

Monterey County

Emergency Medical Services Agency



EMERGENCY MEDICAL SERVICES PLAN

(Revised June 2013)

Board of Supervisors Resolution



Monterey County

Board Order

168 West Alisal Street,
1st Floor
Salinas, CA 93901
831.755.5066

Upon motion of Supervisor Salinas, seconded by Supervisor Potter and carried by those members present, the Board of Supervisors hereby:

Approved and authorized the Emergency Medical Services Agency Director to submit the revised annual Monterey County EMS Plans for 2012 to the California State Emergency Medical Services Authority.

PASSED AND ADOPTED on this 25th day of June 2013, by the following vote, to wit:

AYES: Supervisors Armenta, Calcagno, Salinas and Potter

NOES: None

ABSENT: Supervisor Parker

I, Gail T. Borkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 76 for the meeting on June 25, 2013.

Dated: July 9, 2013
File Number: 13-0591

Gail T. Borkowski, Clerk of the Board of Supervisors
County of Monterey, State of California

By  Deputy

File ID 12-574 No. 19



Monterey County

Board Order

168 West Alisal Street,
1st Floor
Salinas, CA 93901
831 755 5066

Upon motion of Supervisor Salinas, seconded by Supervisor Parker and carried by those members present, the Board of Supervisors hereby

Approved and authorized the Emergency Medical Services Agency Director to submit the revised Monterey County Emergency Medical Services Plan to the California Emergency Medical Services Authority. (Revised via Supplemental)

PASSED AND ADOPTED on this 10th day of July 2012, by the following vote, to-wit:

AYES: Supervisors Armenta, Calcagno, Salinas, and Parker
NOES: None
ABSENT: Supervisor Potter

I, Gail T. Borkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 76 for the meeting on July 10, 2012.

Dated: August 1, 2012
File Number: 12-574

Gail T. Borkowski, Clerk of the Board of Supervisors
County of Monterey, State of California

By 
Deputy

Update Log

Log Number	Changes
2007-12-001	Updated Title page; added log to document changes (page ii); updated Table of Content from August 2006 EMS Plan (page 1); removed Section 3 – System Resources and Operations from August 2006 EMS Plan (pages 143 – 164) and replaced with new Section 3 – System Resources and Operations (pages 143 – 165); Removed Section 4 – Ambulance Zone Summary from August 2006 EMS Plan (page 165) and replaced with new Section 4 – Ambulance Zone Summary (page 166); Removed Section 5 – Resource Directories from August 2006 EMS Plan (pages 166 – 174) and replaced with new Section 5 – Resource Directories (pages 167 – 168); updated Standard 1.04 – Medical Director (page 23); and updated Standard 1.08 – ALS Planning (page 27).
2009-04-001	Replacement of Manual (EMS Plan 2008)
2011-05-001	Replacement of Manual (EMS Plan 2009)
2011-05-002	Removed Updated Log to document changes (page ii) from EMS Plan (2009) and Replaced with new Update Log (2010); Removed Tables 2, 3, 5, and 8 from EMS Plan (2009) and Replaced with new Tables 2, 3, 5, and 8 (2010). Table changes and Section 4 – Ambulance Zone Summary (no changes) submitted to the EMSA.
2012-05-001	Replacement of Manual (EMS Plan 2011); added Trauma Care System Update
2013-06-001	Replacement of Manual (EMS Plan 2012) and Tables 2 through 12.

TABLE OF CONTENTS

Board of Supervisors Resolution.....	i
Update Log	iii
TABLE OF CONTENTS.....	iv
EMS Plan (2012) Executive Summary.....	1
Section A – System Organization and Management.....	1
Section B – Staffing and Training.....	2
Section C – Communications.....	2
Section D – Response and Transportation	2
Section E – Facilities and Critical Care.....	3
Section F – Data Collection and System Evaluation	3
Section G – Public Information and Education	3
Section H – Disaster Medical Response	3
STANDARDS SUMMARY (MATRIX).....	1
A. SYSTEM ORGANIZATION AND MANAGEMENT.....	1
B. STAFFING/TRAINING.....	2
C. COMMUNICATIONS	3
D. RESPONSE/TRANSPORTATION	4
E. FACILITIES/CRITICAL CARE.....	5
F. DATA COLLECTION/SYSTEM EVALUATION	6
G. PUBLIC INFORMATION AND EDUCATION	6
H. DISASTER MEDICAL RESPONSE.....	7
TABLE 2: SYSTEM RESOURCES & OPERATIONS – Organization/Management	8
TABLE 3: SYSTEM RESOURCES & OPERATIONS - Personnel/Training	14
TABLE 4: SYSTEM RESOURCES & OPERATIONS - Communications	15
TABLE 5: SYSTEM RESOURCES & OPERATIONS - Response/Transportation.....	16

TABLE 6: RESOURCES DIRECTORY - Facilities/Critical Care.....17

TABLE 7: RESOURCES DIRECTORY - Disaster Medical.....18

TABLE 8: RESOURCES DIRECTORY - Response/Transportation Providers20

TABLE 9: RESOURCES DIRECTORY – Facilities52

TABLE 10: RESOURCES DIRECTORY – Approved Training Programs.....53

TABLE 11: RESOURCES DIRECTORY – EMS Dispatch Agency.....54

TABLE 12: AMBULANCE ZONE SUMMARY.....55

EMS Plan (2012) Executive Summary

This document is the 2012 revision and replacement of the Monterey County EMS Plan. Of the 122 requirements identified by the California EMS Authority, there are only three (3) areas where the Monterey County EMS Plan does not currently meet the state-specified, minimum standards. (See Table 1 – Standards Summary Matrix for additional information.)

1. **Trauma System Evaluation (6.10):** Currently, no hospital has been designated as a trauma care center in Monterey County; nor is there a 'trauma registry.' There is interest from two local hospitals to achieve trauma center designation at the Level-II status. The local trauma care system plan was revised in 2011 to allow the designation process if a hospital(s) seeks designation, and was approved by the EMS Authority. A Request for Qualification (RFQ) was released in 2012; projected date for designating a local trauma care center is December 2014.

2. **Agreements for Medical Mutual Aid (8.10):** There is an effective and efficient over-arching Medical Mutual Aid program/process administered through the California EMS Authority and Emergency Management Agency. Efforts to develop local mutual aid agreements with Santa Cruz and San Benito counties have not been realized and have been suspended by shared agreement due to the collaborative activities of the state, region, and Bay Area.

3. **Designation and Establishment of Casualty Collection Points (8.11 & 8.12):** Casualty Collection Points (CCPs) are not clearly defined and differentiated from Field Treatment Sites (FTSs) in State guidance and thus are not designated by the Monterey County EMS Agency. However, the Monterey County Health Department does plan for the use of Alternate Care Sites (ACSs). The federal Public Health Emergency Preparedness grant, administered through the California Department of Public Health is responsible for local ACS planning and implementation.

Section A – System Organization and Management: This section covers a wide-range of administrative and operational activities. Each of the 100 plus entities which make-up the Monterey County EMS system provides a vital and specific service. They are the health care team that moves an emergency patient from the crisis to resolution. California law mandates counties (Board of Supervisors) designate a local EMS Agency to plan the EMS system and coordinate the diverse activities of participants. The EMS Agency provides technical and clinical expertise in data analysis, disaster planning, system and resource management, quality assurance and performance monitoring, development and maintenance of EMS medical protocols and policies, trauma care, and the administration of the Primary EMS Provider contract (exclusive operating area). In addition, the Emergency Medical Care Committee advises the Board of Supervisors and the EMS Director on EMS system issues, funding and budget; ensures that all EMS constituents are actively engaged in decisions regarding the management of local EMS system resources; and provides inputs on the development and implementation of County EMS procedures, policies, and protocols.

Section B – Staffing and Training: In 2011, Monterey County Service Agreement 74 (CSA 74) funds were re-allocated to local cities and special districts for providing EMS system training and equipment. All participants agreed to train/certify their employees/volunteers to at least the Public Safety Responder level in accordance with the Department of Transportation national standard first responder curriculum and California Code of Regulations Division 9 directives (Chapters 1.5, 2, and 4); afford and/or assist with all necessary training to satisfy the minimum training requirements for small, remote, and volunteer first responding agencies that might not have their own training resources; and provide technician skills verification for re-certification at no charge to non-affiliated personnel through their respective training programs and instructors. In exchange for receiving available CSA74 funds, the EMS Agency would no longer provide direct EMS training or equipment to local first responders, and close their American Heart Association CPR Training Center. The EMS Agency continues to approve local EMT training programs and Continuous Education EMS providers; monitor first responder and hospital EMS training; orchestrate disaster medical response preparedness activities; certify Emergency Medical Technicians; accredit licensed paramedics; and develop/maintain applicable practices, policies, and protocols.

Section C – Communications: The Monterey County EMS Communications System Manual is an Appendix to EMS Plan and reflects current voice, data, auxiliary, and radio communications. With compliance of the federal-mandates regarding narrow banding VHF and UHF and opportunities to improve EMS dispatch, command, tactical, and inter-agency/discipline connectivity. EMS first responders and providers are in the process of replacing non-NGEN equipment to utilize a developing trunked 700 MHz system. Monterey County Telecommunication and Emergency Communications are finalizing that infrastructure with innovative and state-of-the-art technology; improving contingency and remote communications; eliminating the dated UHF MEDNET communication network; and replacing the hospital 800 MHz Medical Disaster Communications System. It is anticipated that all EMS system communication and infrastructure will be 'updated' and fully operational in 2014.

Section D – Response and Transportation: The Monterey County Board of Supervisors has defined, through ordinance, boundaries as exclusive EMS operating areas and ambulance licensing. In 2011, a Contract Compliance Working Group (CCWG) was established to review/monitor the contracted-performance of the Primary EMS Provider (AMR); to identify new empirical criteria to better evaluate the contract provider; and provide clinical and technical advice to the EMS Agency and ambulance provider. CCWG activities included the review/endorsement of AMR's third one-year contract extension request; correcting response boundary GIS/CAD reference-maps; and endorsing the contracts first rate increase of 2.75%. The CCWG is also reviewing a comprehensive contract summary-matrix for status and compliance. The Primary EMS Provider (AMR) is compliant; there are no significant contract or statute discrepancies or deficiencies noted. Medical and rescue aircraft policies and procedures are being revised, and will be impacted by the pending designating of a local trauma care center. Finally, all local Paramedic Service Provider (ALS) Agreements have been revised and implemented.

Section E – Facilities and Critical Care: The EMS Agency has written agreements with all four acute-care hospitals in Monterey County. Community Hospital of the Monterey Peninsula, Natividad Medical Center, and Salinas Valley Memorial Health Care System are designated EMT-Paramedic base hospitals. Mee Memorial Hospital is a designated receiving hospital. Transfer agreements and policies are in place to transfer patients from STEMI referral hospitals to STEMI receiving centers (CHOMP and SVMHS); in 2012, CHOMP and SVMHS were designated as Stroke Centers. There are no pediatric emergency medical/critical care system plans being proposed or established. The federal Hospital Preparedness Program grant administered through the California Department of Public Health has been instrumental in improving hospital evacuation, medical disaster, and multi casualty event preparedness activities and coordination.

Section F – Data Collection and System Evaluation: Current EMS Policy establishes a system-wide quality-improvement (QI) program to evaluate the services provided within the Monterey County EMS system. The EMS Agency has executed written agreements with base hospitals, first-responder agencies, and EMT-Paramedic service providers to participate in this program. All non-emergency transport providers are also mandated to participate under the terms of their County authorization. The EMS Policy/Procedure Manual also includes "Quality Improvement Program Guidelines" for the various system participants. As part of the QI program, each participating agency has designated an EMS liaison to coordinate with other agencies as necessary. The primary objective of the QI Program is the implementation of a viable electronic patient care report (ePCR) for data analysis and management; evaluation and audit; policy and protocols review/revision; and development of effective and realistic performance indicators.

Section G – Public Information and Education: The primary EMS provider (AMR) has designated a Community Relations Manager/Field Supervisor that works with EMS stakeholders, local health-care professionals, and emergency management to design, develop and implement a comprehensive (county-wide) community service and education program and plan for the County. The primary EMS provider annually updates their program and plan and provides to Emergency Medical Care Committee for review and endorsement.

Section H – Disaster Medical Response: Monterey County EMS system, medical, public health, and emergency management representatives continue to identify, assess, mitigate, plan, and prepare for potential natural, technical, and human threats to the public and infrastructure. The federal Hospital Preparedness Program and Public Health Emergency Preparedness grants administered through the California Department of Public Health have funded/supported improvements in protecting public safety; responding and managing disaster response; organizing and distributing private, local, state, federal resources; and enhancing operation area coordination, communication and information processing.

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

STANDARDS SUMMARY (MATRIX)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not meet Standard	Meets Minimum Standard
1.01 Local EMS Agency Structure		X
1.02 Local EMS Agency Mission		X
1.03 Public Input		X
1.04 Medical Director		X
Planning Activities	Does not meet Standard	Meets Minimum Standard
1.05 System Plan		X
1.06 Annual Plan Update		X
1.07 Trauma Planning		X
1.08 Advanced Life Support Planning		X
1.09 Inventory of Resources		X
1.10 Special Populations		X
1.11 System Participants		X
Regulatory Activities	Does not meet Standard	Meets Minimum Standard
1.12 Review & Monitoring		X
1.13 Coordination		X
1.14 Policy & Procedures Manual		X
1.15 Compliance w/Policies		X
System Finances	Does not meet Standard	Meets Minimum Standard
1.16 Funding Mechanism		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction	Does not meet Standard	Meets Minimum Standard
1.17 Medical Direction		X
1.18 Quality Assurance/Quality Improvement		X
1.19 Policies, Procedures, Protocols		X
1.20 Do-Not-Resuscitate Policy		X
1.21 Determination of Death		X
1.22 Reporting of Abuse		X
1.23 Interfacility Transfer		X
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
1.24 Advanced Life Support Systems		X
1.25 On-Line Medical Direction		X
Enhanced Level: Trauma Care System	Does not meet Standard	Meets Minimum Standard
1.26 Trauma System Plan		X
Enhanced Level: Pediatric Emergency Medical and Critical Care System	Does not meet Standard	Meets Minimum Standard
1.27 Pediatric System Plan		N/A
Enhanced Level: Exclusive Operating Areas	Does not meet Standard	Meets Minimum Standard
1.28 Exclusive Operating Area Plan		X

B. STAFFING/TRAINING

Local EMS Agency	Does not meet Standard	Meets Minimum Standard
2.01 Assessment of Needs		X
2.02 Approval of Training		X
2.03 Personnel		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

Dispatchers	Does not meet Standard	Meets Minimum Standard
2.04 Dispatch Training		X
First Responders (non-transporting)	Does not meet Standard	Meets Minimum Standard
2.05 First Responder Training		X
2.06 Response		X
2.07 Medical Control		X
Transporting Personnel	Does not meet Standard	Meets Minimum Standard
2.08 EMT-I Training		X
Hospital	Does not meet Standard	Meets Minimum Standard
2.09 CPR Training		X
2.10 Advanced Life Support		X
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
2.11 Accreditation Process		X
2.12 Early Defibrillation		X
2.13 Base Hospital Personnel		X

C. COMMUNICATIONS

Communications Equipment	Does not meet Standard	Meets Minimum Standard
3.01 Communication Plan		X
3.02 Radios		X
3.03 Interfacility Transfer		X
3.04 Dispatch Center		X
3.05 Hospitals		X
3.06 Multi-Casualty Incidents		X
Public Access	Does not meet Standard	Meets Minimum Standard
3.07 9-1-1 Planning/Coordination		X
3.08 9-1-1 Public Education		X
Resource Management	Does not meet Standard	Meets Minimum Standard
3.09 Dispatch Triage		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

3.10	Integrated Dispatch		X
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D. RESPONSE/TRANSPORTATION

Universal Level	Does not meet Standard	Meets Minimum Standard
4.01 Service Area Boundaries		X
4.02 Monitoring		X
4.03 Classifying Medical Requests		X
4.04 Scheduled Responses		X
4.05 Response Time Standards		X
4.06 Staffing		X
4.07 First Responder Agencies		X
4.08 Medical & Rescue Aircraft		X
4.09 Air Dispatch Center		X
4.10 Aircraft Availability		X
4.11 Specialty Vehicles		X
4.12 Disaster Response		X
4.13 Inter-county Response		X
4.14 Incident Command System		X
4.15 Multi-Casualty Incident Plans		X
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
4.16 Advanced Life Support Staffing		X
4.17 Advanced Life Support Equipment		X
Enhanced Level: Ambulance Regulation	Does not meet Standard	Meets Minimum Standard
4.18 Compliance		X
Enhanced Level: Exclusive Operating Permits	Does not meet Standard	Meets Minimum Standard
4.19 Transportation Plan		X
4.20 Grandfathering		X
4.21 Compliance		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

4.22	Evaluation		X
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E. FACILITIES/CRITICAL CARE

Universal Level	Does not meet Standard	Meets Minimum Standard
5.01 Assessment of Capabilities		X
5.02 Triage & Transfer Protocols		X
5.03 Transfer Guidelines		N/A
5.04 Specialty Care Facilities		X
5.05 Mass Casualty Management		X
5.06 Hospital Evacuation		X
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
5.07 Base Hospital Designation		X
Enhanced Level: Trauma Care System	Does not meet Standard	Meets Minimum Standard
5.08 Trauma System Design		X
5.09 Public Input		X
Enhanced Level: Pediatric Emergency Medical and Critical Care System	Does not meet Standard	Meets Minimum Standard
5.10 Pediatric System Design		N/A
5.11 Emergency Departments		N/A
5.12 Public Input		N/A
Enhanced Level: Other Specialty Care Systems	Does not meet Standard	Meets Minimum Standard
5.13 Specialty System Design		X
5.14 Public Input		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

F. DATA COLLECTION/SYSTEM EVALUATION

Universal Level	Does not meet Standard	Meets Minimum Standard
6.01 Quality Assurance/ Quality Improvement Program		X
6.02 Pre-hospital Records		X
6.03 Pre-hospital Care Audits		X
6.04 Medical Dispatch		X
6.05 Data Management System		X
6.06 System Design Evaluation		X
6.07 Provider Participation		X
6.08 Reporting		X
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
6.09 Advanced Life Support Audit		X
Enhanced Level: Trauma Care System	Does not meet Standard	Meets Minimum Standard
6.10 Trauma System Evaluation		X
6.11 Trauma Center Data		N/A

G. PUBLIC INFORMATION AND EDUCATION

Universal Level	Does not meet Standard	Meets Minimum Standard
7.01 Public Information Materials		X
7.02 Injury Control		X
7.03 Disaster Preparedness		X
7.04 First Aid & CPR Training		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

H. DISASTER MEDICAL RESPONSE

Universal Level	Does not meet Standard	Meets Minimum Standard
8.01 Disaster Medical Planning		X
8.02 Response Plans		X
8.03 Hazardous Materials Training		X
8.04 Incident Command System		X
8.05 Distribution of Casualties		X
8.06 Needs Assessment		X
8.07 Disaster Communications		X
8.08 Inventory of Resources		X
8.09 DMAT		N/A
8.10 Mutual Aid Agreements	X	
8.11 Casualty Collection Point Designation	X	
8.12 Establish Casualty Collection Points	X	
8.13 Disaster Medical Training		X
8.14 Hospital Plans		X
8.15 Inter-hospital Communications		X
8.16 Pre-hospital Agency Plans		X
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
8.17 Advanced Life Support Policies		X
Enhanced Level: Specialty Care Systems	Does not meet Standard	Meets Minimum Standard
8.18 Specialty Center Roles		X
Enhanced Level: Exclusive Operating Areas/Ambulance Regulation	Does not meet Standard	Meets Minimum Standard
8.19 Waiving Exclusivity		X

TABLE 2 - SYSTEM RESOURCES AND OPERATIONS**TABLE 2: SYSTEM RESOURCES & OPERATIONS – Organization/Management**

Reporting Year: Fiscal Year 2012-2013

County: **Monterey**

1. Percentage of population served by each level of care: **100% Advanced Life Support**
2. Type of agency: **County Health Department**
3. The person responsible for day-to-day activities of EMS agency reports to:
Other – Director of Health (Ray Bullick)
4. Indicate the non-required functions that are performed by the agency:

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

TABLE 2 - SYSTEM RESOURCES AND OPERATIONS**5. EXPENSES (FY 12/13)**

Salaries and benefits (All but contract personnel)	639,245
Contract Services (e.g., medical director)	382,000
Operations (e.g., copying, postage, facilities)	249,296
Travel	9,480
Fixed assets	N/A
Indirect expenses (overhead)	54,515
Ambulance subsidy	N/A
EMS Fund payments to physicians/hospitals	0
Dispatch center operations (non-staff)	0
Training program operations	0
Other:	N/A
TOTAL EXPENSES	\$1,334,536

6. SOURCES OF REVENUE

Special project grant(s) from EMSA	0
Preventive Health and Health Services Block Grant	0
Office of Traffic Safety	0
State general fund	0
County general fund	0
Other local tax funds (e.g., EMS district) – CSA74 Fund	1,011,536
County contracts (e.g., multi-county agencies)	0
Certification fees	0
Training program approval fees	0
Training program tuition/average daily attendance funds (ADA)	0
Job Training Partnership Act (JTPA) funds/other payments	0
Base hospital application fees	0

TABLE 2 - SYSTEM RESOURCES AND OPERATIONS

Base hospital designation fees	0
Trauma center application fees	0
Trauma center designation fees	0
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	0
Type: _____	
Other critical care center designation fees	0
Type: _____	
Ambulance service/vehicle fees	0
Contributions	0
EMS Fund (SB 12/612)	320,000
Other grants	0
Other fees	0
Other: misc	3,000
Other: state reimbursements	0
TOTAL REVENUE	\$1,334,536

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

7. **FEE STRUCTURE (FY-12/13)**

We do not charge any fees: **FALSE**

First responder certification	0
EMS dispatcher certification	0
EMT-I certification	0
EMT-I recertification	0
EMT-defibrillation certification	0
EMT-defibrillation recertification	0
EMT-II certification	0

TABLE 2 - SYSTEM RESOURCES AND OPERATIONS

EMT-II recertification	0
EMT-P accreditation	0
EMT-I training program approval	0
EMT-II training program approval	0
EMT-P training program approval	0
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	0
MICN/ARN recertification	0
EMT-I training program approval	0
EMT-II training program approval	0
EMT-P training program approval	0
Base hospital application	0
Base hospital designation	0
Trauma center application	0
Trauma center designation	0
Pediatric facility approval	0
Pediatric facility designation	0
Other critical care center application	0
Other critical care center designation	0
Ambulance service license	0
Ambulance vehicle permits	950/vehicle/year

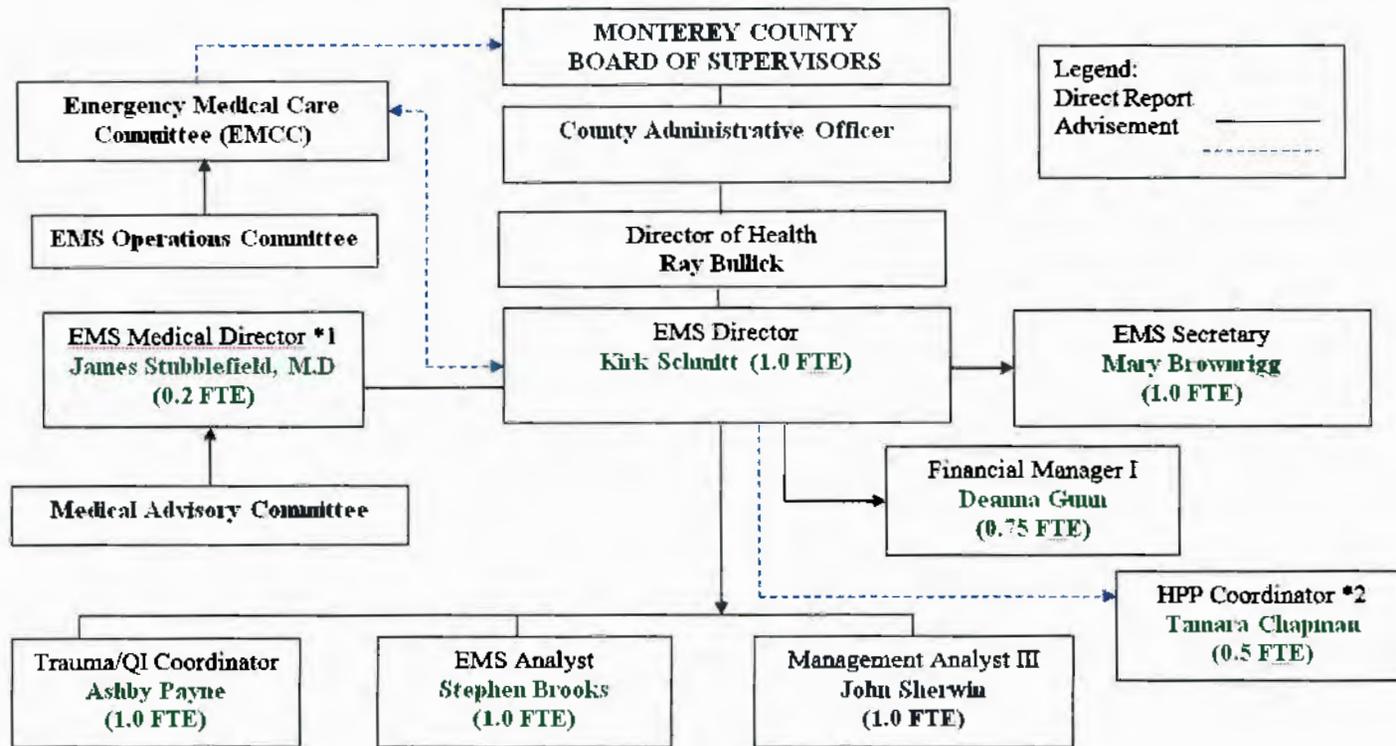
TABLE 2 - SYSTEM RESOURCES AND MANAGEMENT

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Director	1.0	60.68	40.85%	
Asst. Admin./Admin. Asst./Admin. Mgr.	EMS Analyst Finance Manager Management Analyst III	1.0 0.65 1.0	35.87 44.79 42.62	40.85% Contracted 40.85%	
Trauma Coordinator	Health Program Coordinator	1.0	44.96	40.85%	
Medical Director	Medical Director	0.2	155.00	Contracted	
Executive Secretary	Secretary	1.0	21.33	40.85%	

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

TABLE 2 - SYSTEM RESOURCES AND MANAGEMENT

MONTEREY COUNTY EMERGENCY MEDICAL SERVICES (EMS)
AGENCY ORGANIZATION (SEPTEMBER 2012)



*1. EMS Medical Director is a contracted (PSA) position and paid through Services/Supplies.
*2. Hospital Preparedness Program (HPP) Coordinator position funded through the HPP Grant.

TABLE 3 - SYSTEM RESOURCES AND OPERATIONS – Personnel/Training

TABLE 3: SYSTEM RESOURCES & OPERATIONS - Personnel/Training

Reporting Year: Calendar Year 2012

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	652	N/A		N/A
Number newly certified this year	74	N/A		N/A
Number recertified this year	294	N/A		N/A
Total number of accredited personnel on January 1 of the reporting year	N/A	N/A	172	N/A
Number of certification reviews resulting in:				
a) formal investigations	16	N/A		N/A
b) probation	1	N/A		N/A
c) suspensions	1	N/A		N/A
d) revocations	1	N/A		N/A
e) denials	0	N/A		N/A
f) denials of renewal	0	N/A		N/A
g) no action taken	14	N/A	N/A	N/A

1. Early defibrillation:

a) Number of EMT-I (defib) certified: Unknown

b) Number of public safety (defib) certified (non-EMT-I): Unknown

2. Do you have a first-responder training program? **Yes** Administered by respective public safety/parent agencies.

TABLE 4 - SYSTEM RESOURCES AND OPERATIONS – Communications**TABLE 4: SYSTEM RESOURCES & OPERATIONS - Communications**County: **Monterey**

Reporting Year: Calendar Year 2012

1. Number of Primary Public Service Answering Point (PSAP): 3
 - a. Monterey County Emergency Communications Center (9-1-1)
 - b. California Highway Patrol – Monterey
 - c. City of Carmel
2. Number of secondary PSAPs: 1
 - a. CALFIRE Emergency Communications Center – Monterey
3. Number of dispatch centers directly dispatching ambulance: 1
4. Number of EMS dispatch centers utilizing EMS guidelines: 1
5. Number of designated dispatch centers for EMS aircraft: 1
6. Who is your primary dispatch agency for day-to-day emergencies? Monterey County Emergency Communications Center (9-1-1)
7. Who is your primary dispatch agency for a disaster? Monterey County Emergency Communications Center (9-1-1)
8. Do you have an operational area disaster communication system? Yes
 - a. Radio primary frequency: 458.4/453.4
 - b. Other methods: EMSsystem, TENS, EAS, CAHAH, Faxes, Internet Text Messages, Cel, Commercial Satellite Phones, etc.
 - c. Can all medical response units communicate on the same disaster communications system? Yes
 - d. Do you participate in the Operational Area Satellite Information System (OASIS)? Yes
 - e. Do you have a plan to utilize Radio Amateur Civil Emergency System (RACES) as a back-up communications system? Yes
 - 1) Within the operational area? Yes
 - 2) Between operational area and the region and/or state? Yes

TABLE 5 - SYSTEM RESOURCES AND OPERATIONS – Response/Transportation

TABLE 5: SYSTEM RESOURCES & OPERATIONS - Response/Transportation

Reporting Year: Calendar Year 2012

Early Defibrillation Providers

1. Number of EMT-Defibrillation provider: 43

SYSTEM STANDARD RESPONSE TIMES* (90TH PERCENTILE)

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	N/A
Early defibrillation responder	N/A	N/A	N/A	N/A
Advanced life support responder	8 minutes	12 minutes	N/A	N/A
Transport Ambulance	8 minutes	12 minutes	ASAP	N/A

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

TABLE 6: RESOURCES DIRECTORY - Facilities/Critical Care

Reporting Year: 2012

Trauma patients:

- Number of patients meeting trauma triage criteria: Unknown
- Number of major trauma victims transported directly to a trauma center by ambulance: Unknown
- Number of major trauma patients transferred to a trauma center: Unknown
- Number of patients meeting triage criteria who weren't treated at a trauma center: Unknown

Emergency Departments:

- Total number of emergency departments: 4
- Number of referral emergency services: 0
- Number of standby emergency services: 0
- Number of basic emergency services: 4
- Number of comprehensive emergency services: 0

Receiving Hospitals:

- Number of receiving hospitals with written agreements: 4
- Number of base hospitals with written agreements: 3

TABLE 7 - SYSTEM RESOURCES AND OPERATIONS – Disaster Medical

TABLE 7: RESOURCES DIRECTORY - Disaster Medical

Reporting Year: 2012

County: **Monterey**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP) – Replaced by Field Treatment Sites (FTS) and Alternate Care Sites (ACS)...see 8.11 and 8.12
 - a. Where are your CCPs located? N/A
 - b. How are they staffed? N/A
 - c. Do you have a supply system for supporting them for 72 hours? N/A

2. 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? No
 - b. For each team, are they incorporated into your local response plan: N/A
 - c. Are they available for statewide response? N/A
 - d. Are they part of a formal out-of-state response system? N/A

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes
 - b. At what HazMat level are they trained? Level A (Highest)
 - 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? 12 Cities plus approximately 20 special districts/agencies

TABLE 7 - SYSTEM RESOURCES AND OPERATIONS – Disaster Medical

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. None
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes
6. Do you have a formal agreements with community clinics in your operational area to participate in disaster planning and response? No
7. Are you part of a multi-county EMS system for disaster response? No
8. Are you a separate department or agency? No
9. If not, to whom do you report? Monterey County Health Department
10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? N/A

TABLE 9 – Resource Directory Facilities**TABLE 9: RESOURCES DIRECTORY – Facilities**County: **Monterey**

- A. Facility: Natividad Medical Center
 Address: 1330 Natividad Road, Salinas 93906
 Telephone Number: (831) 755-4185
 Written Contract: Yes
 Service: Basic Emergency
 Base Hospital: Yes
 Burn Center: No
 PCCC: No; EDAP: No; PICU: No
 Trauma Center: No
 Trauma Level: N/A
- B. Facility: Community Hospital of the Monterey Peninsula (CHOMP)
 Address: 23625 Holman Highway, Monterey 93940
 Telephone Number: (831) 624-5311
 Written Contract: Yes
 Service: Basic Emergency
 Base Hospital: Yes
 Burn Center: No
 PCCC: No; EDAP: No; PICU: No
 Trauma Center: No
 Trauma Level: N/A
- C. Facility: Salinas Valley Memorial Health Care System (SVMHS)
 Address: 450 East Romie Lane, Salinas 93901
 Telephone Number: (831) 757-4333
 Written Contract: Yes
 Service: Basic Emergency
 Base Hospital: Yes
 Burn Center: No
 PCCC: No; EDAP: No; PICU: No
 Trauma Center: No
 Trauma Level: N/A
- D. Facility: George L. Mee Memorial Hospital
 Address: 300 Canal Street, King City 93930
 Telephone Number: (831) 385-6000
 Written Contract: Yes
 Service: Basic Emergency
 Base Hospital: No
 Burn Center: No
 PCCC: No; EDAP: No; PICU: No
 Trauma Center: No
 Trauma Level: N/A

TABLE 10 – Resource Directory – Approved Training Programs**TABLE 10: RESOURCES DIRECTORY – Approved Training Programs**County: **Monterey**Reporting Year: **Calendar Year 2012**

- A. Training Institution: Monterey Peninsula College
 Address: 980 Fremont Street, Monterey, CA 93940
 Telephone Number: (831) 594-5207
 Student Eligibility: EMT-I
 Program Level: Open to the Public
 Expiration Date: 8/31/2016
 Cost of Basic Training Course: \$310+Books (\$180)
 Cost of Refresher Training Course: \$57+Books (\$180)
- Number of students completing training per year
 Initial Training:125 Refresher Training: 10 Continuing Education: 0
- Number of courses per year
 Initial Training: 2 Refresher Training: 1 Continuing Education: 0
- B. Training Institution: Hartnell College
 Address: 411 Central Avenue, Salinas, CA 93901
 Telephone Number: (831) 770-6146
 Student Eligibility: EMT-I
 Program Level: Open to the Public
 Expiration Date: 11/30/2016
 Cost of Basic Training Course: \$195
 Cost of Refresher Training Course: \$340
- Number of students completing training per year
 Initial Training:52 Refresher Training: 0 Continuing Education: 0
- Number of courses per year
 Initial Training:2 Refresher Training: 0 Continuing Education: 0
- C. Training Institution: Monterey Peninsula Unified School District (ROP)
 Address: 700 Pacific Street, Monterey, CA 93940
 Telephone Number: (831) 373-4600
 Student Eligibility: EMT-I
 Program Level: Open to the Public
 Expiration Date: 3/31/2016
 Cost of Basic Training Course: None (ROP)
 Cost of Refresher Training Course: N/A
- Number of students completing training per year
 Initial Training:20 Refresher Training: 0 Continuing Education: 0
- Number of courses per year
 Initial Training: 1 Refresher Training: 0 Continuing Education: 0

TABLE 11 – Resource Directory – EMS Dispatch Agency

TABLE 11: RESOURCES DIRECTORY – EMS Dispatch Agency

County: **Monterey**

Reporting Year: **Calendar Year 2012**

Name: American Medical Response - Monterey

Address: 4548 A Street, Marina, CA 93933

Telephone Number: (831) 718-9562

Primary Contact: Michael Esslinger (AMR Operations Manager)

Written Contract: Yes

Ownership: Private

Medical Director: Yes

Day-to-Day Response: Yes

Disaster Response: Yes

Number of Personnel Providing Services

EMD Training: 12

BLS: 73

EMT-D: N/A

LALS: N/A

ALS: 80

Other: N/A

TABLE 8 – Resource Directory

TABLE 8: RESOURCES DIRECTORY - Response/Transportation Providers (2012)

EMS System Provider (Agency)	Number of Ambulances	Total Ambulances (Number) in Fleet	Daily Average Ambulances (Number) at Noon	Level of Service	EMS Transport (Y/N)	Service (Air/Ground)	Total Responses (CY 2012)	Number Emergency Responses (CY 2012)	Number Non Emergency Responses (CY 2012)	Total Transports (CY 2012)	Number Emergency Transports (CY 2012)	Number Non Emergency Transports (CY 2012)
American Medical Response (AMR)*	18	30	18	ALS	Yes	Ground	27,883	25,575	2,308	18,851	16,548	2,303
Big Sur Volunteer Fire Brigade	0	0	0	BLS	No	Ground						
Cachagua Fire Protection District	0	0	0	BLS	No	Ground						
CALFIRE (Aromas)	0	0	0	BLS	No	Ground						
CALFIRE (Carmel Highlands)	0	0	0	ALS	No	Ground						
CALFIRE (Cypress)	0	0	0	ALS	No	Ground						
CALFIRE (Pebble Beach)	0	0	0	ALS	No	Ground						
CALFIRE (Soledad)	0	0	0	BLS	No	Ground						
CALFIRE (South Monterey County)	0	0	0	BLS	No	Ground						
CALSTAR*	5	8	8	ALS	Yes	Air	463	463	0	348	348	0
Camp Roberts Fire	0	0	0	BLS	No	Ground						
CHP (Air)- Paso Robles*	1	1	1	ALS	Yes	Air	14	14	0	9	9	0
City of Carmel Ambulance*	2	2	1	ALS	Yes	Ground	841	841	0	585	558	0
City of Marina Fire Department	0	0	0	BLS	No	Ground						
City of Monterey Fire Department/Contracts	0	0	0	BLS	No	Ground						
City of Salinas Fire Department	0	0	0	ALS	No	Ground						
City of Seaside Fire Department	0	0	0	BLS	No	Ground						
Department of Corrections (Soledad)	0	0	0	BLS	No	Ground						
Fort Hunter-Liggett Fire*	2	2	2	ALS	Yes	Ground	458	458	0	84	84	0
Gonzales Volunteer FD	0	0	0	BLS	No	Ground						
Greenfield Volunteer FD	0	0	0	BLS	No	Ground						
King City Volunteer Fire Department	0	0	0	BLS	No	Ground						
Mercy Air*	1	2	1	ALS	Yes	Air	48	46	2	18	17	1
Mid Coast Fire Brigade	0	0	0	BLS	No	Ground						
Monterey County Parks Department	0	0	0	BLS	No	Ground						
Monterey County Regional Fire District*	4	4	1	ALS	Yes	Ground	1,212	1,212	0	717	717	0
Monterey Peninsula Airport Fire Department	0	0	0	BLS	No	Ground						
North County Fire Protection District	0	0	0	BLS	No	Ground						
Presidio of Monterey Fire Department	0	0	0	BLS	No	Ground						
Reach Air*	0	0	0	ALS	Yes	Air	13	0	13	13	0	13
Spreckels Fire	0	0	0	BLS	No	Ground						
	33	49	32				30,932	28,609	2,323	20,625	18,281	2,317

Note 1: City of Monterey Fire Department includes the cities of Carmel, Pacific Grove, Sand, and Monterey.

Note 2: City of Seaside Fire Department includes the cities of Seaside and Del Rey Oaks.

TABLE 8 – Resource Directory

County: <u>MONTEREY-01</u>	Response Zone: <u>See Table 11</u>
Provider: <u>American Medical Response - West</u>	Number of Ambulances: <u>18</u>
Address: <u>4548 A Street, Marina, 93933</u>	Number of Ambulance Vehicles in Fleet: <u>30</u>
Phone #: <u>(831) 718-9555</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>18</u>

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		System Available 24/7 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

27,883 Total number of responses
25,575 Number of emergency responses
2,308 Number of non-emergency responses

Transporting Agencies

18,851 Total number of transports
16,548 Number of emergency transports
2,303 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

County: <u>MONTEREY-02</u>	Response Zone: <u>Big Sur Coast (Hwy 1 Mile Marker 58.3-SLO county line)</u>
Provider: <u>Big Sur Volunteer Fire Brigade</u>	Number of Ambulances: <u>None</u>
Address: <u>PO Box 520, Big Sur, 93920</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 667-2113</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		System Available 24/7 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

County: <u>MONTEREY-03</u>	Response Zone: <u>Cachagua FPD</u>
Provider: <u>Cachagua Fire Protection District</u>	Number of Ambulances: <u>None</u>
Address: <u>PO Box 2090, Carmel Valley, 93924</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 659-7700</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24/7 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

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

Transporting Agencies

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

Air Ambulance Services

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

TABLE 8 – Resource Directory

County: MONTEREY-04
Provider: Aromas Tri-County Fire Protection District
Address: 2221 Garden Road, Monterey, 93940
Phone #: (831) 333-2600

Response Zone: Tri-County FPD
Number of Ambulances: None
Number of Ambulance Vehicles in Fleet: None
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24/7 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

County: MONTEREY-05 **Response Zone:** Carmel Highlands FPD
Provider: Carmel Highlands Fire Protection District (CALFIRE Contracted) **Number of Ambulances:** None
Address: 2221 Garden Road, Monterey, 93940 **Number of Ambulance Vehicles in Fleet:** None
Phone #: (831) 333-2600 **Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day:** None

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

County: <u>MONTEREY-06</u>	Response Zone: <u>Cypress FPD</u>
Provider: <u>Cypress Fire Protection District (CALFIRE Contracted)</u>	Number of Ambulances: <u>None</u>
Address: <u>2221 Garden Road, Monterey, 93940</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 333-2600</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24/7 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

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

County: <u>MONTEREY-07</u>	Response Zone: <u>Pebble Beach CSD</u>
Provider: <u>Pebble Beach Community Services District (CALFIRE Contracted)</u>	Number of Ambulances: <u>None</u>
Address: <u>3101 Forrest Lake Road, Pebble Beach, 93953</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 373-1274</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24/7 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

County: MONTEREY-08
Provider: CALFIRE (City of Soledad)
Address: 2221 Garden Road, Monterey, 93940
Phone #: (831) 333-2600

Response Zone: City of Soledad
Number of Ambulances: None
Number of Ambulance Vehicles in Fleet: None
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

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

Transporting Agencies

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

Air Ambulance Services

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

TABLE 8 – Resource Directory

County: <u>MONTEREY-09</u>	Response Zone: <u>SOMOCO District</u>
Provider: <u>CALFIRE (South Monterey County)</u>	Number of Ambulances: <u>None</u>
Address: <u>2221 Garden Road, Monterey, 93940</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 333-2600</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water		
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

Transporting Agencies

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

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

Air Ambulance Services

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

TABLE 8 – Resource Directory

County: MONTEREY-10
Provider: CALSTAR
Address: 4922 Bailey Loop, McClellan, 95652
Phone #: (916) 921-4000

Response Zone: Monterey County
Number of Ambulances: 5 Responding to Monterey
Number of Ambulance Vehicles in Fleet: 8
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: 8

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<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

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

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

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

TABLE 8 – Resource Directory

County: MONTEREY-11
Provider: Camp Roberts Emergency Services
 Headquarters Camp Roberts, HWY 101,
Address: Building 4050, Camp Roberts, 93451

Phone #: (805) 238-8220

Response Zone: Camp Roberts
Number of Ambulances: None

Number of Ambulance Vehicles in Fleet: None
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

<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 type="checkbox"/> No</p>	<p><u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input type="checkbox"/> Transport <input 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 checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District</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>

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

Transporting Agencies

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

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

Air Ambulance Services

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

TABLE 8 – Resource Directory

County: <u>MONTEREY-12</u>	Response Zone: <u>Monterey County</u>
Provider: <u>California Highway Patrol (CHP-70)</u>	Number of Ambulances: <u>1</u>
Address: <u>5020 Wing Way, Paso Robles, 93446</u>	Number of Ambulance Vehicles in Fleet: <u>1 Helicopter (CHP-70)</u>
Phone #: <u>(805) 239-3553</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>1</u>

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

14 Total number of responses
14 Number of emergency responses
0 Number of non-emergency responses

Transporting Agencies

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

Air Ambulance Services

9 Total number of transports
9 Number of emergency transports
0 Number of non-emergency transports

TABLE 8 – Resource Directory

County: MONTEREY-13
Provider: City of Carmel Ambulance
Address: Box CC, Carmel, 93921
Phone #: (831) 620-2000

Response Zone: Carmel-by-the-Sea
Number of Ambulances: 2
Number of Ambulance Vehicles in Fleet: 2
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: 1

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24/7</u></p> <p><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></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: See Table 12</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

841 Total number of responses
841 Number of emergency responses
0 Number of non-emergency responses

Transporting Agencies

585 Total number of transports
585 Number of emergency transports
0 Number of non-emergency transports

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

Air Ambulance Services

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

TABLE 8 – Resource Directory

County: MONTEREY-14
Provider: City of Marina Fire Department
Address: 211 Hillcrest Avenue, Marina, 93933
Phone #: (831) 884-1210

Response Zone: City of Marina
Number of Ambulances: None
Number of Ambulance Vehicles in Fleet: None
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

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

Transporting Agencies

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

Air Ambulance Services

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

TABLE 8 – Resource Directory

County: <u>MONTEREY-15</u>	Response Zone: <u>Cities of Monterey, Carmel, Sand, and Pacific Grove</u>
Provider: <u>City of Monterey Fire Department (includes City of Carmel, Pacific Grove, Sand City)</u>	Number of Ambulances: <u>None</u>
Address: <u>610 Pacific Street, Monterey, 93940</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 646-3900</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

Transporting Agencies

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

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

Air Ambulance Services

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

TABLE 8 – Resource Directory

County: MONTEREY-16
 Provider: City of Salinas Fire Department
 Address: 65 West Alisal Street; Suite 200, Salinas 93901
 Phone #: (831) 758-7261

Response Zone: City of Salinas
 Number of Ambulances: None
 Number of Ambulance Vehicles in Fleet: None
 Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24/7 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

County: <u>MONTEREY-17</u>	Response Zone: <u>Cities of Seaside & Del Rey Oaks</u>
Provider: <u>City of Seaside Fire Department</u>	Number of Ambulances: <u>None</u>
Address: <u>1635 Broadway Avenue, Seaside, 93955</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 899-6790</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

Transporting Agencies

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

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

Air Ambulance Services

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

TABLE 8 – Resource Directory

County: MONTEREY-18
 Provider: California Correctional Training Facility
 Address: City of Soledad, 93960
 Phone #: (831) 678-5922

Response Zone: State Prison
 Number of Ambulances: None
 Number of Ambulance Vehicles in Fleet: None
 Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24/7 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Corrections	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

County: <u>MONTEREY-19</u>	Response Zone: <u>FHL US Army Garrison</u>
Provider: <u>Fort Hunter-Liggett Fire Department</u>	Number of Ambulances: <u>2</u>
Address: <u>T-120 Infantry Road, Jolon, 93928</u>	Number of Ambulance Vehicles in Fleet: <u>2</u>
Phone #: <u>(831)386-2517</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>2</u>

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

Transporting Agencies

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

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

Air Ambulance Services

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

TABLE 8 – Resource Directory

County: <u>MONTEREY-20</u>	Response Zone: <u>Cities of Gonzales and Gonzales Rural Fire District</u>
Provider: <u>Gonzales Volunteer Fire Department</u>	Number of Ambulances: <u>None</u>
Address: <u>PO Box 647, Gonzales, 93926</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 675-5000</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Public Safety	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

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

Transporting Agencies

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

Air Ambulance Services

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

TABLE 8 – Resource Directory

County: <u>MONTEREY-21</u>	Response Zone: <u>Cities of Greenfield and Greenfield Rural Fire District</u>
Provider: <u>Greenfield Volunteer Fire Department</u>	Number of Ambulances: <u>None</u>
Address: <u>380 Oak Avenue, Greenfield, 93927</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 674-5484</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water		
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Public Safety		<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

County: <u>MONTEREY-22</u>	Response Zone: <u>King City</u>
Provider: <u>King City Volunteer Fire Department</u>	Number of Ambulances: <u>None</u>
Address: <u>P.O. Box 2550, King City, 93930</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 385-3343</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		System Available 24/7 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

County: <u>MONTEREY-23</u>	Response Zone: <u>Monterey County</u>
Provider: <u>Mercy Air Service</u>	Number of Ambulances: <u>1</u>
Address: <u>1670 Miro Way, Rialto, 92376</u>	Number of Ambulance Vehicles in Fleet: <u>2</u>
Phone #: <u>(909) 829-7030</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>1</u>

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24/7 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

48 Total number of responses
46 Number of emergency responses
2 Number of non-emergency responses

Air Ambulance Services

18 Total number of transports
17 Number of emergency transports
1 Number of non-emergency transports

TABLE 8 – Resource Directory

County: MONTEREY-24
Provider: Mid Coast Fire Brigade
Address: 33841 Palo Colorado Canyon, 93923
Phone #: (831) 624-8287

Response Zone: Mid Coast
Number of Ambulances: None
Number of Ambulance Vehicles in Fleet: None
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24/7</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><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 checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

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

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

Transporting Agencies

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

Air Ambulance Services

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

TABLE 8 – Resource Directory

County: <u>MONTEREY-25</u>	Response Zone: <u>Monterey County Parks</u>
Provider: <u>Monterey County Parks</u>	Number of Ambulances: <u>None</u>
Address: <u>2610 San Antonio Road, Bradley, 93426</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 472-2311</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

County: <u>MONTEREY-26</u>	Response Zone: <u>See Table 12</u>
Provider: <u>Monterey County Regional Fire Protection District/Carmel Valley Fire Ambulance</u>	Number of Ambulances: <u>4 (Type III Ambulances)</u>
Address: <u>19900 Portola Drive, Salinas, 93908</u>	Number of Ambulance Vehicles in Fleet: <u>4</u>
Phone #: <u>(831) 455-1828</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>1 (1 dedicated 24/7; 3 cross-staffed with medic engine)</u>

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24/7 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

1212 Total number of responses
1212 Number of emergency responses
0 Number of non-emergency responses

Transporting Agencies

717 Total number of transports
717 Number of emergency transports
0 Number of non-emergency transports

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

Air Ambulance Services

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

TABLE 8 – Resource Directory

County: <u>MONTEREY-27</u>	Response Zone: <u>Monterey Peninsula Airport</u>
Provider: <u>Monterey Peninsula Airport District</u>	Number of Ambulances: <u>None</u>
Address: <u>150 Olmsted Way, Monterey, 93940</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 648-7008</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		System Available 24/7 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> District		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing		Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

County: <u>MONTEREY-28</u>	Response Zone: <u>North County Fire PD</u>
Provider: <u>North County Fire Protection District</u>	Number of Ambulances: <u>None</u>
Address: <u>11200 Speegle Street, Castroville, 95012</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 633-2578</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24/7 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

Transporting Agencies

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

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

Air Ambulance Services

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

TABLE 8 – Resource Directory

County: <u>MONTEREY-29</u>	Response Zone: <u>Presidio of Monterey</u>
Provider: <u>Presidio of Monterey Fire Department</u>	Number of Ambulances: <u>None</u>
Address: <u>Bldg #4400 General Jim Moore Blvd, Seaside, 93955</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 242-7702</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24/7 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

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

County: MONTEREY-30
Provider: REACH Air Medical Services
451 Aviation Blvd, Suite 101, Santa Rosa,
Address: 95403

Phone #: (707) 324-2400

Response Zone: Monterey County
Number of Ambulances: N/A

Number of Ambulance Vehicles in Fleet: N/A
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: N/A

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<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

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

13 Total number of responses
0 Number of emergency responses
13 Number of non-emergency responses

13 Total number of transports
0 Number of emergency transports
13 Number of non-emergency transports

TABLE 8 – Resource Directory

County: <u>MONTEREY-31</u>	Response Zone: <u>Spreckels District</u>
Provider: <u>Spreckels Volunteer Fire Company</u>	Number of Ambulances: <u>None</u>
Address: <u>38 Spreckels Blvd, Spreckels, 93962</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 455-2211</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> Fire Company/Brigade		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
			<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

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 12 – Ambulance Zone Summary (REVISED 11/27/13)

TABLE 12: AMBULANCE ZONE SUMMARY

Local EMS Agency or County Name: Monterey County EMS Agency
Area or Subarea (Zone) Name or Title: #1 Monterey County Exclusive Operating Area
Name of Current Provider(s): AMR-West
Area or Subarea (Zone) Geographic Description: The geographic and legal boundaries of Monterey County
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exclusive via competitive process with Board approval
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Emergency Ambulance.
Level of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): All ambulance services shall be provided at the advanced life support (ALS) level. Additionally, the CONTRACTOR shall furnish (a) stand-by coverage for special events; (b) inter-facility transfers; (c) critical care transport; (d) long-distance transfers originating within the County; (e) reasonable mutual aid services; (f) special contract services; (g) emergency standby services; and (h) communications and medical dispatch services.
Method to achieve exclusivity, if applicable (HS 1797.224): Monterey County has established an Exclusive Operating Area (EOA) that encompasses the geographic area defined as Monterey County (border-to-border). Within the geographic limits of the County, certain federal property, the City of Carmel, and the Carmel Valley Fire Protection District (Carmel Regional Fire Ambulance) are exempted or carved from the EOA. The EOA provider is selected by competitive bid process. Last competitive bid was completed in 2009; implemented January 31, 2010.

TABLE 12 – Ambulance Zone Summary

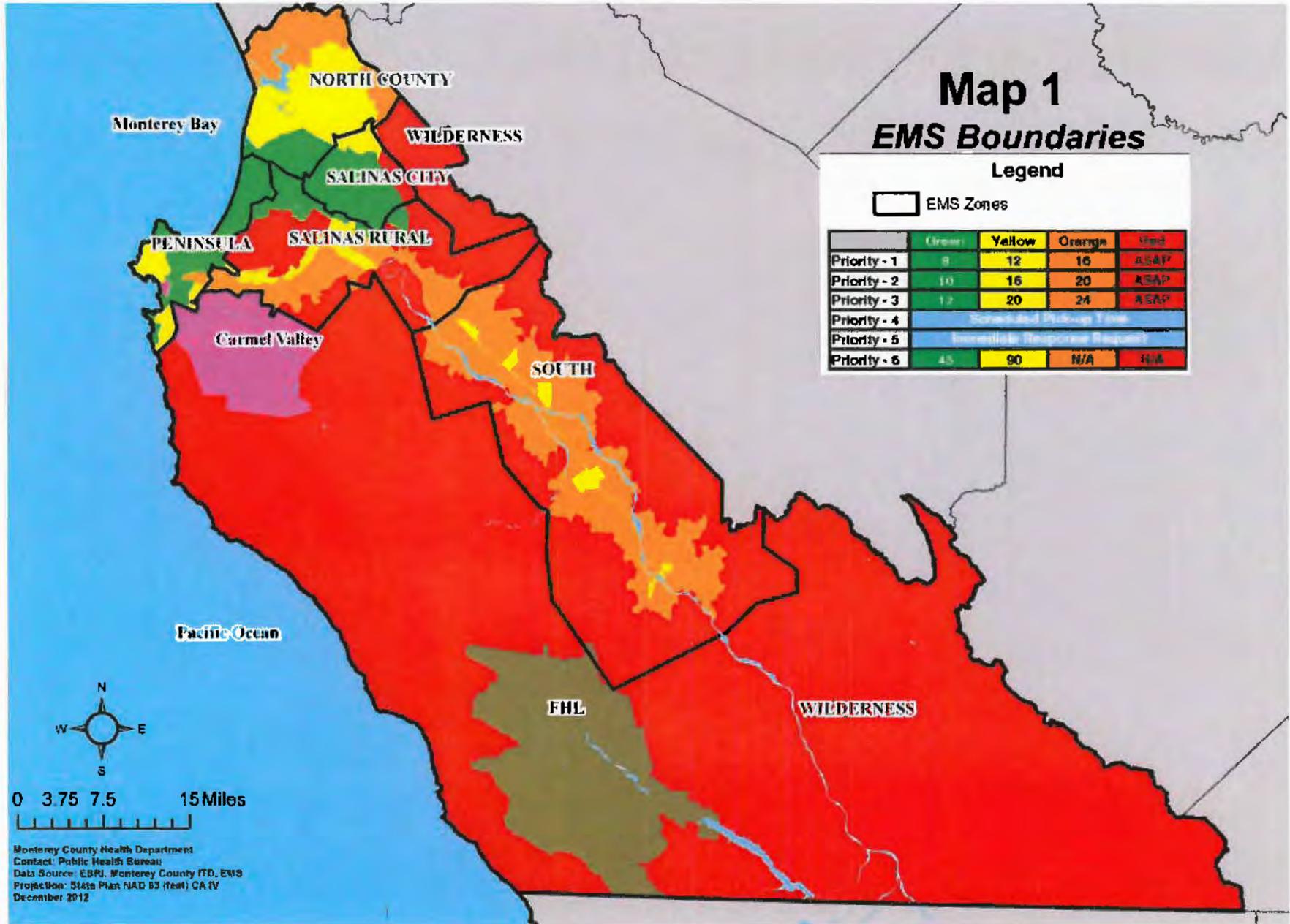


TABLE 12 – Ambulance Zone Summary (REVISED 11/27/13)

Local EMS Agency or County Name: Monterey County EMS Agency
Area or Subarea (Zone) Name or Title: #2 Carmel by the Sea
Name of Current Provider(s): Carmel Fire Ambulance (CFA) Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Area or Subarea (Zone) Geographic Description: City of Carmel by the Sea
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):
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. N/A

TABLE 12 – Ambulance Zone Summary

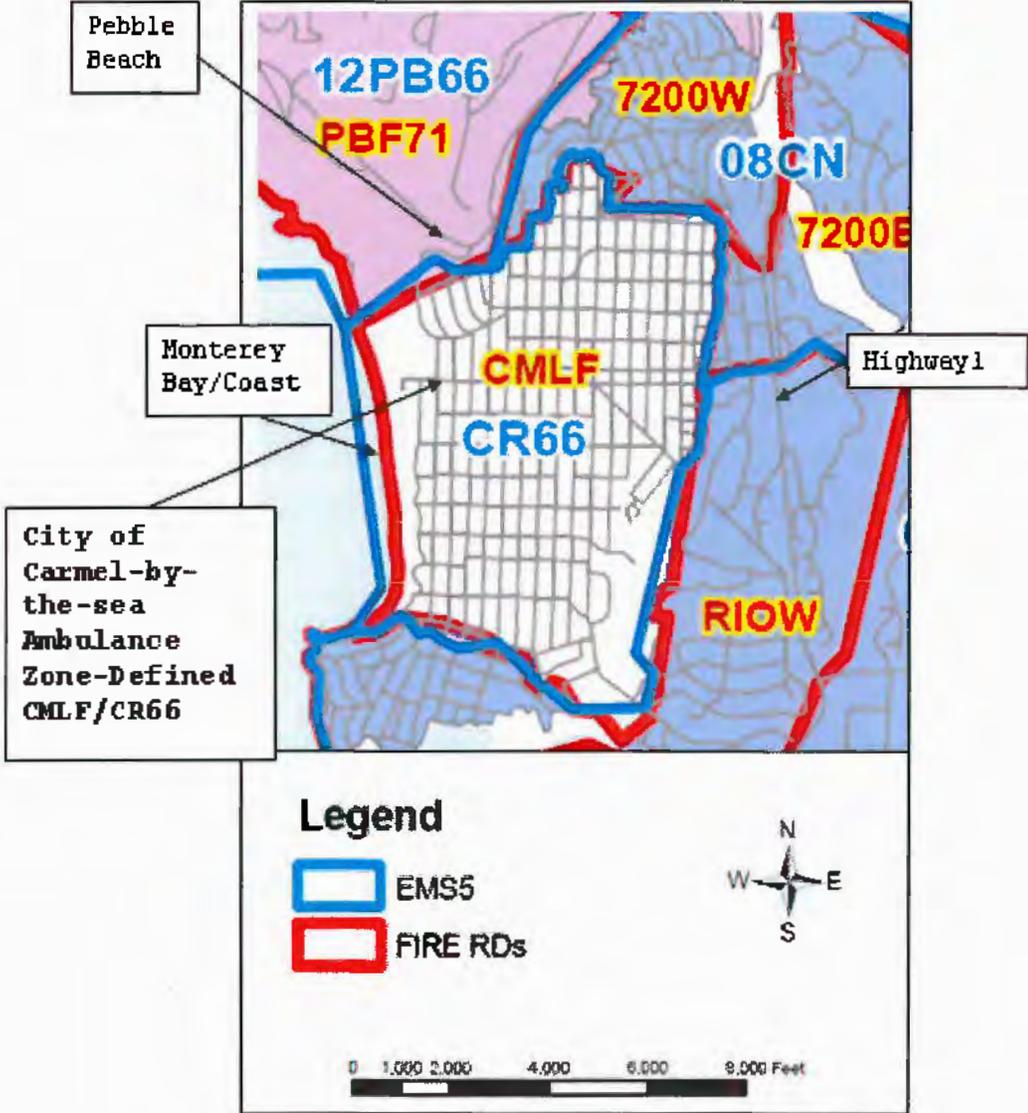


TABLE 12 – Ambulance Zone Summary (REVISED 11/27/13)

Local EMS Agency or County Name: Monterey County EMS Agency
Area or Subarea (Zone) Name or Title: #3 Carmel Valley Fire Protection District – Monterey County Fire Protection District
Name of Current Provider(s): Monterey County Regional Fire Protection District (MCRFD) Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Area or Subarea (Zone) Geographic Description: East to San Clemente Dr., West to Rancho San Carlos Rd., to Santa Lucia Preserve, North to Valley Hills.
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):
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. N/A

TABLE 12 – Ambulance Zone Summary

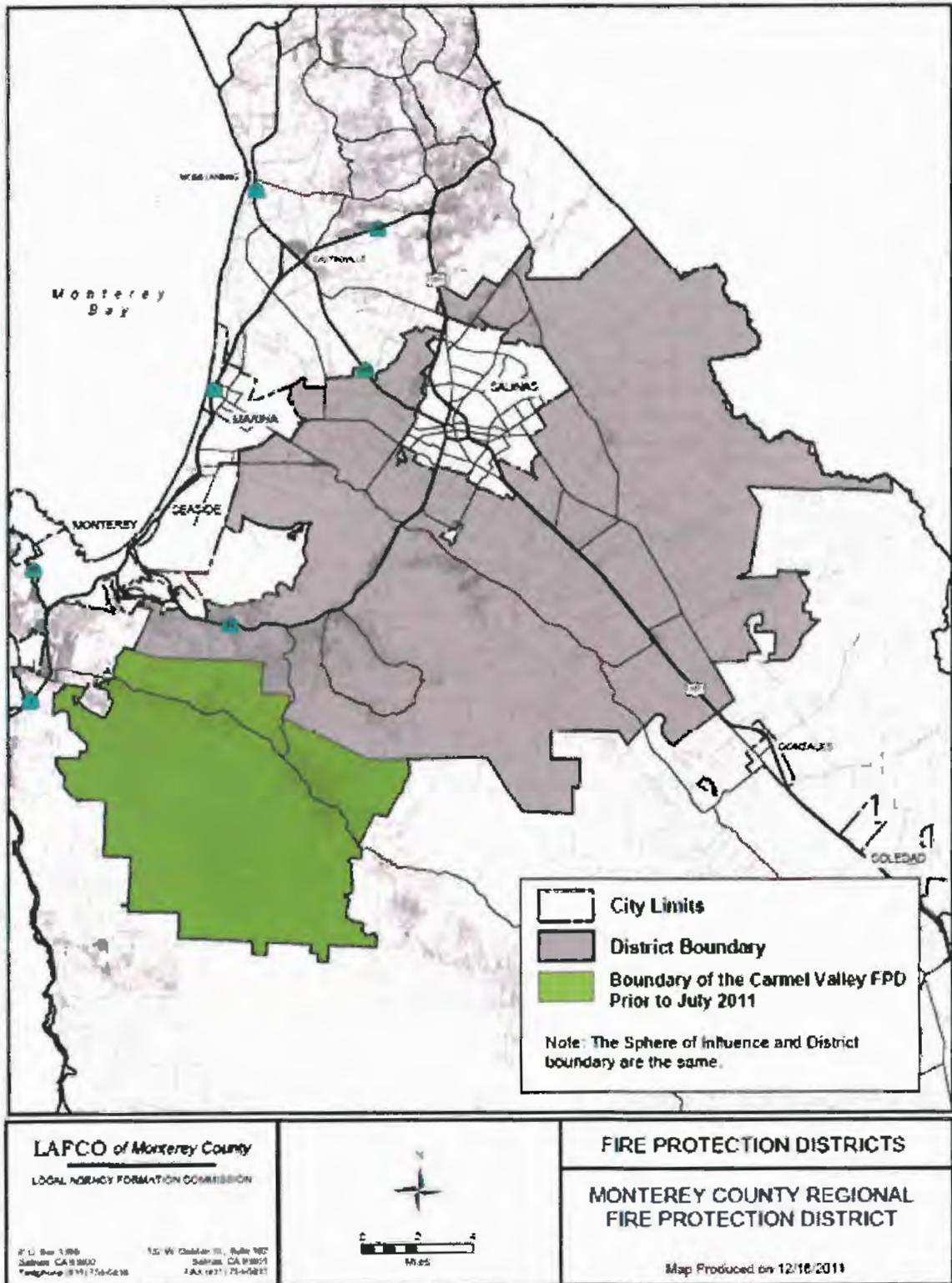


TABLE 13 – Trauma System Status Report (2013)

TABLE 12: Trauma System Status Report (2013)

Trauma System Summary:

Currently, the County system of care for trauma patients is to air transport the majority of trauma patients to Santa Clara County Trauma Centers. Mechanic-Anatomic-Physiologic (MAP) triage criteria (algorithm) are used within Monterey County to determine injury severity and when the patient meets MAP criteria, a helicopter is dispatched and patients are transported to Santa Clara County.

Monterey County EMS seeks to improve the care provided to trauma patients in its service area through an inclusive trauma care system. The proposed system design is:

- The designation of a Level II Trauma Center.
- Patients meeting field triage criteria will be transported to a Level II Trauma Center in county when possible;
- Appropriate patients will be transported to a designated pediatric Trauma Center in another county;
- A quality improvement process will be established which includes appropriate stakeholders;
- Training will be provided for prehospital and hospital personnel regarding the changes to system policies including field trauma triage and hospital destination;
- Appropriate policies will be adopted for implementation and operation of the system; and,
- Trauma patients within 45 minutes (via ground or air) of the Monterey County Level II Trauma Center will be transported directly to that facility. All other patients will be transported to the destination determined by the Level II Trauma Center.

Changes in Trauma System:

In 2011, the updated County Trauma plan was submitted and approved by the EMS Authority in September. The trauma plan calls for designation of a single Level II Trauma Center, the 4 hospitals in Monterey County were surveyed to determine interest in becoming the designated facility with 2 of the hospitals indicating a desire to pursue Level II Trauma Center designation. Due to multiple hospital interest, the Agency released a Request for Qualifications (RFQ) to determine the most appropriate hospital for designation. Two (2) letters of intent were received from hospitals located with in Monterey County stating their intent to submit proposals for designation as a Level II Trauma Center.

Number and designation Level of Trauma Centers:

N/A

TABLE 13 – Trauma System Status Report (2013)

Trauma System Goals and Objectives (calendar revised June 2012):

Issue RFQ	May 16, 2012
Proposal Submittal Deadline	August 16, 2013
Independent Review Panel Facility Review	September 2013
Establishment of MOU	November 15, 2013
Designation	December 5, 2014
Trauma System Start Up	January 1, 2015

Changes to Implementation Schedule:

Implementation schedule had not been previously established.

System Performance Improvement:

N/A

Progress on Addressing EMS Authority Trauma System Plan Comments:

All recommendations were noted upon receipt of approval letter, dated September 29, 2011, and will be implemented during the 14 month start-up' from determination to designation.

Other Issues:

N/A