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COUNTY OF SAN DIEGO

**EMERGENCY MEDICAL
SERVICES PLAN**

Fiscal Years 2000/2003

COUNTY OF SAN DIEGO

EMERGENCY MEDICAL SERVICES (EMS) PLAN

EXECUTIVE SUMMARY

Health and Safety Code, Division 2.5, Section 1797.254, requires the local Emergency Medical Services Agency (LEMSA) to annually submit an emergency medical services plan to the State Emergency Medical Services Authority (EMSA). These requirements include the submission of a Base Plan every five years, with annual updates. The Plan is intended to be used as both a work plan and a long-range plan. San Diego County submitted its Base Plan in December 1998 utilizing the most current data from fiscal years 1996-1997. Two updates to the Plan have subsequently been submitted for fiscal year 1998-99 and 1999-2000. This Plan combines the subsequent updates which provide data through fiscal year 2002-2003. The next Plan to be submitted will be a new Base Plan. Work plans are submitted providing updated information on the status of the system and the EMS agency's progress in meeting its long-range plans. This plan meets all requirements set forth in the *EMS System Guidelines*, Part III, EMS System Planning Guidelines, EMSA #103.

Several important internal and external issues are influencing the EMS System in San Diego County. The San Diego County EMS System is the third largest in California. It serves a diverse population using a wide variety of methods and service platforms. The county shares a sixty mile-long border with Mexico and has a variety of special populations living in urban, rural, mountain and desert areas. Private and public providers are competing fiercely to maintain market share and work force structure. Prehospital and hospital-based EMS services are rapidly evolving to meet the demands of managed care organizations and an increasingly cost conscious public sector. Public sector funding for emergency medical services is shrinking and alternative funding sources continue to be investigated.

The LEMSA has identified the following areas for particular focus:

- **Written Agreements** - Although written agreements are in place for base and trauma hospitals and jurisdictional Advanced Life Support (ALS) Exclusive Operating Areas, further agreements will be needed with provider agencies wishing to provide ALS inter-facility transports, EMS rescue aircraft provider agencies, receiving hospitals and Regional Disaster Health/Medical Coordination operational areas, as well as specific disaster agreements with health facilities.
- **Communications** - A comprehensive communications plan needs to be developed for San Diego County to address methods of implementing newly available technology and broader communication capabilities for ambulance-to-ambulance and ambulance-to-hospital communications, and the sharing of data on mobile platforms. This remains a long-term goal.
- **Disaster Medical Response** - The LEMSA has fully implemented the SEMS system into the County's response to disasters. All of the primary care hospitals in the County utilize the Hospital Emergency Incident Command System. Regular drills involving the hospitals and prehospital system occur several times per year. The County of San Diego has a fully operational Metropolitan Medical Strike Team (MMST) to respond to chemical and radiological acts of terrorism. The MMST is one component of a fully integrated Metropolitan Medical Response System with the LEMSA as the lead agency. Many

EXECUTIVE SUMMARY (continued)

additional plans and systems have been put into place since the events of September 11, 2001. Planning continues.

- **Medical Dispatch** - The LEMSA needs to review all aspects of medical dispatching within the San Diego County system. This has been identified within the document as a long-term goal, but is on hold pending the review of the State Emergency Medical Dispatch Standards.
- **Specialty System Design** - The County's well established and nationally recognized trauma system will need to adapt to the impacts of managed care. Preservation of system access and quality will need to be carefully monitored as the region's health care delivery system continues to change. Active participation by LEMSA staff and local system providers will be necessary in the development of revised State guidelines.
- **Data Collection/System Evaluation** - Several areas of the current data collection system (QANet) require expansion and refinement to better standardize data and enable use for system-wide Quality Assurance/Quality Improvement (QA/QI) program implementation in a real time environment. The primary focus will be to migrate all system participants to the computerized system, which in turn will facilitate the system-wide QA/QI and real time data collection and evaluation. Progress is being made in this area with the upgrade of both the hardware and software components of the QANet.
- **Public Education** - Although considerable strides have been made, particularly in the areas of violence and injury prevention, additional injury control strategies will be necessary both as a direct service to the public and as a basis for forming public policy.

Specific objectives, both short-range and long-range, needed to enhance the current EMS system follow this summary.

The EMS system in San Diego County is extremely effective in providing for rapid, safe, and effective emergency medical care. A substantial body of public policy has been developed with respect to emergency care and prevention. An ongoing collaborative process is in place that allows the system to evolve using public input and sound scientific methods. With continuous education, commitment and the mutual cooperation of the entire EMS community, the local EMS agency is able to successfully fulfill its responsibility as the lead agency in planning, implementing, and evaluating the emergency medical services system in San Diego County.

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES PLAN

OBJECTIVES TO ENHANCE THE CURRENT EMS SYSTEM

Standard	Time frame		Objective
	Short	Long	
1.23 Interfacility Transfer		X	The LEMSA will await recommendations from the State Paramedic Interfacility Task Force prior to taking action on this objective. The LEMSA shall monitor the impacts of this change in the role of the paramedic through the system-wide continuous improvement program and shall support ALS provider agencies in their attempts to utilize paramedic personnel in a manner that is most efficient, resulting in a stronger EMS system.
3.01 Communication Plan		X	The LEMSA, acting in cooperation with the Regional Disaster Medical Health Coordinator committee, shall determine methods of interfacing MEDMARS with Orange and Los Angeles counties.
3.02 Radios		X	The LEMSA, in conjunction with system participants, shall continue to explore alternative communication systems, e.g., satellite or cellular systems, to enhance capabilities, especially in disaster situations.
3.03 Inter-facility Transfer		X	The LEMSA shall encourage provider agencies to establish a mechanism for communication between all transporting vehicles and receiving hospitals. The LEMSA in conjunction with system participants shall continue to explore alternative communication systems, e.g., satellite or cellular system, to enhance capabilities, especially in disaster situations.
3.09		X	The LEMSA shall develop guidelines for dispatch triage in conjunction with system participants.

SECTION 2
ASSESSMENT OF SYSTEM

TABLE 1
Summary of System Status

TABLE 1: SUMMARY OF SYSTEM STATUS**A. System Organization And Management**

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X	X		

Planning Activities

1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning*		X	X		
1.08 ALS Planning*		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X			
1.11 System Participants		X	X		

Regulatory Activities

1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/ Policies		X			

System Finances

1.16 Funding Mechanism		X			
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*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

A. System Organization And Management (continued)

Medical Direction	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.17 Medical Direction*		X			
1.18 QA/QI		X	X		
1.19 Policies/Procedures/Protocols		X			
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Inter-facility Transfer		X			X

Enhanced Level: Advanced Life Support

1.24 ALS Systems		X	X		
1.25 On-Line Medical Direction		X	X		

Enhanced Level: Trauma Care System

1.26 Trauma System Plan		X			
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Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan		X			X
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Enhanced Level: Exclusive Operating Areas

1.28 EOA Plan		X			
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*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

B. Staffing/Training

Local EMS Agency	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X			
2.02 Approval of Training		X			
2.03 Personnel		X			

Dispatchers

2.04 Dispatch Training		N/A			
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First Responders (non-transporting)

2.05 First Responder Training		X	X		
2.06 Response		X			
2.07 Medical Control		X			

Transporting Personnel

2.08 EMT-I Training		X	X		
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Hospital

2.09 CPR Training		X			
2.10 Advanced Life Support		X	X		

Enhanced Level: Advanced Life Support

2.11 Accreditation Process		X			
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X			

C. Communications

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communication Plan*		X			X
3.02 Radios		X			X
3.03 Inter-facility Transfer*		X			X
3.04 Dispatch Center		X			
3.05 Hospitals		X	X		
3.06 MCI/Disasters		X			

Public Access

3.07 9-1-1 Planning/Coordination		X			
3.08 9-1-1 Public Education		X			X

Resource Management

3.09 Dispatch Triage		N/A			X
3.10 Integrated Dispatch		X			

*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

D. Response/Transportation

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01 Service Area Boundaries*		X			
4.02 Monitoring		X	X		
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time Standards*		X			
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft*		X			
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability*		X			
4.11 Specialty Vehicles*		X			
4.12 Disaster Response		X			
4.13 Inter-county Response*		X	X		
4.14 Incident Command System		X			
4.15 MCI Plans		X			

Enhanced Level: Advanced Life Support

4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X			

*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

D. Response/Transportation (continued)

Enhanced Level: Ambulance Regulation	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.18 Compliance		X			

Enhanced Level: Exclusive Operating Permits

4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

E. Facilities/Critical Care

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01 Assessment of Capabilities		X	X		
5.02 Triage & Transfer Protocols*		X			
5.03 Transfer Guidelines*		X			
5.04 Specialty Care Facilities*		X			
5.05 Mass Casualty Management		X	X		
5.06 Hospital Evacuation*		X			

Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation*		X			
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Enhanced Level: Trauma Care System

5.08 Trauma System Design		X			
5.09 Public Input		X			

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10 Pediatric System Design		X			
5.11 Emergency Depts		X			X
5.12 Public Input		N/A			

Enhanced Level: Other Specialty Care Systems

5.13 Specialty System Design		N/A			
5.14 Public Input		N/A			

*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

F. Data Collection/System Evaluation

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01 QA/QI Program		X	X		
6.02 Prehospital Records		X			
6.03 Prehospital Care Audits		X	X		
6.04 Medical Dispatch		X			
6.05 Data Management System*		X	X		
6.06 System Design Evaluation		X			
6.07 Provider Participation		X			
6.08 Reporting		X			

Enhanced Level: Advanced Life Support

6.09 ALS Audit		X	X		
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Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X	X		

*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

G. Public Information And Education

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

H. Disaster Medical Response

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01 Disaster Medical Planning*		X			
8.02 Response Plans*		X	X		
8.03 Haz Mat Training		X			
8.04 Incident Command System*		X	X		
8.05 Distribution of Casualties*		X	X		
8.06 Needs Assessment		X	X		
8.07 Disaster Communications*		X			
8.08 Inventory of Resources*		X	X		
8.09 DMAT*		X	X		
8.10 Mutual Aid Agreements*		X			
8.11 CCP Designation*		X		X	X
8.12 Establishment of CCPs		X			
8.13 Disaster Medical Training		X	X		
8.14 Hospital Plans*		X	X		
8.15 Inter-hospital Communications*		X			
8.16 Prehospital Agency Plans		X	X		

*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table

H. Disaster Medical Response (continued)

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meets minimum Standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.17 ALS Policies*		X			

Enhanced Level: Specialty Care Systems

8.18 Specialty Center Roles		X			
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Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

8.19 Waiving Exclusivity		X			
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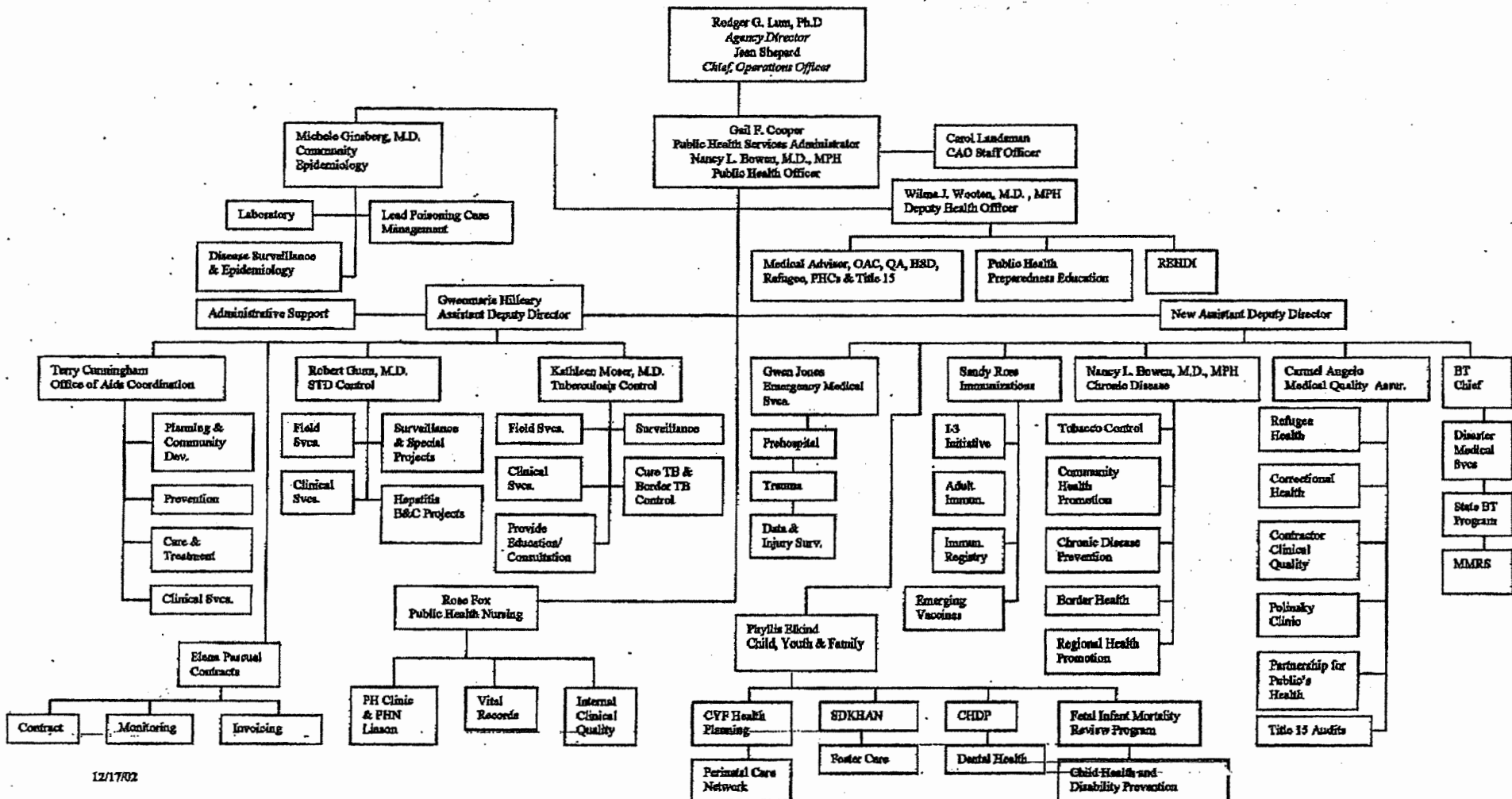
*Efforts to coordinate resources and/or services for these items with other EMS agencies are described in System Assessment section following this table.

EXHIBIT 1.01-A

County of San Diego

Health and Human Services Agency

Organization Chart



12/17/02

EXHIBIT 1.01-B
County of San Diego
Division of Emergency Medical Services
Organization Chart

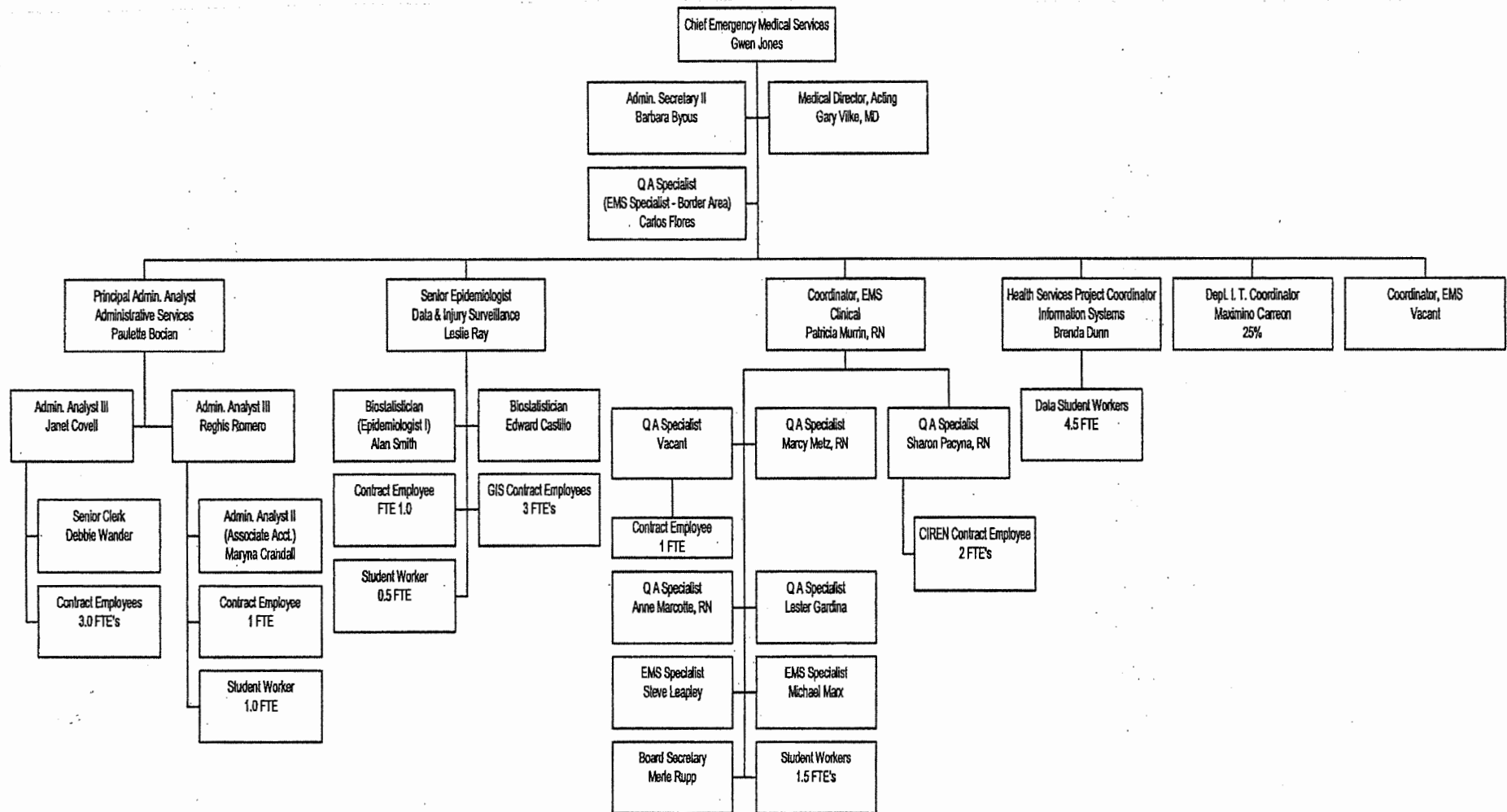


EXHIBIT 1.01-C

EMS COMMITTEES

EMERGENCY MEDICAL CARE COMMITTEE (EMCC)

- Meets at least quarterly, open meeting.
- Performs oversight of all EMS Division operations.
- Comprised of representatives from constituent groups, citizens.
- Three subcommittees: Prehospital/Hospital, Education/Research, Disaster/Operations.

BASE STATION PHYSICIANS' COMMITTEE (BSPC)

- Meets monthly, open meeting.
- Serves as official physician advisory committee for EMS medical director. Generally addresses medical issues (treatment protocols, new treatment issues, etc.).
- Comprised of base hospital medical directors, base hospital nurse coordinators, ambulance agency representatives, and paramedic/EMT association representatives.

PREHOSPITAL AUDIT COMMITTEE (PAC)

- Meets monthly, closed meeting.
- Performs confidential review of prehospital QA/QI activities. Reviews system-wide trends. Subcommittee addresses policy/systems, protocol, skills and medication issues.
- Comprised of base hospital medical directors, base hospital nurse coordinators, and others as stipulated in by-laws.

MEDICAL AUDIT COMMITTEE (MAC)

- Meets monthly, closed meeting.
- Performs confidential review of trauma cases.
- Comprised of trauma medical directors, trauma nurse coordinators, and others as stipulated in by-laws.

EMS FOR CHILDREN (EMSC) COMMITTEE

- Meets every other month from Sept through May, open meeting.
- Serves as a multidisciplinary advisory committee for EMS medical director. Generally addresses pediatric issues including integration of pediatric components into the EMS system, health care provider preparedness, community outreach, health promotion and injury prevention.
- Comprised of representatives of Base Hospital Physician's Committee, AAP, COPEM, Base Hospital Nurse Coordinators Committee, Children's Hospital, Paramedic Association, Healthcare Association, physicians from private practice and community emergency departments, Naval Hospital and a community representative and others stated in the policy S018.

BASE HOSPITAL NURSE COORDINATORS' COMMITTEE (BHNC)

- Meets monthly, closed meeting.
- Coordinates system studies/research, addresses protocol and QA issues.
- Comprised of base hospital nurse coordinators.

EXHIBIT 1.01-C

EMS COMMITTEES (continued)

TRAUMA NURSE COORDINATORS COMMITTEE

- Meets monthly, closed meeting.
- Addresses trauma protocol and QA issues.
- Comprised of trauma hospital nurse coordinators.

TRAUMA CENTER ADMINISTRATORS' COMMITTEE

- Meets quarterly, open meeting.
- Reviews trauma center activities and contract issues.
- Comprised of trauma center administrators.

COUNTY PARAMEDIC AGENCIES' COMMITTEE (CPAC)

- Meets bi-monthly, closed meeting.
- Agenda set by group - communicates concerns to County EMS.
- Comprised of paramedic agency representatives.

AREA DISASTER GROUPS - AREAS I - VI

- Meets monthly, open meeting.
- Coordinates disaster plans for each of six zones in San Diego County.
- Comprised of hospital, health care, and public safety agency representatives and others in the operational area (schools, colleges, urgent care facilities, etc.) that wish to participate in disaster planning activities.

COUNTY SERVICE AREA 17 (CSA 17) ADVISORY COMMITTEE

- Meets quarterly, open meeting.
- Provides forum for communication with community representatives of CSA 17 and facilitates the administration of the San Dieguito Ambulance District.
- Comprised of representatives from community organizations as specified in by-laws.

COUNTY SERVICE AREA 69 (CSA 69) ADVISORY COMMITTEE

- Meets quarterly, open meeting.
- Provides forum for communication with residents of CSA 69 and facilitates the administration of the Heartland Paramedic District.
- Comprised of representatives from community organizations as specified in by-laws.

SEXUAL ASSAULT RESPONSE TEAM (SART) SYSTEMS REVIEW COMMITTEE

- Meets monthly, open meeting.
- Provides oversight to the SART process and identifies and implements ongoing system improvements.
- Comprised of representatives from SART facilities, law enforcement, advocacy programs, District Attorney's office, Center for Child Protection, and EMS.

EXHIBIT 1.01-C

EMS COMMITTEES (continued)

OTHER COMMITTEES:

San Diego County Fire Chiefs Association

Medical Society

San Diego County Paramedic Association

EMS Training Agencies

Health Care Association

EMS Section Chiefs

TASK FORCES: As needed.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.04 Medical Director

STANDARD:

- 1.04 Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

GUIDELINE(S):

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS:

Mel A. Ochs, M.D., FACEP served as the County EMS Medical Director from 7/01/89 through 3/29/02. Upon Dr. Ochs' resignation, the County appointed Gary Vilke, M.D., FACEP as the Interim EMS Medical Director. Dr. Vilke is board certified in Emergency Medicine and has been an Emergency Department physician at UCSD Medical Center since completion of his residency in 1996. In addition, Dr. Vilke serves as an Associate Professor of Clinical Medicine at the UCSD School of Medicine, Assistant Director for the Department of Emergency Medicine at UCSD Medical Center, Base Hospital Medical Director for UCSD, Medical Director for both paramedic training programs within San Diego County, and Medical Director for Mercy Air Medical Transport Service. Dr. Vilke has received several honors and awards for his achievements in academics and research, as well as been published numerous times in the Journal of Emergency Medicine, Annals of Emergency Medicine, Prehospital Emergency Care and others. The local EMS agency will be making a permanent appointment to the position in 2003.

Dr. Vilke has various advisory committees, including: Base Station Physicians' Committee, a multi-disciplinary organization composed of all the base hospital medical directors, with representatives of the base hospital nurse coordinators, Children's Hospital emergency department medical director, and provider agencies; Paramedic Agencies' Committee; Medical Audit Committee (provides trauma advisory function); Emergency Medical Care Committee and its multi-disciplinary subcommittees on education, disaster, and prehospital issues.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT
NEEDS REVISION

Planning Activities

1.05/1.06 System Plan/Annual Plan Update

STANDARD:

- 1.05 Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall:
- a) assess how the current system meets these guidelines,
 - b) identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
 - c) provide a methodology and time line for meeting these needs.
- 1.06 Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

CURRENT STATUS:

The LEMSA developed a comprehensive EMS System Base plan for fiscal year 1997-98 identifying all system needs and methodologies to meet the needs. Two subsequent Plan updates were submitted for fiscal year 1998-99 and fiscal year 1999-00. This plan combines the subsequent updates which provide data through fiscal year 2002-2003. The next Plan to be submitted will be a new Base Plan.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.08 ALS Planning*

STANDARD:

1.08 Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

CURRENT STATUS:

The San Diego County EMS system currently has designated 22 ground ALS provider jurisdictions to provide advanced life support services to the majority of San Diego County. These jurisdictions include cities, fire districts, a hospital district, a water district, two Indian tribes and two County Service Areas. Ambulance services in three large rural areas (Borrego Springs, Julian, and Valley Center service areas), the City of Coronado and a small area near Otay Mesa, were updated to ALS in 2001.

COORDINATION WITH OTHER EMS AGENCIES:

Paramedic inter-county agreements with surrounding counties address the provision of ALS services across county lines. Paramedic inter-county agreements are in place between the County of San Diego and the following jurisdictions: Imperial County, Orange County, Riverside County, San Bernardino County, and Los Angeles County.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.10 Special Populations

STANDARD:

1.10 Each local EMS agency shall identify population groups served by the EMS system, which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

GUIDELINE(S):

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

CURRENT STATUS:

The Pediatric Treatment Protocols, implemented in March 1995, provide enhanced care for this special population group. The San Diego County EMS Policies and Procedures Manual has dedicated Protocols A217, A260, A271, P112, P113, P117, and S-160 through S-172 to deal with specific pediatric issues.

Most dispatch centers employ multi-lingual (commonly Spanish- and Asian-speaking) operators to deal with non-English-speaking patients. Also, dispatch centers access telephone language lines to enhance communication with the majority of non-English-speaking callers. Receiving hospitals maintain rosters of bilingual personnel who can be called to the emergency departments as interpreters. The Trauma Plan has operationalized a method for disbursing border patients between two different trauma hospitals.

Specialized training in the areas of geriatric and handicapped patients is incorporated into basic and continuing education programs for EMT-Is, EMT-Ps and MICNs, and in disaster preparedness protocols.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

System Finances

1.16 Funding Mechanism

STANDARD:

- 1.16 Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation, and shall maximize use of its Emergency Medical Services Fund.

CURRENT STATUS:

The portion of the EMS Fund (SB612 and SB623) not allocated to hospitals and physicians for indigent care is utilized to cover a portion of the daily operations of the LEMSA. In addition, fees are charged for certification/accreditation functions, ambulance operator permits, and base and trauma hospital designation. State Aid Health Realignment Fees (Vehicle License Fee) are also earmarked for EMS operations. Grant funding, both State and Federal, is vigorously pursued by the LEMSA and is used to offset specialized projects or evaluation and implementation of new system enhancements.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.23 Inter-facility Transfer

STANDARD:

- 1.23 The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during inter-facility transfers.

CURRENT STATUS:

Policy S-008 provides guidelines for ambulance transport of patients between acute care hospitals. It describes the types of ambulance services available for inter-facility transfer and the role of a base hospital, and defines the scope of practice of the EMT-I, EMT-P, and nurse staffed ambulances as they relate to the inter-facility transfer of patients.

The San Diego County EMS community has, thus far, reserved the EMT-Paramedic strictly for use within the emergency 9-1-1-system. Currently, no paramedics operate in a non-emergency role. The LEMSA has been approached in the past by private providers of ALS services with initial proposals for the expansion of the role of paramedics into the non-emergency, inter-facility arena. The LEMSA began a process of developing community consensus on this issue, and expected to define the role of the paramedic in interfacility transfer by mid 2000. However, concerns were expressed by the local jurisdictions to the LEMSA, and this issue was put on hold while the LEMSA awaits recommendations from the State Paramedic Inter-facility Task Force before resuming efforts on this issue.

COORDINATION WITH OTHER EMS AGENCIES:

As defined in regulations, in the event of an inter-facility transfer over county lines, the medical personnel shall follow the scope of practice defined by the originating county. In addition, inter-county agreements exist between the County of San Diego and surrounding LEMSAs.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard; however, the community consensus process to redefine the role of the paramedic in interfacility transfers is continuing.

TIME FRAME FOR OBJECTIVE:

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.23 Inter-facility Transfer

(continued)

[X] Long-range Plan (more than one year)

To support ALS provider agencies in their attempts to utilize paramedic personnel in a manner that is most efficient, resulting in a stronger EMS system. To monitor the impacts of any change in the role of the paramedic through the system-wide continuous quality improvement program. Plan is on hold awaiting recommendations from the State Paramedic Inter-facility Taskforce.

SYSTEM ASSESSMENT -- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Trauma Care System

1.26 Trauma System Plan

STANDARD:

- 1.26 The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:
- a) the optimal system design for trauma care in the EMS area, and
 - b) the process for assigning roles to system participants, including a process, which allows all eligible facilities to apply.

CURRENT STATUS:

The Emergency Medical Services Trauma Plan for San Diego County was approved by the EMS Authority in April 1990 and describes all aspects of the system in detail. A 2002 Trauma Plan has been submitted to the EMS Authority for approval. The plan will be revised and re-submitted following the completion of the Trauma System Assessment in 2003.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment

3.01 Communication Plan*

STANDARD:

3.01 The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

GUIDELINE(S):

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

CURRENT STATUS:

On June 1, 1998, the San Diego County EMS system transitioned to the County's Regional Communications System (RCS). This system is a digitally trunked 800 MHz (voice and data) radio system. All hospitals and EMS responders within San Diego County are on the system. All ALS units and BLS units (transport only) have the capability to communicate with both base hospitals and receiving hospitals within the County. Each of the eight base hospitals has two radios, one for ALS and one for BLS communications. All receiving hospitals have only the BLS radio. All ALS and BLS units have the capability to speak directly with any hospital, thereby eliminating the need to go through a third party as with the previous VHF system. All radios utilized within the system have a number of common mutual aid frequencies to allow for communication between various responders at any scene. All units have the ability to contact the Sheriff's Communication Center through a shared hailing talk group.

The Quality Assurance Network (QA Net), a wide area computer network, is installed in 22 hospitals (all comprehensive and basic emergency facilities in the county) as well as dispatch agencies, and has "dial up" capability from remote sites such as fire stations and ambulance posting locations. The QA Net has both hospital polling software and electronic mail capability.

Cell phones and satellites are used by most agencies, including the LEMSA, as back up in disaster.

COORDINATION WITH OTHER EMS AGENCIES:

San Diego County shares the Medical Mutual Aid Radio System (MEDMARS) with San Bernardino, Imperial, Inyo, Mono and Riverside counties. It is used to interface with those counties and is used to link the EMS agencies and health officers.

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment

3.01 Communication Plan*

(continued)

NEED(S):

To interface MEDMARS with Orange and Los Angeles counties.

OBJECTIVE:

The LEMSA, acting in cooperation with the Regional Disaster Medical Health Coordinator committee, shall determine methods of interfacing MEDMARS with Orange County and Los Angeles County.

TIME FRAME FOR OBJECTIVE:

☐ Short-range Plan (one year or less)

☒ Long-range Plan (more than one year)

SYSTEM ASSESSMENT -- COMMUNICATIONS

Communications Equipment

3.02 Radios

STANDARD:

3.02 Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

GUIDELINE(S):

Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provides for vehicle-to-vehicle (including both ambulance and non-transporting first responder units) communication.

CURRENT STATUS:

All emergency medical transport vehicles and non-transporting ALS responders are equipped with two-way radios. All EMS communications have transitioned to the Regional Communications System. 800 MHz digitally trunked radios are installed in all emergency medical transport vehicles and non-transporting ALS responder vehicles as well as all basic emergency facilities to allow for field-to-hospital communications.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

None.

OBJECTIVE:

The LEMSA, in conjunction with system participants, shall continue to explore alternative communication systems, e.g., satellite or cellular systems, to enhance capabilities, especially in disaster situations.

TIME FRAME FOR OBJECTIVE:

☐ Short-range Plan (one year or less)

☒ Long-range Plan (more than one year)

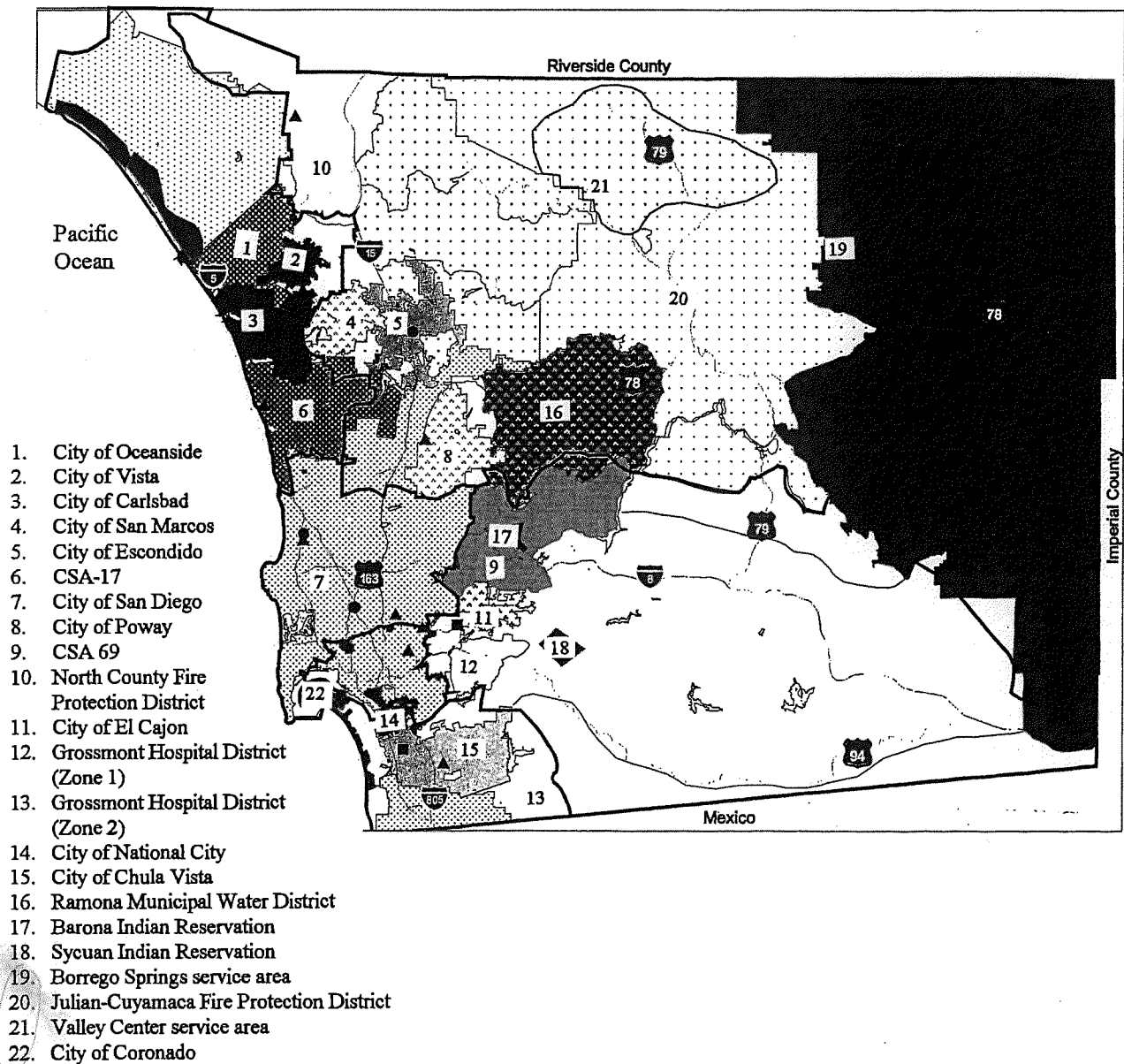
SYSTEM ASSESSMENT -- RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.22 Evaluation

EXCLUSIVE OPERATING AREAS - MAP OF JURISDICTIONAL BOUNDARIES

San Diego County By Health Services Regions With Ambulance Service Areas and Hospital Facilities



SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Trauma Care System

5.08 Trauma System Design

STANDARD:

- 5.08 Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:
- a) the number and level of trauma centers (including the use of trauma centers in other counties),
 - b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
 - c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
 - d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
 - e) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

Based on a system assessment performed by the County of San Diego Board of Supervisors, the Health Care Association of San Diego and Imperial Counties, and the San Diego County Medical Society, the Trauma Management System was implemented on August 1, 1984. This Trauma Management System includes:

- 1) The designation of five geographically distributed adult trauma centers and one centrally located pediatric trauma center. At least one of the adult trauma centers should be designated a Level I facility. Policies T-710 and T-711 provide the processes for designation and dedesignation of trauma centers.
- 2) The establishment by the LEMSA of trauma catchment areas. The trauma catchment guidelines are based upon population, location and geographic considerations. The LEMSA maintains responsibility for adjusting these areas as circumstances require.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Trauma Care System

5.08 Trauma System Design

(continued)

- 3) The development of policies to identify patients who should be triaged or transferred to a designated trauma center. These policies are found in the San Diego County EMS Policies and Procedures Manual. Policies T-460 and T-461 respectively identify adult and pediatric trauma center candidates. Policy S-407 provides for the transfer of patients to specialty care facilities.
- 4) The establishment of the role of non-trauma center hospitals with emphasis on coordination with trauma centers for the management of trauma patients. Policy T-714 provides for trauma consultation with community physicians.
- 5) The establishment of a Quality Assurance Committee. On June 5, 1984, the County of San Diego Board of Supervisors directed the Department of Health Services to establish an ongoing Quality Assurance Committee (currently known as the Medical Audit Committee) "consisting of Department staff and clinical experts, to monitor, evaluate and report on the necessity, quality and level of trauma care services." The trauma medical audit process provides the opportunity for a wide range of local trauma system participants to come together in a confidential, multi-disciplinary forum that monitors and evaluates the system.

A 2002 Trauma Plan has been submitted to the EMS Authority for approval. The plan will be revised and re-submitted following the completion of the Trauma System Assessment in 2003.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Trauma Care System

5.09 Public Input

STANDARD:

5.09 In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

CURRENT STATUS:

The San Diego County Trauma Management Plan was developed by the Hospital Council of San Diego and Imperial Counties and the County Medical Society, with input from the Emergency Medical Care Committee (EMCC). In October 1983, with support and direction from the County of San Diego Board of Supervisors, the Department of Health Services created an ad hoc Trauma Advisory Task Force to assist in the review and evaluation of the Hospital Council-Medical Society Trauma Plan. The advisory group of outside trauma experts conducted public hearings, and convened informal sessions with inhospital and prehospital trauma providers to develop recommendations for the Department and the Board of Supervisors. On August 1, 1984, the current trauma management system was implemented. Ongoing system planning continues to receive input from the EMCC and multiple advisory committees and subcommittees. A 2002 Trauma Plan has been submitted to the EMS Authority for approval. The plan will be revised and re-submitted following the completion of the Trauma System Assessment in 2003.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

SYSTEM ASSESSMENT -- FACILITIES/CRITICAL CARE

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.11 Emergency Departments

STANDARD:

- 5.11 Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:
- a) staffing,
 - b) training,
 - c) equipment,
 - d) identification of patients for whom consultation with a pediatric critical care center is appropriate,
 - e) quality assurance quality improvement, and
 - f) data reporting to the local EMS agency.

GUIDELINE(S):

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

CURRENT STATUS:

San Diego County has not established independent minimum standards for emergency departments relative to their pediatric capabilities. However, an EMS-C Advisory Board Committee has been formed and will develop voluntary Emergency Department Pediatric Guidelines. Pediatric trauma and critical care needs are met through a single pediatric facility, Children's Hospital, which provides consultation and critical care transfer services. Pediatric emergency medical needs are met by utilization of all Emergency Departments and coordination with Children's Hospital.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Development of voluntary Emergency Department Pediatric Guidelines.

OBJECTIVE:

No further objective needed to meet standard.

TIME FRAME FOR OBJECTIVE:

[X] Long-range Plan (more than one year)

Implementation of an Emergency Medical Services for Children program to establish defined Standards for pediatric emergency, trauma and critical care.

SYSTEM ASSESSMENT -- DATA COLLECTION/SYSTEM EVALUATION

Universal Level **6.01 QA/QI Programs**

STANDARD:

6.01 The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize State standards and guidelines. The program shall use provider-based QA/QI programs and shall coordinate them with other providers.

GUIDELINE(S):

The local EMS agency should have the resources to evaluate the response to, and the care provided to, specific patients.

CURRENT STATUS:

The LEMSA has developed a system-wide quality assurance program, Policy S-004, Quality Assurance for the Emergency Medical Services System. This policy addresses the total EMS system, including all ALS/BLS provider agencies, base hospitals and trauma centers. Each paramedic provider agency, base hospital and trauma center is required to submit to the LEMSA a quality improvement program for approval. In addition, the LEMSA has established two system QA/QI committees which review care provided in the prehospital arena (Prehospital Audit Committee) and trauma care (Medical Audit Committee).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet the standard.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.07 Disaster Communications*

STANDARD:

8.07 A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

CURRENT STATUS:

The MEDMARS system is available for administrative use between RDMHC Region VI counties. This frequency is routinely monitored by disaster staff in these counties.

COORDINATION WITH OTHER EMS AGENCIES:

The communication system for RDMHC Region VI has not been fully developed beyond the current MEDMARS system in use at this time. RDMHC Region VI is presently studying a satellite communication system used by numerous other RDMHC regions in California.

NEED(S):

Standard met.

OBJECTIVE:

The LEMSA will migrate to a primary communication system to be shared by all RDMHC regions in California by the end of 2003.

SYSTEM ASSESSMENT -- DISASTER MEDICAL RESPONSE

Universal Level

8.15 Inter-hospital Communications*

STANDARD:

8.15 The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

CURRENT STATUS:

The QA Net communication system is available to all hospitals throughout San Diego County. This system is coordinated and operated by the LEMSA. Operational procedures for the use of this system have been established.

The QA Net system provides a mechanism for hospitals to communicate with each other. In addition, the system provides a mechanism for hospitals to communicate via computer with the LEMSA. Communication between facilitating base hospitals and their satellite hospitals is facilitated directly through the RCS 800 MHz radio system. The Sheriff's Communication Center has the ability to contact as well as monitor communications between the field and the hospitals through the RCS 800 MHz system.

COORDINATION WITH OTHER EMS AGENCIES:

RDMHCs for Regions VI and I are currently working to coordinate communication systems between the two regions as well as with the rest of the regions in California and the State EMSA.

NEED(S):

Standard met.

OBJECTIVE:

To establish a statewide communications system between RDMHC regions and the State EMSA by the end of 2003.

TIME FRAME FOR OBJECTIVE:

☐ Short-range Plan (one year or less)

☒ Long-range Plan (more than one year)

SECTION 3
SYSTEM RESOURCES AND OPERATIONS

TABLE 2
System Organization and Management

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT**EMS System: San Diego County County: San Diego Reporting Year: FY 2002-03****1. Percentage of population served by each level of care by county:**

(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

a. Basic Life Support (BLS)	<u>5%</u>
b. Limited Advanced Life Support (LALS)	<u>0%</u>
c. Advanced Life Support (ALS)	<u>95%</u>

2. Type of agency: b

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

3. The person responsible for day-to-day activities of EMS agency reports to: b

- a. Public Health Officer
- b. Health Services Agency Director/Administrator
- c. Board of Directors
- d. Other:

4. Indicate the non-required functions that are performed by the agency:

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (continued)
EMS System: San Diego County County: San Diego Reporting Year: FY 2002-03

5. EMS agency budget for FY: 2002-03

A. EXPENSES:

Salaries and benefits (all but contract personnel)	\$ 2,348,849
Contract Services (e.g., medical director)	3,470,878
Operations (e.g., copying, postage, facilities)	259,414
Travel	54,487
Indirect expense (overhead)	360,000
Ambulance subsidy	449,334
EMS Fund payments to physicians/hospital	3,050,000
Dispatch center operations (non-staff)	17,000
Other: Ambulance Districts (CSA 17-\$1,629,064, CSA 69-\$2,557,671)	<u>4,186,735</u>
TOTAL EXPENSES	<u>\$14,196,697</u>

B. SOURCES OF REVENUE:

Local tax funds (e.g., EMS district)	\$ 4,186,735
Certification fees	28,155
Medical Administration	195,000
Recovered Expenditures	229,568
Base hospital designation fees	200,000
Trauma center designation fees	240,000
Ambulance Service/vehicle fee	65,000
Other fees: State Aid, Health Realignment, VLF	2,491,878
State Aid, Tobacco Settlement	450,000
County General Fund	564,066
EMS fund (SB12/612)	4,471,922
Other grants: NHTSA – CIREN:GM	480,000
SDSU Foundation – Safe Communities	18,230
CA Dept of Corrections	330,925
EMSC Grant	131,747
Corrections Corporation of America	70,525
Elderly Suicide Prevention	<u>42,946</u>
TOTAL REVENUE	<u>\$14,196,697</u>

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)
EMS System: San Diego County County: San Diego Reporting Year: FY 2002-03

6. Fee structure for FY: 2002-03

 We do not charge any fees.

 X Our fee structure is:

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

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)**EMS System: San Diego County County: San Diego Reporting Year: FY 2002-03****6. Fee structure for FY: 2002-03 (continued)**

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

**7. Complete the table on the following two pages for the EMS agency staff for:
Fiscal Year 2002-03**

TABLE 3
Personnel and Training

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002-03**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY <u>HOURLY</u> EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Administrator/ Coordinator/Director	Administrator	1	37.65	31%	
Assistant Administrator	Administrative Assistant I	1	19.69	31%	
Administrative Assistant	Administrative Assistant III	2	28.41	31%	
Administrative Manager	Principal Administrative Analyst	1	32.08	31%	
ALS Coordinator	QA Specialist	1	32.82	31%	
Field Coordinator	EMS Specialist	1	28.33	31%	
Training Coordinator	EMS Specialist	1	25.70	31%	
Program Coordinator	NA				
Field Liaison (nonclinical)	EMS Specialist	2	28.33	31%	
Trauma Coordinator	Coordinator, EMS	1	34.53	31%	
Medical Director	Consulting Physician	.5	80.00	3%	
Other MD	NA				
Medical Consultant	NA				
Training Medical Director	NA				
Disaster Medical Planner	Coordinator, EMS	1	34.53	31%	

TABLE 2: SYSTEM ORGANIZATION & MANAGEMENT (continued)**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002-03**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY <u>HOURLY</u> EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor	NA				
Data Evaluator Analyst	H.S. Project Coordinator	1	34.13	31%	
	Biostatistician	2	23.97	31%	
	Senior Epidemiologist	1	36.56	31%	
	Epidemiologist	1	30.21	31%	
QA/QI Coordinator	Quality Assurance Specialist	5	32.82	31%	
Public Information and Education Coordinator	NA				
Executive Secretary	Administrative Secretary II	1	16.29	31%	
Other Clerical	Board Secretary	1	18.21	31%	
	Senior Clerk	1	15.31		
Data Entry Clerk	Student Workers	5.5	12.00	10%	
Other	Various	9	Varies	10%	

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

(SEE PAGE 16)

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002-03**

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	2569	0		118	0
Number newly certified this year	1235	0		28	0
Number recertified this year	1115	0		90	0
Total number of accredited personnel on July 1 of the reporting year			794		
Number of certification reviews resulting in:					
a) formal investigations	4	0	0	0	0
b) probation	1	0	0	0	0
c) suspensions	0	0	0	0	0
d) revocations	0	0	0	0	0
e) denials	0	0	0	0	0
f) denials of renewal	0	0	0	0	0
g) no action taken	3	0	0	0	0

1. Number of EMS dispatchers trained to EMSA standards: **NA**
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified **2817**
 - b) Number of public safety (defib) certified (non-EMT-I) **158**
3. Do you have a first responder training program? **YES**

TABLE 4
Communications

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications
EMS System: San Diego County County: San Diego Reporting Year: FY 2002-03

1. Number of primary Public Service Answering Points (PSAPs)	14
2. Number of secondary PSAPs	9
3. Number of dispatch centers directly dispatching ambulances	15
4. Number of designated dispatch centers for EMS Aircraft	1
5. Do you have an operational area disaster communication system?	YES
a. Radio primary frequency	800 MHz
b. Other methods	
c. Can all medical response units communicate on the same disaster communications system?	YES
d. Do you participate in OASIS?	NO
e. Do you have a plan to utilize RACES as a back-up communication system?	YES
1) Within the operational area?	YES
2) Between the operational area and the region and/or state?	YES

TABLE 5
Response and Transportation

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response & Transportation
EMS System: San Diego County County: San Diego Reporting Year: FY 2002-03

TRANSPORTING AGENCIES

1. Number of exclusive operating areas		22
2. Percentage of population covered by Exclusive Operating Areas (EOA)		95%
3. Total number of responses		229,064
a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	159,733
b) Number of non-emergency responses	(Code 1: normal)	61,011
4. Total number of transports		195,797
a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	130,233
b) Number of non-emergency transports	(Code 1: normal)	60,036

EARLY DEFIBRILLATION PROVIDERS

Reporting Year: FY 2002-03

5. Number of public safety defibrillation providers	(Included in EMT-D below)	
6. Number of EMT-Defibrillation providers		
a) Automated		46
b) Manual		0

AIR AMBULANCE SERVICES

Reporting Year: FY 2002-03

7. Total number of responses		1,487
a) Number of emergency responses		1,431
b) Number of non-emergency responses		56
8. Total number of transports		1,420
a) Number of emergency (scene) transports		1,382
b) Number of non-emergency transports		38

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response and Transportation (continued)
EMS System: San Diego County **County: San Diego** **Reporting Year: FY 2002-03**

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder	not collected	not collected	not collected	not collected
2. Early defibrillation responder	not collected	not collected	not collected	not collected
3. Advanced life support responder (ALS)	11.00 minutes	30.00 minutes	32.00 minutes	11.00 minutes
4. Transport Ambulance (BLS)	30.00 minutes	32.00 minutes	23.00 minutes	30.00 minutes

NOTE: Response times were calculated using 12 months of available 2002/2003 data projected to an annual basis.

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response and Transportation (continued)
EMS System: San Diego County **County: San Diego** **Reporting Year: FY 96-97**

[*CORRECTED BASE PLAN YEAR DATA***]**

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder	not collected	not collected	not collected	not collected
2. Early defibrillation responder	not collected	not collected	not collected	not collected
3. Advanced life support responder (ALS)	10.00 minutes	29.00 minutes	80.00 minutes	10.00 minutes
4. Transport Ambulance (BLS)	32.00 minutes	46.00 minutes	33.00 minutes	32.00 minutes

PLEASE NOTE: RESPONSE TIMES REPORTED IN THE INITIAL BASE PLAN, PREVIOUSLY SUBMITTED, WERE BASED ON THE CALCULATED "MEAN" RATHER THAN 90TH PERCENTILE. THE ABOVE INFORMATION IS CORRECT FOR FY 96-97 BASE YEAR PLAN.

TABLE 6
Facilities and Critical Care

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS - Facilities & Critical Care
EMS System: San Diego County County: San Diego Reporting Year: FY 2002-03**

TRAUMA:

Trauma patients:

a) Number of patients meeting trauma triage criteria	8,984
b) Number of major trauma victims* transported directly to a trauma center by ambulance	3,939
c) Number of major trauma patients* transferred to a trauma center	892
d) Number of patients meeting triage criteria who weren't treated at a trauma center	**NA

EMERGENCY DEPARTMENTS:

Total number of emergency departments	20
a) Number of referral emergency services	NA
b) Number of standby emergency services	0
c) Number of basic emergency services	19
d) Number of comprehensive emergency services	1

RECEIVING HOSPITALS:

1. Number of receiving hospitals with written agreements	NA (not designated)
2. Number of base hospitals with written agreements	8

*Major trauma patient numbers for FY 00-01 reflect only those patients meeting the criteria for inclusion in the trauma registry. The previously submitted Base Plan included all trauma patients, which is no longer collected.

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

TABLE 7
Disaster Medical

**TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical
EMS System: San Diego County County: San Diego Reporting Year: FY 2002-03**

SYSTEM RESOURCES:

1. **Field Treatment Sites (FTS)**
 - a. Where are your FTS located? Not predesignated
 - b. How are they staffed? DMATs, Mutual Aid Partners, Public Health Nurses
 - c. Do you have a supply system for supporting them for 72 hours? YES
2. **CISD**
 - a. Do you have a CISD provider with 24 hour capability? YES
3. **Medical Response Team**
 - a. Do you have any team medical response capability? YES
 - b. For each team, are they incorporated into your local response plan? YES
 - c. Are they available for statewide response? YES
 - d. Are they part of a formal out-of-state response system? YES
4. **Hazardous Materials**
 - a. Do you have any HazMat trained medical response teams? YES
 - b. At what HazMat level are they trained? Level A
HazMat Technician
 - 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

EMS System: San Diego County County: San Diego Reporting Year: FY 2002-03

1.	Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?	YES
2.	What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?	19
3.	Have you tested your MCI Plan this year in a: a. real event?	YES
	b. exercise?	YES
4.	List all counties with which you have a written medical mutual aid agreement.	<p>Region I: Los Angeles Orange</p> <p>Region VI: Riverside Imperial San Bernardino Inyo Mono</p>
5.	Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?	YES*
6.	Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?	IN PROGRESS
7.	Are you part of a multi-county EMS system for disaster response?	YES
8.	If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?	YES**

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

SECTION 4
RESOURCE DIRECTORIES

TABLE 8
Providers

TABLE 8: RESOURCES DIRECTORY -- Providers/Private
EMS System: San Diego County **County: San Diego**

Reporting Year: FY 2002/2003

AMERICAN MEDICAL RESPONSE-- SAN DIEGO 8808 BALBOA AVENUE, #150 SAN DIEGO, CA 92123 Phone: (858) 492-8111			Primary Contact: MIKE MURPHY, DIRECTOR OF OPERATIONS		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS PS-Defib 159 BLS EMT-D LALS 109 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 59

AMERICARE AMBULANCE 1924 COMMERCIAL STREET, SUITE B ESCONDIDO, CA 92029 Phone: (760) 781-3895			Primary Contact: MARK EWING		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS PS-Defib 30 BLS 8 EMT-D LALS ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 6

TABLE 8: RESOURCES DIRECTORY -- Providers/Private
EMS System: San Diego County **County: San Diego**

Reporting Year: FY 2002/2003

BALBOA AMBULANCE INCORPORATED P.O. BOX 34577 SAN DIEGO, CA 92163 Phone: (619) 295-1942			Primary Contact: JOHN OLSON, GENERAL MANAGER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib <u>50</u> BLS ____ EMT-D ____ LALS ____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 16

CARE MEDICAL TRANSPORTATION 9770 CANDIDA STREET SAN DIEGO, CA 92126 Phone: (619) 229-6111			Primary Contact: JAMES HOFFMAN		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib <u>70</u> BLS <u>50</u> EMT-D ____ LALS ____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 24

TABLE 8: RESOURCES DIRECTORY -- Providers/Private**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

EVENT MEDICAL SERVICES, INC. 10765 NOEL STREET LOS ALAMITOS, CA 90720 Phone: (619) 294-4177			Primary Contact: DEAN GROSE, MEDICAL COORDINATOR		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS PS-Defib 40 BLS 25 EMT-D LALS 2 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Ambulances: 11

NATIONAL STEEL AND SHIPBUILDING COMPANY P.O. BOX 85278 SAN DIEGO, CA 92186-5278 Phone: (619) 544-8889			Primary Contact: ROGER WESSELY		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS PS-Defib BLS 12 EMT-D LALS 12 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Ambulances: 1

TABLE 8: RESOURCES DIRECTORY -- Providers/Private**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

PRIORITY ONE MEDICAL TRANSPORT 202 GREENFIELD, SUITE A EL CAJON, CA 92020 Phone: (800) 600-3370			Primary Contact: MICHAEL PARKER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 30 BLS _____ 7 EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 8

SAN ONOFRE FIRE DEPARTMENT P.O. BOX 128 SAN CLEMENTE, CA 92672 Phone: (949) 368-6649			Primary Contact: BERT PENNINGTON, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 19 BLS _____ 19 EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Fire)	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 1

TABLE 8: RESOURCES DIRECTORY -- Providers/Private**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

SCHAEFER AMBULANCE SERVICE 7257 UNIVERSITY AVENUE LA MESA, CA 91941 Phone: (619) 583-0454			Primary Contact: RICK LARSON, REGIONAL MANAGER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 36 BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 9

WEST SHORE AMBULANCE SERVICE, INC. 83 DESERT SHORE DRIVE DESERT SHORE, CA 92274 Phone: (619) 395-6800			Primary Contact: MARCIA McKINNEY, OFFICE MANAGER		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ 1 EMT-D _____ 4 LALS _____ 4 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers/Private, Air**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

MERCY AIR AMBULANCE P.O. BOX 2532 FONTANA, CA 92334 Phone: (909) 829-7000			Primary Contact: LESLI EIDE, PROGRAM DIRECTOR CALIFORNIA		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ BLS ____ EMT-D ____ LALS ____ 24 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

ALPINE FIRE PROTECTION DISTRICT 1834 ALPINE BOULEVARD ALPINE, CA 91901 Phone: (619) 445-2635			Primary Contact: ANDY PARR, DIVISION CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>11</u> EMT-D _____ LALS <u>4</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

BARONA FIRE DEPARTMENT 1112 BARONA ROAD LAKESIDE, CA 92040 Phone: (619) 390-2794			Primary Contact: DOUGLAS A. MORIARTY		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS <u>28</u> PS-Defib _____ BLS _____ EMT-D _____ LALS <u>3</u> ALS
Ownership: <input checked="" type="checkbox"/> Public (Fire) <input checked="" type="checkbox"/> Private (Transport)	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 6

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

BONITA-SUNNYSIDE FIRE PROTECTION DISTRICT 4900 BONITA ROAD BONITA, CA 91902-1725 Phone: (619) 479-2346			Primary Contact: SCOTT WALKER, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>6</u> EMT-D _____ LALS <u>6</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

BORREGO SPRINGS FIRE PROTECTION DISTRICT P.O. BOX 898 BORREGO SPRINGS, CA 92004-0898 Phone: (760) 767-5436			Primary Contact: GARY ADAMS, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>1</u> BLS <u>12</u> EMT-D _____ LALS <u>6</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 3

TABLE 8: RESOURCES DIRECTORY -- Providers/Public
EMS System: San Diego County
County: San Diego
Reporting Year: FY 2002/2003

BOULEVARD VOLUNTEER FIRE & RESCUE DEPARTMENT (CSA-109) P.O. BOX 1273 BOULEVARD, CA 91905 Phone: (619) 766-4633			Primary Contact: JAMES KELEMAN, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ 2 ___ PS ___ PS-Defib ___ 4 ___ BLS ___ 3 ___ EMT-D ___ LALS ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

CALIFORNIA DEPARTMENT OF FORESTRY 2249 JAMACHA ROAD EL CAJON, CA 92020-4517 Phone: (619) 588-0364			Primary Contact: KEN MILLER, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ 300 ___ PS ___ PS-Defib ___ BLS ___ EMT-D ___ LALS ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input 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"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

CAMPO RESERVATION FIRE 36210 CHURCH ROAD CAMPO, CA 91906 Phone: (619) 478-2371			Primary Contact: STEVEN M. CUERO, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>15</u> PS <u> </u> PS-Defib <u> </u> BLS <u>4</u> EMT-D <u> </u> LALS <u> </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input checked="" type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

CARLSBAD FIRE DEPARTMENT 2560 ORION WAY CARLSBAD, CA 92008 Phone: (760) 931-2141			Primary Contact: KEVIN CRAWFORD, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u> </u> PS <u> </u> PS-Defib <u>66</u> BLS <u> </u> EMT-D <u> </u> LALS <u>31</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2 ALS Engine Companies: 6

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

CHULA VISTA FIRE DEPARTMENT 447 F STREET CHULA VISTA, CA 91910 Phone: (619) 691-5055			Primary Contact: DOUGLAS A. PERRY, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>77</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

CITY OF CORONADO 1001 6TH STREET CORONADO, CA 92118 Phone: (619) 522-7374			Primary Contact: JOHN TRAYLOR, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>21</u> EMT-D _____ LALS <u>6</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 3

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

DEER SPRINGS FIRE PROTECTION DISTRICT 8709 CIRCLE R DRIVE ESCONDIDO, CA 92026 Phone: (760) 749-8001			Primary Contact: ALAN BLACK, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS PS-Defib BLS <u>6</u> EMT-D LALS <u>4</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

DEL MAR FIRE DEPARTMENT 2200 JIMMY DURANTE BOULEVARD DEL MAR, CA 92014-2216 Phone: (858) 755-1522			Primary Contact: JACK GOSNEY, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS PS-Defib <u>1</u> BLS <u>36</u> EMT-D LALS ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 1

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

EAST COUNTY FIRE PROTECTION DISTRICT 1811 SUNCREST BLVD. EL CAJON, CA 92021-4246 Phone: (619) 579-6034			Primary Contact: DARRELL JOBES, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>35</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

EL CAJON FIRE DEPARTMENT 100 EAST LEXINGTON EL CAJON, CA 92020-4517 Phone: (619) 441-1612			Primary Contact: ED JARRELL, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>36</u> EMT-D _____ LALS <u>28</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 3

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

ELFIN FOREST/HARMONY GROVE FIRE DEPARTMENT INC. 20223 ELFIN FOREST ROAD ELFIN FOREST, CA 92029 Phone: (760) 744-2186			Primary Contact: FRANK TWOHY, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS <u>15</u> PS-Defib _____ BLS <u>11</u> EMT-D _____ LALS <u>3</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

ENCINITAS FIRE DEPARTMENT 505 SOUTH VULCAN AVENUE ENCINITAS, CA 92024-3633 Phone: (760) 633-2800			Primary Contact: DON HEISER, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>32</u> EMT-D _____ LALS <u>13</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

ESCONDIDO FIRE DEPARTMENT 201 NORTH BROADWAY ESCONDIDO, CA 92025-2762 Phone: (760) 839-5400			Primary Contact: VIC REED, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib 47 BLS _____ EMT-D _____ LALS 43 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 6

IMPERIAL BEACH FIRE DEPARTMENT 865 IMPERIAL BEACH BOULEVARD IMPERIAL BEACH, CA 91932-2795 Phone: (619) 423-8223			Primary Contact: PAUL SMITH, DEPUTY CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS 7 EMT-D _____ LALS 5 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

INTERMOUNTAIN VOLUNTEER FIRE DEPARTMENT 1672 MAIN STREET, SUITE E RAMONA, CA 92065 Phone: (760) 788-0207			Primary Contact: GREGORY M. LLOYD, FIRE CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>7</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

JULIAN-CUYAMACA FIRE PROTECTION DISTRICT P.O. BOX 33 JULIAN, CA 92036-0033 Phone: (760) 765-1510			Primary Contact: KEVIN DUBLER, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>15</u> EMT-D _____ LALS <u>4</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

LAKESIDE FIRE PROTECTION DISTRICT 12365 PARKSIDE STREET LAKESIDE, CA 92040 Phone: (619) 390-2350			Primary Contact: ANDY PARR, DIVISION CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>41</u> EMT-D _____ LALS <u>37</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 3

LA MESA FIRE DEPARTMENT 8054 ALLISON AVENUE LA MESA, CA 91941-5001 Phone: (619) 667-1355			Primary Contact: DOUG MATTER, FIRE CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>49</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

LEMON GROVE FIRE DEPARTMENT 7853 CENTRAL AVENUE LEMON GROVE, CA 91945 Phone: (619) 469-4115			Primary Contact: LARRY KINARD, DIVISION CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>12</u> EMT-D _____ LALS <u>6</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

MT. LAGUNA VOLUNTEER FIRE DEPARTMENT, INC. P.O. BOX 51 MT. LAGUNA, CA 91948 Phone: (619) 473-8143			Primary Contact: DENNIS SHERMAN, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS <u>20</u> PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

NATIONAL CITY FIRE DEPARTMENT 333 EAST 16TH STREET NATIONAL CITY, CA 91950-4596 Phone: (619) 336-4551			Primary Contact: RANDY KIMBLE, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>36</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

NORTH COUNTY FIRE PROTECTION DISTRICT 315 EAST IVY FALLBROOK, CA 92028-2198 Phone: (760) 723-2005			Primary Contact: EDWARD BURCHAM, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>45</u> EMT-D _____ LALS <u>24</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 5

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

OCEANSIDE FIRE DEPARTMENT 300 NORTH COAST HIGHWAY OCEANSIDE, CA 92054 Phone: (760) 435-4100			Primary Contact: JAMES W. MYERS, ASSISTANT CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS PS-Defib 49 BLS EMT-D LALS 52 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 4

OCOTILLO WELLS FIRE PROTECTION DISTRICT 2299 "A" West Hwy. 78 Borrego Springs, CA 92004 Phone: (760) 767-7430			Primary Contact: CHARLES GANN, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input checked="" type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS PS-Defib 4 BLS EMT-D LALS ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

PALA FIRE BATTALION P.O. BOX 50 PALA, CA 92059-0043 Phone: (760) 742-3784			Primary Contact: ROBERT H. SMITH, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input checked="" type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>9</u> PS <u> </u> PS-Defib <u>10</u> BLS <u>10</u> EMT-D <u> </u> LALS <u> </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 1

PALOMAR MOUNTAIN CSA 110 GENERAL DELIVERY PALOMAR MOUNTAIN, CA 92060 Phone: (760) 742-1419			Primary Contact: KARL BAUER, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>4</u> PS <u>6</u> PS-Defib <u>6</u> BLS <u>4</u> EMT-D <u> </u> LALS <u> </u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

PINE VALLEY FIRE PROTECTION DISTRICT P.O. BOX 130 PINE VALLEY, CA 91962 Phone: (619) 473-8445			Primary Contact: BRET DAVIDSON, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: 3 PS PS-Defib 18 BLS 13 EMT-D LALS ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

POWAY FIRE DEPARTMENT 13050 COMMUNITY ROAD POWAY, CA 92064-5702 Phone: (858) 679-4340/4391			Primary Contact: MARK SANCHEZ, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS PS-Defib 36 BLS 36 EMT-D LALS 28 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

RAMONA FIRE DEPARTMENT 105 WEST EARLHAM STREET RAMONA, CA 92065-1558 Phone: (760) 789-1330			Primary Contact: JACK WETHEY, EMS COORDINATOR		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ 0 ___ PS ___ PS-Defib ___ 18 ___ BLS ___ EMT-D ___ LALS ___ 13 ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 2

RANCHITA FIRE BATTALION 37370 MONTEZUMA VALLEY ROAD RANCHITA, CA 92066-9706 Phone: (760) 782-3467			Primary Contact: JOE GUSTAFSON, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ 7 ___ PS ___ 2 ___ PS-Defib ___ BLS ___ 1 ___ EMT-D ___ LALS ___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

RANCHO SANTA FE FIRE PROTECTION DISTRICT P.O. BOX 410 RANCHO SANTA FE, CA 92067-0410 Phone: (858) 756-5971			Primary Contact: ERWIN WILLIS, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport (BLS) <input checked="" type="checkbox"/> Non-Transport (ALS)	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>24</u> EMT-D _____ LALS <u>6</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 1

SAN DIEGO RURAL FIRE PROTECTION DISTRICT 14145 HIGHWAY 94 JAMUL, CA 91935 Phone: (619) 669-1188			Primary Contact: DAN MCKENNA, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>160</u> PS _____ PS-Defib <u>40</u> BLS <u>15</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

SAN DIEGO, CITY OF 1010 SECOND AVENUE, SUITE 400 SAN DIEGO, CA 92101-4101 Phone: (619) 533-4308			Primary Contact: PATRICIA NUNEZ, EMS PROGRAM MANAGER		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 22 BLS _____ 650 EMT-D _____ LALS _____ 305 ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public/Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 58

SAN MARCOS FIRE DEPARTMENT 1 CIVIC CENTER DRIVE SAN MARCOS, CA 92069-2949 Phone: (760) 744-3403			Primary Contact: KARL CHLARSON, BATTALION CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 30 BLS _____ EMT-D _____ LALS _____ 18 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 4

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

SAN MIGUEL CONSOLIDATED FIRE PROTECTION DISTRICT 2850 VIA ORANGE WAY SPRING VALLEY, CA 91978-1746 Phone: (619) 670-0500			Primary Contact: KEVIN EGGLESTON, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>63</u> EMT-D _____ LALS <u>20</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

SAN PASQUAL FIRE DEPARTMENT 208 EAST FIFTH AVENUE ESCONDIDO, CA 92025 Phone: (760) 745-9565			Primary Contact: GILBERT TURRENTINE, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>4</u> BLS <u>20</u> EMT-D _____ LALS _____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

SANTEE FIRE DEPARTMENT 10601 MAGNOLIA AVENUE SANTEE, CA 92071-6514 Phone: (619) 258-4100			Primary Contact: BOB PFOHL, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>19</u> EMT-D _____ LALS <u>30</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 1

SOLANA BEACH FIRE DEPARTMENT 500 LOMAS SANTA FE DRIVE SOLANA BEACH, CA 92075 Phone: (858) 720-2410			Primary Contact: GEORGE K. GEORGE, CHIEF		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>18</u> EMT-D _____ LALS <u>2</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 1

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

SYCUAN FIRE DEPARTMENT 5449 DEHESA ROAD EL CAJON, CA 92019 Phone: (619) 445-2893			Primary Contact: BRIAN HAYWARD, BATTALION CHIEF, EMS COORDINATOR		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS PS-Defib BLS 18 EMT-DC LALS 15 ALS
Ownership: <input checked="" type="checkbox"/> Public (Fire) <input checked="" type="checkbox"/> Private (Transport)	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 6

VALLEY CENTER FIRE PROTECTION DISTRICT 28234 LILAC ROAD VALLEY CENTER, CA 92082-5718 Phone: (760) 751-7600			Primary Contact: KEVIN O'LEARY, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS PS-Defib BLS 35 EMT-D LALS ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 8: RESOURCES DIRECTORY -- Providers/Public**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

VISTA FIRE DEPARTMENT 175 NORTH MELROSE DRIVE VISTA, CA 92083-5718 Phone: (760) 726-2144			Primary Contact: TOM DAY, DEPUTY CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS PS-Defib 26 BLS 6 EMT-D LALS 41 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 3

WARNER SPRINGS RANCH VOLUNTEER FIRE DEPARTMENT P.O. BOX 305 WARNER SPRINGS, CA 92086-0010 Phone: (760) 782-4256			Primary Contact: DENNIS PARRY, CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS PS-Defib 2 BLS 6 EMT-D LALS ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other (explain)	If Public: <input type="checkbox"/> City <input type="checkbox"/> Country <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Ambulances: 0

TABLE 9
Approved Training Programs

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

AMR – SAN DIEGO 8808 BALBOA AVENUE, #150 SAN DIEGO, CA 92123 Phone: (858) 492-3500		Contact Person: DENNIS SMITH	
**Program Level:	EMT-I	Number of students completing training per year:	
Student Eligibility:	Restricted to certain personnel	Initial training:	0
		Refresher:	0
		Continuing Education:	0
		Expiration Date:	2004
Cost of Program:	Basic: \$ 0 (Department only) Refresher:	Number of courses:	
		Initial training:	0
		Refresher:	0
		Continuing Education:	0

BARONA FIRE DEPARTMENT 1112 BARONA ROAD LAKESIDE, CA 92040 Phone: (619) 390-2794		Contact Person: DOUGLAS MORIARTY	
**Program Level:	EMT-I	Number of students completing training per year:	
Student Eligibility:	Restricted	Initial training:	0
		Refresher:	0
		Continuing Education:	0
		Expiration Date:	2005
Cost of Program:	Basic: \$ 0 (Department only) Refresher:	Number of courses:	
		Initial training:	0
		Refresher:	0
		Continuing Education:	0

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

CHULA VISTA FIRE DEPARTMENT 447 F STREET CHULA VISTA, CA 91910 Phone: (619) 691-5055		Contact Person: GARY BRETON	
**Program Level:	EMT-I	Number of students completing training per year:	
Student Eligibility:	Restricted to certain personnel	Initial training:	0
		Refresher:	30
		Continuing Education:	0
		Expiration Date:	2004
Cost of Program:	Basic: \$ 0 (Department only) Refresher:	Number of courses:	
		Initial training:	0
		Refresher:	1
		Continuing Education:	0

CORONADO FIRE DEPARTMENT 1001 6 TH STREET CORONADO, CA 92118 Phone: (619) 522-7374		Contact Person: ALAN NOWAKOWSKI	
**Program Level:	EMT-I	Number of students completing training per year:	
Student Eligibility:	Restricted to certain personnel	Initial training:	0
		Refresher:	17
		Continuing Education:	0
		Expiration Date:	2006
Cost of Program:	Basic: \$ 0 (Department only) Refresher:	Number of courses:	
		Initial training:	0
		Refresher:	1
		Continuing Education:	0

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

EMERGENCY MEDICAL EDUCATORS 13454 POWAY ROAD, SUITE 143 POWAY, CA 92064 Phone: (858) 596-2189	Contact Person: SHARON CONGER
**Program Level: EMT-1 Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: 160 Refresher: 180 Continuing Education: 0 Expiration Date: 2006
Cost of Program: Basic: \$450 Refresher: \$ 85	Number of courses: Initial training: 4 Refresher: 6 Continuing Education: 0

EL CAJON FIRE DEPARTMENT 100 EAST LEXINGTON EL CAJON, CA 92020-4517 Phone: (619) 441-1612	Contact Person: ED JURREL
**Program Level: EMT-1 Student Eligibility: Restricted	Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2004
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 0

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

EAST COUNTY MEDICAL TRAINING Phone: (619) 562-4664	Contact Person: RICK FOEHR
**Program Level: EMT-I Student Eligibility: Open to general public	Number of students completing training per year: Initial training: 60 Refresher: 265 Continuing Education: Expiration Date: 2005
Cost of Program: Basic: \$ 700 Refresher: \$ 75	Number of courses: Initial training: 4 Refresher: 12 Continuing Education:

GROSSMONT HEALTH OCCUPATION 9368 OAKBOURNE ROAD SANTEE, CA 92071 Phone: (619) 596-3690	Contact Person: PATRICIA TWYMAN
**Program Level: EMT-I Student Eligibility: Open to general public	Number of students completing training per year: Initial training: 200 Refresher: 60 Continuing Education: 0 Expiration Date: 2004
Cost of Program: Basic: \$ 0 Refresher: \$ 45	Number of courses: Initial training: 4 Refresher: 2 Continuing Education: 0

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

LA MESA FIRE DEPARTMENT 8054 ALLISON AVENUE LA MESA, CA 91941 Phone: (619) 667-1355		Contact Person: DAVE HARDENBURGER	
**Program Level: EMT-1 Student Eligibility: Restricted to certain personnel		Number of students completing training per year: Initial training: 0 Refresher: 12 Continuing Education: 0 Expiration Date: 2005	
Cost of Program: Basic: \$ 0 (Department only) Refresher:		Number of courses: Initial training: 0 Refresher: 1 Continuing Education: 0	

MIRAMAR COLLEGE 10440 BLACK MOUNTAIN ROAD SAN DIEGO, CA 92126 Phone: (619) 536-7355		Contact Person: MARY KJARTANSON	
**Program Level: EMT-I Student Eligibility: Open to the general public		Number of students completing training per year: Initial training: 315 Refresher: 250 Continuing Education: 0 Expiration Date: 2005	
Cost of Program: Basic: \$ 13/unit Refresher: \$ 13/unit		Number of courses: Initial training: 4 Refresher: 3 Continuing Education: 0	

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

NAVAL HOSPITAL - CAMP PENDLETON EMT PROGRAM, NAVAL HOSPITAL, BOX 555191 CAMP PENDLETON, CA 92055 Phone: (760) 725-1408		Contact Person: LIEUTENANT PAUL ALLEN	
**Program Level:	EMT-1	Number of students completing training per year:	
Student Eligibility:	Restricted to certain personnel	Initial training:	0
		Refresher:	0
		Continuing Education:	0
		Expiration Date:	2005
Cost of Program:	Basic: \$ 0 (Department only) Refresher:	Number of courses:	
		Initial training:	0
		Refresher:	0
		Continuing Education:	0

PALOMAR COLLEGE 1951 EAST VALLEY PARKWAY ESCONDIDO, CA 92027 Phone: (760) 744-1150		Contact Person: DEBI MOFFAT	
**Program Level:	EMT-I/EMT-P	Number of students completing training per year:	
Student Eligibility:	Open to the general public	Initial training:	171/66
		Refresher:	111/20
		Continuing Education:	0/0
		Expiration Date:	2004
Cost of Program:	Basic: \$13/unit Refresher: \$13/unit	Number of courses:	
		Initial training:	5/1
		Refresher:	4/1
		Continuing Education:	0/0

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

SAN DIEGO FIRE DEPARTMENT 1010 2 ND AVENUE SAN DIEGO, CA 92101 Phone: (619) 533-4316	Contact Person: JIM GIANESTRAS
**Program Level: EMT-1 Student Eligibility: Restricted to certain personnel	Number of students completing training per year: Initial training: 0 Refresher: 50 Continuing Education: 0 Expiration Date: 2004
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 1 Continuing Education: 0

SAN DIEGO RURAL FIRE PROTECTION DISTRICT 14145 HIGHWAY 94 JAMUL, CA 91935 Phone: (619) 669-1188	Contact Person: RICK FOEHR
**Program Level: Program No Longer Active Student Eligibility:	Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2004
Cost of Program: Basic: 0 Refresher: 0	Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 0

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

SOUTHWESTERN COLLEGE 900 OTAY LAKES CHULA VISTA, CA 91910 Phone: (619) 482-6376	Contact Person: CHARLOTTE ERDAHL
**Program Level: EMT-I/EMT-P Student Eligibility: Open to the general public	Number of students completing training per year: Initial training: 757/60 Refresher: 57 Continuing Education: 0 Expiration Date: 2004
Cost of Program: Basic: \$ 13/unit Refresher: \$ 13/unit	Number of courses: Initial training: 3/1 Refresher: 5/0 Continuing Education: 0/0

SOLANA BEACH FIRE DEPARTMENT 500 LOMAS SANTA FE DRIVE SOLANA BEACH, CA 92075-1324 Phone: (858) 720-2410	Contact Person: GEORGE K. GEORGE
**Program Level: EMT-I Student Eligibility: Restricted	Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration Date: 2004
Cost of Program: Basic: \$ 0 (Department only) Refresher:	Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 0

TABLE 10
Facilities

TABLE 10: RESOURCES DIRECTORY -- Facilities**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

ALVARADO COMMUNITY HOSPITAL 6655 ALVARADO ROAD SAN DIEGO, CA 92120 Phone: (619) 287-3270			Primary Contact: MARK PALMER, CHIEF OPERATING OFFICER	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

CHILDREN'S HOSPITAL AND HEALTH CENTER 3020 CHILDREN'S WAY SAN DIEGO, CA 92123 Phone: (858) 576-1700			Primary Contact: BLAIR SADLER, CHIEF EXECUTIVE OFFICER	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EDAP: * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PICU: ** <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II (Pediatric)

*Emergency Department Approved for Pediatrics.

**Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

TABLE 10: RESOURCES DIRECTORY -- Facilities**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

CORONADO HOSPITAL 250 PROSPECT PLACE CORONADO, CA 92118 Phone: (619) 435-6251			Primary Contact: MARCIA HALL, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

FALLBROOK HOSPITAL 624 EAST ELDER STREET FALLBROOK, CA 92028 Phone: (760) 728-1191			Primary Contact: COREY SEALE, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

KAISER FOUNDATION HOSPITAL 4647 ZION AVENUE SAN DIEGO, CA 92120 Phone: (619) 528-5000			Primary Contact: TERRY BELMONT, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

MERCY HOSPITAL & MEDICAL CENTER 4077 FIFTH AVENUE SAN DIEGO, CA 92103 Phone: (619) 260-7176			Primary Contact: TOMAS GAMMIERE, ADMINISTRATOR	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II

TABLE 10: RESOURCES DIRECTORY -- Facilities**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

MISSION BAY HOSPITAL 3030 BUNKER HILL STREET SAN DIEGO, CA 92109 Phone: (619) 274-7721			PROGRAM CLOSED – JANUARY 2001	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

PALOMAR MEDICAL CENTER 555 EAST VALLEY PARKWAY ESCONDIDO, CA 92025 Phone: (760) 739-3698			Primary Contact: GERALD BRACHT, ADMINISTRATOR/CEO	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II

TABLE 10: RESOURCES DIRECTORY -- Facilities**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

PARADISE VALLEY HOSPITAL 2400 EAST FOURTH STREET NATIONAL CITY, CA 91950 Phone: (619) 470-4321			Primary Contact: TERRY HANSEN, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

POMERADO HOSPITAL 15615 POMERADO ROAD POWAY, CA 92064 Phone: (858) 485-6511			Primary Contact: LORI BURNELL, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

SCRIPPS HOSPITAL – ENCINITAS 354 SANTA FE DRIVE ENCINITAS, CA 92024 Phone: (760) 455-1481			Primary Contact: REBECCA ROPCHAN, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

SCRIPPS MEMORIAL – CHULA VISTA 435 H STREET CHULA VISTA, CA 91910 Phone: (619) 691-7389			Primary Contact: JOHN GRAH, ADMINISTRATOR	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

SCRIPPS MEMORIAL – LA JOLLA 9888 GENESEE AVE. LA JOLLA, CA 92037 Phone: (858) 626-6158			Primary Contact: GARY FYBEL, ADMINISTRATOR		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II	

SHARP CHULA VISTA MEDICAL CENTER 751 MEDICAL CENTER COURT CHULA VISTA, CA 91910 Phone: (619) 482-5800			Primary Contact: CHRIS BOYD, ADMINISTRATOR		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:	

TABLE 10: RESOURCES DIRECTORY -- Facilities**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

SHARP MEMORIAL HOSPITAL 7901 FROST STREET SAN DIEGO, CA 92123 Phone: (858) 541-3422			Primary Contact: DANIEL GROSS, CHIEF EXECUTIVE OFFICER	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level II

TRI-CITY MEDICAL CENTER 4002 VISTA WAY OCEANSIDE, CA 92054 Phone: (760) 940-3548			Primary Contact: ARTHUR GONZALES, PRESIDENT/CEO	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

UCSD MEDICAL CENTER 3200 WEST ARBOR DR. SAN DIEGO, CA 92103 Phone: (619) 543-6222			Primary Contact: SUMIYO E. KASTELIC, DIRECTOR	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If Trauma Center, What Level: Level I

UCSD THORNTON HOSPITAL 9300 CAMPUS POINT DRIVE LA JOLLA, CA 92037 Phone: (858) 657-7000			Primary Contact: PAUL HENSLER, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

U.S. NAVAL HOSPITAL SAN DIEGO, CA 92134 Phone: (619) 532-6400			Primary Contact: REAR ADMIRAL DIAZ, COMMANDING OFFICER	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

U.S. NAVAL HOSPITAL - CAMP PENDLETON U.S. MARINE CORPS BASE CAMP PENDLETON, CA 92055 Phone: (760) 725-1793			Primary Contact: CAPTAIN K.L. LASHLY, ADMINISTRATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 10: RESOURCES DIRECTORY -- Facilities**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

VETERANS ADMINISTRATION HOSPITAL 3350 LA JOLLA VILLAGE DRIVE SAN DIEGO, CA 92161 Phone: (858) 552-8585			Primary Contact: GARY ROSSIO, CHIEF EXECUTIVE OFFICER	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

VILLA VIEW COMMUNITY HOSPITAL 5550 UNIVERSITY AVENUE SAN DIEGO, CA 92105 Phone: (619) 582-3516			Primary Contact: EILEEN SMITH, ADMINISTATOR	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center, What Level:

TABLE 11
Dispatch Agencies

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

AMERICAN MEDICAL RESPONSE – SAN DIEGO 8808 BALBOA AVENUE, #150 SAN DIEGO, CA 92123 Phone: (858) 492-8100			Primary Contact: GORDON ANDERSON		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: <div> <div>16</div> <div>EMD Training</div> </div> <div> <div>2</div> <div>ALS</div> </div> <div> <div>3</div> <div>LALS</div> </div> <div> <div>EMT-D</div> </div> <div> <div>BLS</div> </div> <div> <div>Other</div> </div>		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District		

AMERICARE AMBULANCE 1924 Commercial Street, Suite B Escondido, CA 92029 Phone: (760) 781-3338			Primary Contact: MARK EWING		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: <div> <div></div> <div>EMD Training</div> </div> <div> <div>6</div> <div>ALS</div> </div> <div> <div></div> <div>LALS</div> </div> <div> <div>EMT-D</div> </div> <div> <div>BLS</div> </div> <div> <div>Other</div> </div>		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District		

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

BALBOA AMBULANCE INCORPORATED 6340 RIVERDALE SAN DIEGO, CA 92120 Phone: (619) 295-1942			Primary Contact: MIKE BROWN
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 11 Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

CALIFORNIA DEPARTMENT OF FORESTRY 249 JAMACHA ROAD EL CAJON, CA 92020 Phone: (619) 588-0364			Primary Contact: CHIEF KEN MILLER
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 14 Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

CARE MEDICAL TRANSPORTATION 3959 RUFFIN ROAD, SUITE H SAN DIEGO, CA 92123 Phone: (858) 514-4111			Primary Contact: JAY HOFFMAN, COMMUNICATIONS CENTER SUPERVISOR		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS <u>6</u> BLS _____ LALS _____ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

CHULA VISTA POLICE DEPARTMENT 276 FOURTH AVENUE CHULA VISTA, CA 91910 Phone: (619) 691-5130			Primary Contact: HERB KELSEY		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS <u>22</u> Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

CORONADO POLICE DEPARTMENT 700 ORANGE AVENUE CORONADO, CA 92118 Phone: (619) 522-7350			Primary Contact: JIM BLINN, DIVISION CHIEF		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS <u>6</u> Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

ESCONDIDO, CITY OF 700 WEST GRAND AVENUE ESCONDIDO, CA 92025 Phone: (760) 741-4709			Primary Contact: SUE REIERSON		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: <u>20</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS <u>2</u> Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

HEARTLAND DISPATCH JPA 100 EAST LEXINGTON EL CAJON, CA 92020 Phone: (619) 441-1621			Primary Contact: JEFF FELBERG
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: 30 EMD Training EMT-D ALS BLS LALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other, explain: City/Fire District JPA	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

MERCY AIR P.O. BOX 92334 FONTANA, CA 92334 Phone: (909) 357-9006			Primary Contact: KELLY FOREMAN
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: EMD Training EMT-D 12 ALS BLS LALS 3 Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

NORTH COUNTY DISPATCH JPA BOX 410 RANCHO SANTA FE, CA 92067 Phone: (619) 756-6010			Primary Contact: PAM NOLLET, SUPERVISOR
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: 9 EMD Training EMT-D ALS BLS LALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other, explain: Joint Powers Authority		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

OCEANSIDE FIRE DEPARTMENT 300 NORTH COAST HIGHWAY OCEANSIDE, CA 92054 Phone: (760) 966-4883			Primary Contact: JIM MEYERS, EMS CHIEF
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: 24 EMD Training EMT-D ALS BLS LALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

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

SAN DIEGO, CITY OF 3750 KEARNY VILLA ROAD SAN DIEGO, CA 92123 Phone: (619) 974-0186			Primary Contact: ORIN JONES
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: 30 EMD Training EMT-D ALS BLS LALS Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency**EMS System: San Diego County****County: San Diego****Reporting Year: FY 2002/2003**

SCHAEFER AMBULANCE SERVICE 7257 UNIVERSITY AVENUE LA MESA, CA 91941 Phone: (619) 583-0454			Primary Contact: RICK LARSON, REGIONAL MANAGER
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: _____ EMD Training _____ ALS _____ LALS _____ EMT-D _____ 6 BLS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other, explain:	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	

TABLE 11A
Disaster Medical Responders
(County)

TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (County)**EMS System: San Diego County****County: San Diego****COUNTY OFFICE OF EMERGENCY SERVICES (OES)****Coordinator: Deborah Steffen**

Work Phone: (858) 565-3490

Home Phone: NA

Pager: NA

FAX: (619) 694-2514

24-Hour Phone: (858) 565-3490

Alternate: Willard Lewis

Work Phone: (858) 565-3490

Home Phone: NA

Pager: NA

FAX: (619) 694-2514

24-Hour Phone: (858) 565-3490

COUNTY EMS DISASTER MEDICAL SERVICES (DMS)**Coordinator: Steve Wood**

Work Phone: (619) 285-6429

Home Phone: NA

Pager: (619) 529-0044

FAX: (619) 285-6531

24-Hour Phone: (858) 565-5255
(Station M)**Alternate: Gwen Jones**

Work Phone: (619) 285-6429

Home Phone: NA

Pager: (619) 406-0472

FAX: (619) 285- 6531

24-Hour Phone: (858) 565-5255
(Station M)**COUNTY HEALTH OFFICER****Public Health****Officer: Nancy L. Bowen, M.D., MPH**

Work Phone: (619) 515-6597

Home Phone: NA

Pager: (619) 529-9154

FAX: (619) 515-6717

24-Hour Phone: (619) 565-3490
(Station M)**Alternate: Wilma Wooten, M.D.**

Work Phone: (619) 515-6519

Home Phone: NA

Pager: No

FAX: (619) 685-2423

24-Hour Phone: (619) 565-5255
(Station M)

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

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

OES Region: San Diego County

County: San Diego

REGIONAL OES COORDINATOR:

Chris Sundley

Work Phone: (562) 795-2900

Home Phone: NA

Pager: NA

FAX: NA

24-Hour Phone: (562) 795-2900

Alternate: Sonja Brown

Work Phone: (562) 795-2908

Home Phone: NA

Pager: NA

FAX: NA

24 Hour Phone: (562) 795-2900

REGIONAL DISASTER COORDINATOR:

Dr. Thomas Pendergast

Work Phone: (909) 387-6219

Home Phone: NA

Pager: NA

FAX: (909) 387-6228

24-Hour Phone: (909) 356-3805

Alternate: Conrad Salinas

Work Phone: (909) 387-7759

Home Phone: NA

Pager: NA

FAX: (909) 387-7853

24-Hour Phone: (909) 356-3805

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9TH STREET
SACRAMENTO, CA 95814-7043
(916) 322-4336 FAX: (916) 324-2875



March 2, 2004

Gwen Jones, EMS Administrator
San Diego County EMS Agency
6255 Mission Gorge Road
San Diego, CA 92120

Dear Ms. Jones:

We have completed our review of *San Diego County's 2002/2003 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

San Diego County's next update will be due on 3/2/05. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard E. Watson'.

Richard E. Watson
Interim Director

REW:ss