, CA 95204

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP¹⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU¹⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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14 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
 15 Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
 16 Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory

Facilities

County: San Joaquin

Note: Complete information for each facility by county. Make copies as needed.

Facility: Sutter-Tracy Community Hospital Telephone Number: (209) 835-1500
Address: 1420 Tracy Boulevard
Phone: (209) 835-1500

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP¹⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU¹⁹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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17 Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 18 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 19 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin

Note: Complete information for each facility by county. Make copies as needed.

Facility: Doctors Hospital Manteca Telephone Number: 209-823-3111
Address: 1205 E. North Street
Manteca, CA 95336

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center²⁰ EDAP²¹ PICU²²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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20 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
 21 Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
 22 Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 10: RESOURCES DIRECTORY - Approved Training Programs

EMS System: San Joaquin County EMS Agency

Reporting Year: 2011-2012

County: San Joaquin

Training Institution Name and Address		Contact Person and Telephone #
Institute of Technology 1777 E. Hammer Lane, Stockton, CA 95210		Jim Wold, Instructor: 209-473-9000
Student Eligibility: Open	Cost of Program: EMT: \$1955.00	Program Level: Emergency Medical Technician-I Number of Students completing training per year: Initial Training: FR n/a EMT 7 Refresher: n/a 0 Continuing education: n/a n/a Expiration Date: n/a 01/31/2014 Number of Courses: Initial training: n/a 1 Refresher: n/a 0 Continuing education n/a n/a

Table 10: RESOURCES DIRECTORY – Approved Training Programs

Training Institution Name and Address		Contact Person and Telephone #
Ripon Consolidated Fire Department 142 S. Stockton Street, Ripon, CA 95366		Dennis Bitters, Fire Chief (209) 599-4209
Student Eligibility: Open	Cost of Program: Basic: EMT \$495.00 Inclusive Refresher: 0	Program Level: EMT I Number of Students completing training per year: Initial Training: EMT 32 Refresher: 20 Continuing education: 240 Expiration Date: 12/31/12 Number of Courses: Initial training: 1 Refresher: 1 Continuing education: 12

Training Institution Name and Address		Contact Person and Telephone #
Emergency Responders Academy of Learning, Inc. 1169 S. Main St. #214, Manteca, CA 95337		Gina Cronin (209) 823-2666
Student Eligibility:	Cost of Program: EMT: \$1450.00 EMT-P: \$9000.00 Refresher: N/A	Program Level: EMT I & EMT-P Number of Students completing training per year: Initial Training: EMT: 50 EMT-P: 30 Continuing education: 50 Expiration Date: 03/13/12 (Program Revoked) Number of Courses: Initial training: 10 Refresher: 0 Continuing education: 5

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Table 11: RESOURCES DIRECTORY - Dispatch Agencies

EMS System: San Joaquin County EMS Agency

Reporting Year: 2011-2012

County: San Joaquin

American Medical Response, LIFECOM Dispatch Center (Secondary PSAP) 4701 Stoddard Road, Modesto, CA 95356			Primary Contact: Jared Bagwell, Communications Director (209) 236-8302	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: <u>44</u> EMD <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> Other (public safety)	
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, <u> </u>	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> spec district <input type="checkbox"/> federal	

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AMBULANCE ZONE SUMMARY FORMS

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.

Local EMS Agency or County Name: San Joaquin County EMS Agency
Area or subarea (Zone) Name or Title: Zone A
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea. American Medical Response (17 Years). Exclusive effective May 1, 2006
Area or subarea (Zone) Geographic Description: Greater Lodi area
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive
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.). All emergency ambulance services (e.g. 911, seven digit, etc)
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Competitive bid. An original request for proposals was issued on July 12, 2005, leading to a contract, for emergency ambulance service effective May 1, 2006, for an initial five year period with a possible five year extension. The Board of Supervisors agreed to a five year extension with an end date of April 30, 2016.

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.

Local EMS Agency or County Name: <p style="text-align: center;">San Joaquin County EMS Agency</p>
Area or subarea (Zone) Name or Title: <p style="text-align: center;">Zone B</p>
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea. <p style="text-align: center;">American Medical Response (17 Years). Exclusive effective May 1, 2006</p>
Area or subarea (Zone) Geographic Description: <p style="text-align: center;">Greater Stockton area</p>
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. <p style="text-align: center;">Exclusive</p>
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85): <p style="text-align: center;">All emergency ambulance services (e.g. 911, seven digit, etc)</p>
Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>completive-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Competitive bid. An original request for proposals was issued on July 12, 2005, leading to a contract, for emergency ambulance service effective May 1, 2006, for an initial five year period with a possible five year extension. The Board of Supervisors agreed to a five year extension with an end date of April 30, 2016.

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.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">San Joaquin County EMS Agency</p>
<p>Area or sub area (Zone) Name or Title:</p> <p style="text-align: center;">Zone C</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Sub area.</p> <p style="text-align: center;">American Medical Response (17 Years). Exclusive effective May 1, 2006</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p style="text-align: center;">Greater Tracy area</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</p> <p style="text-align: center;">All emergency ambulance services (e.g. 911, seven digit, etc)</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitive-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Competitive bid. An original request for proposals was issued on July 12, 2005, leading to a contract, for emergency ambulance service effective May 1, 2006, for an initial five year period with a possible five year extension. The Board of Supervisors agreed to a five year extension with an end date of April 30, 2016.</p>

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.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">San Joaquin County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone D</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.</p> <p style="text-align: center;">Manteca District Ambulance Services (59 years)</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Greater Manteca and Lathrop areas</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Exclusive</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.).</p> <p style="text-align: center;">All emergency ambulance services (e.g. 911, seven digit, etc)</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Grandfathered. Manteca District Ambulance entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1,1995. Manteca District Ambulance Service (MDA) originally began providing transportation services in November 1951. This service has continued, without interruption or competition and since then, no changes to the scope and manner of service have occurred. Also, MDA provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. MDA is a not for profit ambulance service with an independent board of directors.</p>

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.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">San Joaquin County EMS Agency</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Zone E</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.</p> <p style="text-align: center;">Ripon Fire Protection District (36 years)</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Greater Ripon area</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</p> <p style="text-align: center;">All emergency ambulance services (e.g. 911, seven digit, etc)</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitive-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Grandfathered. Ripon Fire Protection District entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Ripon Fire Protection District originally began providing transportation services in February 1974. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Ripon Fire Protection District provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Ripon Fire Protection District is fire protection district operated by an independent board of directors which is responsible for the ambulance service</p>

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.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">San Joaquin County EMS Agency</p>
<p>Area or sub area (Zone) Name or Title:</p> <p style="text-align: center;">Zone F</p>
<p>Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Sub area.</p> <p style="text-align: center;">Escalon Community Ambulance (49 years)</p>
<p>Area or sub area (Zone) Geographic Description:</p> <p style="text-align: center;">Greater Escalon area</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Exclusive</p>
<p>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</p> <p style="text-align: center;">All emergency ambulance services (e.g. 911, seven digit, etc)</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If <u>competitive-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Grandfathered. Escalon Community Ambulance entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Escalon Community Ambulance originally began providing transportation services in April 1961. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Escalon Community Ambulance provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Escalon Community Ambulance is a not for profit ambulance services with an independent board of directors.</p>