STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY EDMUND G. BROWN JR., *Governor*

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441

November 14, 2016

Ms. Tammi McConnell, EMS Administrator
Orange County EMS Agency
405 West Fifth Street, Suite 301A
Santa Ana, CA 92701

Dear Ms. McConnell:

This letter is in response to Orange County's 2016 EMS Plan Update submission to the EMS Authority, on October 12, 2016.

I. Introduction and Summary:

The EMS Authority has concluded its review of Orange County's 2016 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

Orange County received its last full plan approval for its 2014 plan submission, and its last annual plan update for its 2015 plan submission.

Historically, we have received EMS Plan submissions from Orange County for the following years:

- 1995
- 1999
- 2006
- 2014
- 2015

Health and Safety Code (HSC) § 1797.254 states:

> *"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Orange County's 2016 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

	Approved	Not Approved	
A.	☒	☐	System Organization and Management

1. System Assessment Forms

   - Standard 1.24. The Minimum Standard is indicated as not met. Pursuant to HSC § 1797.204, Orange County has the authority to initiate written agreements with providers, as statute and regulations supersede local ordinance. The EMS Authority encourages the Orange County advanced life support (ALS) providers that meet the criteria of HSC § 1797.201, to sign written agreements by the next EMS Plan Update.

   - Standard 1.27. The Minimum Standard is indicated as not met. In the next plan submission, please provide an update on the progress toward meeting the Minimum Standard.

B.	☒	☐	Staffing/Training
C.	☒	☐	Communications
D.	☒	☐	Response/Transportation

1. System Assessment Forms

   - Standards 4.02, 4.18, 4.19, and 4.21. The Minimum Standards are indicated as met; however, pursuant to

HSC § 1797.204, Orange County has the authority to initiate written agreements with providers, as statute and regulations supersede local ordinance. The EMS Authority encourages the Orange County ALS providers that meet the criteria of HSC § 1797.201, to sign written agreements by the next EMS Plan Update.

2. Ambulance Zones

   - Based on the documentation provided by Orange County, please find enclosed the EMS Authority's determination of the exclusivity of Orange County's EMS Agency's ambulance zones.

E. ☒ ☐ Facilities/Critical Care

F. ☒ ☐ Data Collection/System Evaluation

G. ☒ ☐ Public Information and Education

H. ☒ ☐ Disaster Medical Response

IV. Conclusion:

Based on the information identified, Orange County's 2016 EMS Plan Update is approved.

Pursuant to HSC § 1797.105(b):

> *"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan…unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."*

V. Next Steps:

Orange County's next annual EMS Plan Update will be due on or before November 30, 2017. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

Howard Backer, MD, MPH, FACEP
Director

Enclosure

ZONE	EXCLUSIVITY			TYPE			LEVEL										
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All ALS Ambulance Services (includes emergency and IFT)	All CCT/ALS Ambulance Services	BLS IFT	BLS Non-Emergency	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Region A		X	Competitive	X				X									
Region B		X	Competitive	X				X									
Region C		X	Competitive	X				X									
Region D		X	Competitive	X				X									
Region E		X	Competitive	X				X									
1 – Anaheim	X																
2 – Brea		X	Non-Competitive	X				X									
3 – Buena Park	X																
4 – Costa Mesa	X																
6 – Fountain Valley	X																
7 – Fullerton	X																
8 – Garden Grove	X																
9 – Huntington Beach	X																
11 – Laguna Beach	X																
12 – La Habra	X																
15 – Newport Beach	X																
16 – Orange	X																
18 – San Clemente	X																
20 – Santa Ana		X	Competitive	X				X									
25 – Westminster		X	Competitive	X				X									

ochealth CARE AGENCY

REGULATORY/ MEDICAL HEALTH SERVICES

EMERGENCY MEDICAL SERVICES

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405 W FIFTH STREET, SUITE 301A
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October 12, 2016

Howard Backer, MD, MPH, FACEP
Director, Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6073

SUBJECT: 2014 ORANGE COUNTY EMS PLAN – 2016 ANNUAL UPDATE

Dear Dr. Backer:

Orange County Emergency Medical Services (OCEMS) has completed an annual update to the 2014 local EMS Plan. The 2016 annual update provides the required information on the status of our system and progress toward meeting objective goals.

OCEMS appreciates the guidance and clarification provided by Emergency Medical Services Authority (EMSA) staff during this process. Please do not hesitate to contact us directly for any questions or concerns.

Sincerely,

Tammi McConnell MSN, RN
EMS Administrator

Sam J. Stratton MD, MPH
EMS Medical Director

Enclosure

cc: Orange County Health Care Agency Director
Orange County Health Care Agency Medical Services, Deputy Director
Orange County Health Care Agency Medical Services, Chief of Operations
Emergency Medical Services Authority, Chief Deputy Director
Emergency Medical Service Authority, Systems Division Chief

TCM: em#2761

County of Orange
Health Care Agency
EMERGENCY MEDICAL SERVICES
405 W. Fifth Street, Suite 301A
Santa Ana, CA 92701

2014 Emergency Medical Services Plan

2016 Annual Update

Reviewed and updated September 2016

Contains Provider Data for CY 2016
and Financial Data for FY 2015-2016

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2014 ORANGE COUNTY EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE
October 2016

EXECUTIVE SUMMARY

California Health and Safety Code Section 1797.254, requires the Local Emergency Medical Services (EMS) Agency to submit an Emergency Medical Services Plan to the State EMS Authority (EMSA) and provide annual updates. The EMS Plan is a framework for the planning, implementation and evaluation of EMS in Orange County and addresses the local status of eight minimum standards, subsets and recommended goals of the EMS Authority, as well as anticipated future needs.

This annual update to the 2014 Orange County Emergency Medical Services (OCEMS) plan approved by the California EMSA in July 2014 provides the required information on the status of our system and progress toward meeting objective goals. **Notable 2015/16 system enhancements and activities** include but are not limited to:

9-1-1 Emergency Ambulance Transportation Performance (Regions A-B-C-D-E)

OCEMS provides oversight and monitoring of performance-based contracts in five county regions to ensure that high quality 9-1-1 Emergency Ambulance medical care and transportation services are provided 24 hours per day, 7 days a week through physical site visits, ongoing interaction with field crews, Operations Managers, and data analysis via the Orange County Medical Emergency Data System (OC-MEDS). During this first contract year, we are pleased to report that:

- >1000 hours of community education & outreach events were offered by the ambulance providers
- Ambulance response times consistently exceeded the 90th percentile standard
- Over 51,000 patients were safely transported to local emergency departments

Medical Control

OCEMS Policy #398.00: Intranasal Naloxone by Law Enforcement First Responders published June 1, 2015 describes criteria for law enforcement officer administration of naloxone hydrochloride in cases of suspected acute opioid overdose. A standard training program was developed by OCEMS and initially, all training was done by OCEMS staff. A limited 6-month pilot of intranasal naloxone administered by trained law enforcement officers resulted in actual live saving of 6 of 7 serious overdoses encountered in the field. The training curriculum has now been expanded county-wide and is done by law enforcement training officers who have taken a train-the trainer course with OCEMS staff who also monitor the training provided.

Orange County EMS for Children Initiative

On September 13, 2016, OCEMS released a 2016 Pediatric Readiness Survey for Orange County Emergency Receiving Centers (ERC). As a follow up to the 2012 National Pediatric Readiness Survey, the 2016 survey allows ERCs to measure their progress and current readiness to provide emergency care for pediatric patients. The survey will provide a pediatric readiness score which each facility can compare with their 2012 National Pediatric Readiness score. Additionally, the survey results will be carefully reviewed by OCEMS to determine a potential re-design of the EMS transport system to include "Peds-Ready" receiving centers

EXECUTIVE SUMMARY (cont'd)

Orange County Medical Emergency Data System (OC-MEDS)

Implementation of the next generation Patient Care Reporting System (PCRS) that is compliant with the National EMS Information System (NEMSIS) Version 3.4.0 is underway and progressing as planned. As of July 2016, more than half of 9-1-1 EMS Providers successfully transitioned to a PCRS that is certified compliant by the NEMSIS Technical Assistance Center (TAC), and each are submitting data in real time to the OC-MEDS Hub. It is anticipated that all other EMS Providers (including non-emergency ambulance providers) will transition to the use of NEMSIS 3.4.0 PCR systems by the end of 2016.

While OCEMS continues to make advances in the collection of patient care information that is compliant with both state and federal EMS information standards, significant progress has been made to integrate our systems with our regional Health Information Organization (HIO). These integrations will ensure for the near future exchange of patient care information between our local EMS providers and receiving hospitals and will help modernize our EMS system to better participate in the continuum of patient care.

OCEMS continues our mission to plan, coordinate and oversee the highest quality prehospital and emergency medical care in response to individual needs and community crisis. Mutual cooperation, patient advocacy, advanced medical technology, electronic documentation and evidence-based data are major strengths. Despite financial challenges affecting all stakeholders, the county of Orange and system participants remain committed to the integrity, effectiveness and adherence to the EMS plan standards. The policies referenced within the plan are available on the OCEMS website at http://www.healthdisasteroc.org/ems.

Tammi McConnell, RN, MSN
Orange County EMS Administrator

October 3, 2016
Date

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Table 1: Summary of System Status

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

Table 1: Summary of System Status
A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Medical Direction:					
1.17 Medical Direction*		X			
1.18 QA/QI		X	X		In Progress
1.19 Policies, Procedures, Protocols		X	X		
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X	X		
Enhanced Level: Advanced Life Support					
1.24 ALS Systems	X				In Progress
1.25 On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan	X			Completed 8/2015	In Progress
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X		Completed 8/2015	Completed 8/2016

Table 1: Summary of System Status
B. STAFFING/TRAINING

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:					
2.01 Assessment of Needs		X			In Progress
2.02 Approval of Training		X			
2.03 Personnel		X			
Dispatchers:					
2.04 Dispatch Training		X	X		
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		
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			

Table 1: Summary of System Status
C. COMMUNICATIONS

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:					
3.01 Communication Plan*		X	X		
3.02 Radios		X	X		
3.03 Interfacility Transfer*		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	X		
3.08 9-1-1 Public Education		X			
Resource Management:					
3.09 Dispatch Triage		X	X		
3.10 Integrated Dispatch		X	X		

Table 1: Summary of System Status
D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries*		X	X	Completed 8/2015	Completed 8/2015
4.02 Monitoring		X	X		In Progress
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time Standards*		X	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	X		
4.12 Disaster Response		X			
4.13 Intercounty 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			
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X		Completed 8/2015	In Progress
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X		Completed 8/2015	In Progress
4.20 "Grandfathering"		X			In Progress
4.21 Compliance		X			In Progress
4.22 Evaluation		X		Completed 8/2015	

Table 1: Summary of System Status
E. FACILITIES/CRITICAL CARE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
5.01 Assessment of Capabilities		X	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			
Enhanced Level: Trauma Care System:					
5.08 Trauma System Design		X			
5.09 Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
5.10 Pediatric System Design		X			
5.11 Emergency Departments		X	X		
5.12 Public Input		X			
Enhanced Level: Other Specialty Care Systems:					
5.13 Specialty System Design		X			
5.14 Public Input		X			

Table 1: Summary of System Status

F. DATA COLLECTION/SYSTEM EVALUATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
6.01 QA/QI Program		X	X	Completed 8/2015	
6.02 Prehospital Records		X			Completed 8/2016
6.03 Prehospital Care Audits		X	X		
6.04 Medical Dispatch		X			
6.05 Data Management -System*		X	X		In Progress
6.06 System Design Evaluation		X			
6.07 Provider Participation		X			
6.08 Reporting		X			
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit		X	X		
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X	X		

Table 1: Summary of System Status

G. PUBLIC INFORMATION AND EDUCATION

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

Table 1: Summary of System Status
H. DISASTER MEDICAL RESPONSE

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
8.01 Disaster Medical Planning*		X			
8.02 Response Plans		X	X		
8.03 HazMat 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 Teams		X	X		
8.10 Mutual Aid Agreements*		X			
8.11 CCP Designation*		X			
8.12 Establishment of CCPs		X			
8.13 Disaster Medical Training		X	X		
8.14 Hospital Plans		X	X		
8.15 Interhospital Communications		X			
8.16 Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:					
8.17 ALS Policies		X			
Enhanced Level: Specialty Care Systems:					
8.18 Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19 Waiving Exclusivity		X			

Section 2
Updated System Assessment Forms

UPDATED SYSTEM ASSESSMENT FORMS
System Organization and Management

1.18 QA/QI

MINIMUM STANDARDS:
Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

RECOMMENDED GUIDELINES:
Pre-hospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

CURRENT STATUS: Meets minimum standard

NEED(S):
Standard is met. Objectives developed to enhance provider-level QA/QI processes.

OBJECTIVE(S):

1.18.3 Enhance ALS in-house QI programs

1.18.4 Institute BLS level QI plans

August 2015 Update: IN PROGRESS: Received 95% of ALS CQI Plans (11/12 EMT-P; 4/4 IFT-ALS/Air Ambulance Providers) and evaluating. External Fire Chiefs/EMS CQI group regularly meets.

August 2016 Update: IN PROGRESS: Received 100% of ALS CQI Plans. ALS/CQI Coordinator has evaluated and provided feedback to individual agencies and continues to share progress, best practices, etc. at external Fire Chiefs/EMS CQI group on a monthly basis.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

UPDATED SYSTEM ASSESSMENT FORMS
System Organization and Management

1.24 ALS SYSTEMS

MINIMUM STANDARDS:
Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

RECOMMENDED GUIDELINES:
Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS: Does not meet minimum standard

NEED(S):
Although all providers adhere to OCEMS medical control policies and procedures, there is a need to pursue agreements with ALS service providers.

OBJECTIVE:
1.24.1 Propose written agreements with transport providers, public and private to promote compliance to system standards, medical control directives and EOA procedures.

August 2015 Update: IN PROGRESS: The authority to propose written agreements resides within Health & Safety Code, Title XXII and local Ambulance Ordinance No. 3517 & OCEMS Policy & Procedures. The ability to initiate written agreements is dependent upon Board action of proposed Ordinance amendments. OCEMS continues to work with HCA Administration to re-agendize Ordinance revision

September 2016 Update: IN PROGRESS: The authority to propose written agreements resides within Health & Safety Code, Title XXII and local Ambulance Ordinance No. 3517 & OCEMS Policy & Procedures. The ability to initiate written agreements is dependent upon Board action of proposed Ordinance amendments. OCEMS continues to work with HCA Administration to re-agendize Ordinance revision. A law enforcement agency was approved as an OCEMS ALS Provider and completed an Agreement to Provide Services as an ALS provider (see Table 8: OCSD).

TIME FRAME FOR MEETING OBJECTIVE:
- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

UPDATED SYSTEM ASSESSMENT FORMS
System Organization and Management

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:
The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines: the optimal system design for pediatric emergency medical and critical care in the EMS area, and the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES: None.

CURRENT STATUS: Does not meet minimum standard

NEED(S):
Although pediatric emergency medical and critical care is provided within the county and all OCEMS designated emergency receiving centers are pediatric capable, a formal pediatric plan has not been integrated into the countywide EMS plan.

OBJECTIVE:

1.27.1 Conduct a comprehensive evaluation of pediatric transport volume to include primary mode of transport; destination; interfacility transport rates from emergency receiving centers higher level of care centers, including trauma; population distribution, etc.

August 2015 Update: COMPLETED: A health impact analysis of pediatric utilization with a focus on pediatric trauma was completed in December 2014 resulting in the addition of a level II pediatric trauma center into the Orange County EMS system.

August 2016 New Objective:

1.27.2 Conduct a pediatric readiness survey of all emergency receiving centers to assess progress and current readiness to provide emergency care for pediatrics; utilize survey results to determine if a potential re-design of the EMS transport system is indicated.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

UPDATED SYSTEM ASSESSMENT FORMS
System Organization and Management

1.28 EOA Plan

MINIMUM STANDARDS:
The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

RECOMMENDED GUIDELINES: None.

CURRENT STATUS: Meets minimum standard

NEED(S):
OCEMS received direction from the Emergency Medical Services Authority (EMSA) that the competitive process in place allowing RFP awarding authority to OCFA for implementation of exclusive operating areas was not permissible based on the appellate court ruling in County of Butte v. California Emergency Medical Services Authority (2010) 187 cal.App.4th 1175. In sum, EMSA ruled that OCEMS cannot delegate to OCFA the authority to conduct RFP's and award emergency ambulance contracts under the Orange County EMS Plan.

Despite the challenges of amending pre-Butte decision practices, OCEMS was fortunate to have a functional system in place that allowed transition of the competitive process to OCEMS. It was our objective to simultaneously maintain current contractual compliance to the emergency medical system standards within each area, implement immediate procedures to ensure the continued exclusivity protections and conduct a competitive RFP.

OBJECTIVE(S):

1.28.1: Propose an EOA system re-design that formally establishes reconfiguration of boundaries and compliance standards with EOA procedures and periodic intervals to re-evaluate the design.

August 2015 Update: COMPLETED: Feb 2014 EMS Exclusive Operating Area Transition Plan proposed & approved July 2014; RFP#OC2014.01 included EOA re-configuration & concluded with contract award June 2015

1.28.2: Propose a major revision to Ambulance Ordinance No. 3517 to reflect EOA system re-design and compliance standards with EOA procedures.

August 2015 Update: COMPLETED: In coordination with EMCC sub-committee, OCEMS & the Ambulance Ordinance Task Group (AOTG) comprehensively revised Ordinance No. 3517; presented amendments to EMCC & scheduled first public reading at Board meeting September 2014. Consider revising goal.

TIME FRAME FOR MEETING OBJECTIVE:
- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

UPDATED SYSTEM ASSESSMENT FORMS
Staffing/Training

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:
The local EMS agency shall routinely assess personnel and training needs.

RECOMMENDED GUIDELINES: None.

CURRENT STATUS: Meets minimum standard

NEED(S):
Standard is met. Objectives developed to enhance provider-level educational programs.

OBJECTIVE:

2.01.1: Development of educational programs that include patient outcome data will strengthen the overall curriculum for all EMS providers. The integration of hospital patient outcome data into OC-MEDS will provide the final variable for determining ongoing curriculum needs.

August 2015 Update: IN PROGRESS: Completed two educational presentations at "No Fear" conferences which discussed outcome data. Continuing to test Patient Registry in the Alternate Destination project and preparing to implement Base Hospital test Patient Registry data entry.

August 2016 Update: IN PROGRESS: While the use of the OC-MEDS Patient Registry is proving the value of outcome information for determining the efficacy of prehospital patient care, OCEMS is committed to the development of Health Information Exchange (HIE) networks to more efficiently obtain and share relevant patient care information. OCEMS has partnered with our regional Health Information Organization (HIO) to facilitate the bi-directional data exchange which will result in the routine availability of patient outcome data.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

UPDATED SYSTEM ASSESSMENT FORMS
Response/Transportation

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:
The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

RECOMMENDED GUIDELINES:
The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

CURRENT STATUS: Meets minimum standard

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

4.01.1: Propose an EOA system re-design that formally establishes reconfiguration of boundaries and compliance standards with EOA procedures.

August 2015 Update: COMPLETED: Feb 2014 EMS Exclusive Operating Area Transition Plan proposed & approved July 2014; RFP#OC2014.01 included EOA re-configuration & concluded with contract award June 2015.

4.01.2 Propose a major revision to Ambulance Ordinance No. 3517 to reflect EOA system re-design and compliance standards with EOA procedures.

August 2015 Update: COMPLETED: In coordination with EMCC sub-committee, OCEMS & the Ambulance Ordinance Task Group (AOTG) comprehensively revised Ordinance No. 3517; presented amendments to EMCC & scheduled first public reading at Board meeting September.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

UPDATED SYSTEM ASSESSMENT FORMS
Response/Transportation

4.02 MONITORING

MINIMUM STANDARDS:
The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

RECOMMENDED GUIDELINES:
The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

CURRENT STATUS: Meets minimum standard

NEED(S):
The current Ambulance Ordinance is not meeting our local needs for optimal system coordination and requires major revision. This and other existing policies are fundamental authorities that will guide providers during and after the OCEMS competitive process. As stated in standard 1.28, this transition requires multiple steps that include but are not limited to, major revisions to Ambulance Ordinance 3517; inclusion of Policies & Procedures to define competitive process; major revisions to existing transport, provider and system policies, financial support to employ personnel resources for direct contractual performance monitoring; and immediate consideration of a regional system.

OBJECTIVE(S):

4.02.1: Propose a major revision to Ambulance Ordinance No. 3517 to reflect EOA system re-design and compliance standards with EOA procedures.

August 2015 Update: COMPLETED: In coordination with EMCC sub-committee, OCEMS & the Ambulance Ordinance Task Group (AOTG) comprehensively revised Ordinance No. 3517; presented amendments to EMCC & scheduled first public reading at Board meeting September.

4.02.2: Propose written agreements with transport providers, public and private to promote compliance to system standards, medical control directives and EOA procedures.

August 2015 Update: IN PROGRESS: The authority to propose written agreements resides within Health & Safety Code, Title XXII and local Ambulance Ordinance No. 3517 & OCEMS Policy & Procedures. Ability to initiate written agreements is dependent upon Board action of proposed Ordinance amendments. Continuing to work with HCA Administration to re-agendize Ordinance revision.

September 2016 Update: IN PROGRESS: The authority to propose written agreements resides within Health & Safety Code, Title XXII and local Ambulance Ordinance No. 3517 & OCEMS Policy & Procedures. Ability to initiate written agreements is dependent upon Board action of proposed Ordinance amendments. Continuing to work with HCA Administration to re-agendize Ordinance revision. A law enforcement agency was approved as an OCEMS ALS Provider and completed an Agreement to Provide Services as an ALS provider (see Table 8: OCSD).

TIME FRAME FOR MEETING OBJECTIVE:
- ☒ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

UPDATED SYSTEM ASSESSMENT FORMS
Response/Transportation

4.18 TRANSPORT COMPLIANCE

MINIMUM STANDARDS:
The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

RECOMMENDED GUIDELINES: None.

CURRENT STATUS: Meets minimum standard

NEED(S):
Written agreements with all EMS system providers, public and private, would optimize coordination of transported medical patients and standardize performance criteria systemwide.

OBJECTIVE(S):

4.18.1: Present to the EMS Authority an Orange County EOA Transition Plan that illustrates a phased approach to managing significant shifts from the current EOA design.

August 2015 Update: COMPLETED: Feb 2014 EMS Exclusive Operating Area Transition Plan proposed & approved July 2014; RFP#OC2014.01 included EOA re-configuration & concluded with contract award June 2015

4.18.2: By year end 2015, propose a major revision to Ambulance Ordinance No. 3517 to reflect EOA system re-design and compliance standards with EOA procedures.

August 2015 Update: COMPLETED: In coordination with EMCC sub-committee, OCEMS & the Ambulance Ordinance Task Group (AOTG) comprehensively revised Ordinance No. 3517; presented amendments to EMCC & scheduled first public reading at Board meeting September 2014.

4.18.3: Update applicable OCEMS P&P to include H&S, Title XX11 authorities.

August 2015 Update: IN PROGRESS: Reviewed & drafting revisions on multiple policies consistent with proposed ordinance amendments. Released OCEMS Medical Control policies #350.00 & #352.00 to ensure system operations and clinical care in the event county administered areas are deemed non-exclusive.

August 2016 Update: IN PROGRESS: Ongoing review and revision of multiple policies.

4.18.04: By year end 2015, propose written agreements with transport providers, public and private to promote compliance to system standards, medical control directives and EOA procedures.

August 2015 Update: IN PROGRESS: The authority to propose written agreements resides within Health & Safety Code, Title XXII and local Ambulance Ordinance No. 3517 & OCEMS Policy & Procedures. Ability to initiate written agreements dependent upon Board action of proposed Ordinance amendments. Continuing to work with HCA Administration to re-agendize Ordinance revision.

September 2016 Update: IN PROGRESS: The authority to propose written agreements resides within Health & Safety Code, Title XXII and local Ambulance Ordinance No. 3517 & OCEMS Policy & Procedures. Ability to initiate written agreements dependent upon Board action of proposed Ordinance amendments. Continuing to work with HCA Administration to re-agendize Ordinance revision. A law enforcement agency was approved as an OCEMS ALS Provider and completed an Agreement to Provide Services as an ALS provider (see Table 8: OCSD).

TIME FRAME FOR MEETING OBJECTIVE:
- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

UPDATED SYSTEM ASSESSMENT FORMS
Response/Transportation

4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:
Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

RECOMMENDED GUIDELINES: None

CURRENT STATUS: Meets minimum standard

NEED(S):

OBJECTIVE(S):

4.19.1: Present to the Authority of an Orange County EOA Transition Plan that illustrates a phased approach to managing a substantial shift within the current EOA design.

August 2015 Update: COMPLETED: Feb 2014 EMS Exclusive Operating Area Transition Plan proposed & approved July 2014; RFP#OC2014.01 included EOA re-configuration & concluded with contract award June 2015

4.19.2: By year end 2015, establish an EOA transportation plan based on the emergency needs of all citizens, regardless of ability to pay that continuously adheres to medical standards of care and is in compliance with procedures to ensure state-action immunity from federal anti-trust claims. The plan will include elements required under standards 1.28, 4.01, 4.02, 4.10, 4.18, 4.19, 4.20, 4.21 and 4.22.

August 2015 Update: IN PROGRESS: Completed Exclusive Operating Area Transition Plan: Phase 1. Ongoing Phase 2 involves City-Administered Operating Areas that may request to enter into written agreements for prehospital emergency medical services including transportation or retain administrative rights by providing historical evidence of services. County Administered Exclusive Operating Area boundaries may be reconfigured dependent upon requests.

August 2016 Update: IN PROGRESS: - No requests from city-administered operating areas received.

4.19.3: By year end 2015, propose written agreements with transport providers, public and private, to promote compliance to system standards, medical control directives and EOA procedures.

August 2015 Update: IN PROGRESS: The authority to propose written agreements resides within Health & Safety Code, Title XXII and local Ambulance Ordinance No. 3517 & OCEMS Policy & Procedures. Ability to initiate written agreements is dependent upon Board action of proposed Ordinance amendments. Continuing to work with HCA Administration to re-agendize Ordinance revision.

September 2016 Update: IN PROGRESS: The authority to propose written agreements resides within Health & Safety Code, Title XXII and local Ambulance Ordinance No. 3517 & OCEMS Policy & Procedures. Ability to initiate written agreements is dependent upon Board action of proposed Ordinance amendments. Continuing to work with HCA Administration to re-agendize Ordinance revision. A law enforcement agency was approved as an OCEMS ALS Provider and completed an Agreement to Provide Services as an ALS provider (see Table 8: OCSD).

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

UPDATED SYSTEM ASSESSMENT FORMS
Response/Transportation

4.20 "GRANDFATHERING"

MINIMUM STANDARDS:
Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

RECOMMENDED GUIDELINES: None.

CURRENT STATUS: Meets minimum standard

NEED(S):

OBJECTIVE:

4.20.1: By year end 2015, establish an EOA transportation plan based on the emergency needs of all citizens, regardless of ability to pay that continuously adheres to medical standards of care and is in compliance with procedures to ensure state-action immunity from federal anti-trust claims. The plan will include elements required under standards 1.28, 4.01, 4.02, 4.10, 4.18, 4.19, 4.20, 4.21 and 4.22.

August 2015 Update: IN PROGRESS: Completed Exclusive Operating Area Transition Plan: Phase 1. Ongoing Phase 2 involves City-Administered Operating Areas that may request to enter into written agreements for prehospital emergency medical services including transportation or retain administrative rights by providing historical evidence of services. County Administered Exclusive Operating Area boundaries may be reconfigured dependent upon requests.

August 2016 Update: IN PROGRESS - No requests from city-administered operating areas received.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

UPDATED SYSTEM ASSESSMENT FORMS
Response/Transportation

4.21 EOA COMPLIANCE

MINIMUM STANDARDS:
The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

RECOMMENDED GUIDELINES: None.

CURRENT STATUS: Meets minimum standard

NEED(S):
Written agreements with all EMS system providers, public and private, are needed to optimize coordination of transported medical patients and standardize performance criteria systemwide.

OBJECTIVE:

4.21.1: By year end 2015, propose written agreements with transport providers, public and private to promote compliance to system standards, medical control directives and EOA procedures.

August 2015 Update: IN PROGRESS: The authority to propose written agreements resides within Health & Safety Code, Title XXII and local Ambulance Ordinance No. 3517 & OCEMS Policy & Procedures. Ability to initiate written agreements dependent upon Board action of proposed Ordinance amendments. Continuing to work with HCA Administration to re-agendize Ordinance revision.

September 2016 Update: IN PROGRESS: The authority to propose written agreements resides within Health & Safety Code, Title XXII and local Ambulance Ordinance No. 3517 & OCEMS Policy & Procedures. Ability to initiate written agreements is dependent upon Board action of proposed Ordinance amendments. Continuing to work with HCA Administration to re-agendize Ordinance revision. A law enforcement agency was approved as an OCEMS ALS Provider and completed an Agreement to Provide Services as an ALS provider (see Table 8: OCSD).

TIME FRAME FOR MEETING OBJECTIVE:
- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

UPDATED SYSTEM ASSESSMENT FORMS
Response/Transportation

4.22 EOA EVALUATION

MINIMUM STANDARDS:
The local EMS agency shall periodically evaluate the design of exclusive operating areas.

RECOMMENDED GUIDELINES:
None.

CURRENT STATUS: Meets minimum standard

NEED(S):
As stated in standard 1.28, this evaluation requires multiple steps that include but are not limited to, major revisions to Ambulance Ordinance 3517; inclusion of Policies & Procedures to define competitive process; major revisions to existing transport, provider and system policies, financial support to employ personnel resources for direct contractual performance monitoring; and immediate consideration of a regional system.

OBJECTIVE:

4.22.1: By year end 2014, propose an EOA system re-design that formally establishes reconfiguration of boundaries, compliance standards with EOA procedures and periodic intervals to re-evaluate the design.

August 2015 Update: COMPLETED: Feb 2014 EMS Exclusive Operating Area Transition Plan proposed & approved July 2014; RFP#OC2014.01 included EOA re-configuration & concluded with contract award June 2015.

TIME FRAME FOR MEETING OBJECTIVE:

- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

UPDATED SYSTEM ASSESSMENT FORMS
Data Collection/System Evaluation

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:
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 pre-hospital 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.

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

CURRENT STATUS: Meets minimum standard

NEED(S):

OBJECTIVE:

6.01.1: By year end 2014, propose a conversion of the contracted CQI RN to a permanent EMS-budgeted full- time equivalent (FTE) position.

August 2015 Update: COMPLETED: Approved to add permanent FT OC-MEDS Coordinator FY15/16.

TIME FRAME FOR MEETING OBJECTIVE:
- ☒ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

UPDATED SYSTEM ASSESSMENT FORMS
Data Collection/System Evaluation

6.02 PREHOSPITAL RECORDS

MINIMUM STANDARDS:
Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

RECOMMENDED GUIDELINES: None.

CURRENT STATUS: Meets minimum standard

NEED(S):

OBJECTIVE:

6.02.1: By year end 2015, integrate OC-MEDS documentation standards within licensing requirements. Specifically targeting, all non-emergency BLS transports originating within OC.

August 2015 Update: IN PROGRESS: Modified Policy 720.60 to include a provision requiring that all BLS (non-emergency) patient care and transportation be documented electronically and data submitted to OC-MEDS in NEMSIS compliant format by June 1, 2016.

August 2016 Update: COMPLETED – OCEMS Policies #300.30: OC-MEDS EMS Provider Patient Care Reporting & #300.32: OC-MEDS EMS Provider Data Submission Process revised to include requirements per AB1129.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

UPDATED SYSTEM ASSESSMENT FORMS
Data Collection/System Evaluation

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:
The local EMS agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

RECOMMENDED GUIDELINES:
The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS: Meets minimum standard

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:
Standard is met. Objective developed to enhance data capture of specialty patients.

OBJECTIVE:

6.05.2: By year end 2014, implement the OC-MEDS patient registry module to begin capturing specialty patient data.

August 2015 Update: IN PROGRESS: STEMI and Stroke data collection forms and permission levels have been developed. Continue to refine processes and data elements to meet system needs. Currently receiving trauma data in NTDB format from four (4) trauma centers (OCG, MSN, UCI, LBM) via scheduled quarterly imports. CHOC is using the Patient Registry Trauma Incident Form as their Trauma Registry and performing direct data entry.

August 2016 Update: IN PROGRESS: Countywide Stroke Registry has been completed and is in pilot testing. Implementation is expected by early 2017. STEMI policies in development to support refined processes and data elements. STEMI Registry Pilot testing expected to begin by early to mid-2017.

TIME FRAME FOR MEETING 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

Reporting Year: **FY2015/2016**

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

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

County: ORANGE

A.	Basic Life Support (BLS)	____ %
B.	Limited Advanced Life Support (LALS)	____ %
C.	Advanced Life Support (ALS)	**100** %

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

3. The person responsible for day-to-day activities of the EMS agency reports to **B**
   a) Public Health Officer
   b) Health Services Agency Director/Administrator
   c) Board of Directors
   d) Other: _____

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

Implementation of exclusive operating areas (ambulance franchising)	X
Designation of trauma centers/trauma care system planning	X
Designation/approval of pediatric facilities	X
Designation of other critical care centers	X
Development of transfer agreements	
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	
Continuing education	X
Personnel training	X
Operation of oversight of EMS dispatch center	X
Non-medical disaster planning	
Administration of critical incident stress debriefing team (CISD)	

TABLE 2:SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	X
Other: _____	
Other: _____	
Other: _____	

5. EXPENSES

Salaries and benefits (All but contract personnel)	$ 1,957,582
Contract Services (e.g. medical director)	198,157
Operations (e.g. copying, postage, facilities)	1,021,508
Travel	13,826
Fixed assets	24,397
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other:	
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	$ 3,215,470

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	$
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	893,260
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	74,236
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____

TABLE 2:SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	_____
Trauma center designation fees	**46,860**
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	**257,568**
Contributions	_____
EMS Fund (SB 12/612)	**1,256,428**
Other grants: _____	_____
Other fees: _____	_____
Other (specify): **AMB PERFORMANCE CONTRACT**	**669,118**
TOTAL REVENUE	$ **3,215,470**

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

TABLE 2:SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. **Fee structure**

_____ We do not charge any fees

__X__ Our fee structure is:

First responder certification	$ _____
EMS dispatcher certification	_____
EMT-I certification	**35.00**
EMT-I recertification	**35.00**
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
AEMT certification	_____
AEMT recertification	_____
EMT-P accreditation	**62.00**
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	**84.00**
MICN/ARN recertification	_____
EMT-I training program approval	_____
AEMT training program approval	_____
EMT-P training program approval	_____
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	**22,339.00**
Trauma center designation	_____
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	**1,763.00**
Ambulance vehicle permits	**150.00**
Other: **AMBULANCE UNIT RE-INSPECTION**	**100.00**
Other: **LOST CARD REPLACEMENT**	**23.00**
Other: _____	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Admin Mgr II, EMS Administrator	1.0	$65.75	50.34%	
Medical Director	Admin Mgr III(SPL), EMS Medical Director	1.0	$99.30	50.34%	
Assistant Medical Director	Admin Mgr III (SPL) Asst. EMS Med Director*	1.0	$99.30	50.34%	
Asst. Admin./Admin.Asst./Admin. Mgr.	Admin Mgr I, Systems/Standards	1.0	$52.89	50.34%	
Asst. Admin./Admin.Asst./Admin. Mgr.	Admin Mgr I, Performance	1.0	$52.89	50.34%	Ambulance Performance Contract
Asst. Admin./Admin.Asst./Admin. Mgr.	Admin Mgr I, OC-MEDS	1.0	$52.89	50.34%	
QA/QI Coordinator	EMS Coordinator, OC-MEDS	1.0	$44.51	50.34%	
ALS Coord./Field Coord./Trng Coordinator	EMS Coordinator, ALS	1.0	$44.51	50.34%	
Program Coord./Field Liaison (Non-clinical)	EMS Coordinator, BLS	1.0	$44.51	50.34%	Includes clinical
Disaster Medical Planner	EMS Coordinator, Facilities/Disaster	1.0	$44.51	50.34%	
Data Evaluator/Analyst	EMS Specialist	1.0	$33.13	50.34%	Regulation/Licensure
Data Entry Clerk	EMS Specialist	1.0	$33.13	50.34%	Regulation/Licensure
Other/Ambulance Performance Contract	EMS Specialist	3.0	$33.13	50.34%	Ambulance Performance Contract
Public Info. & Education Coordinator	Office Specialist	1.0	$22.84	50.34%	
Executive Secretary	Office Supervisor	1.0	$25.33	50.34%	
Data Entry Clerk	Information Processing Technician	1.0	$21.70	50.34%	
Trauma Coordinator	CQI Nurse				Contracted position
Other MD/Medical Consult	Physician Specialist				Contracted position
Other MD/Medical Consult	OC-MEDS RN Educator				Contracted position thru December 2016
***NEW POSITION/FTE**					

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

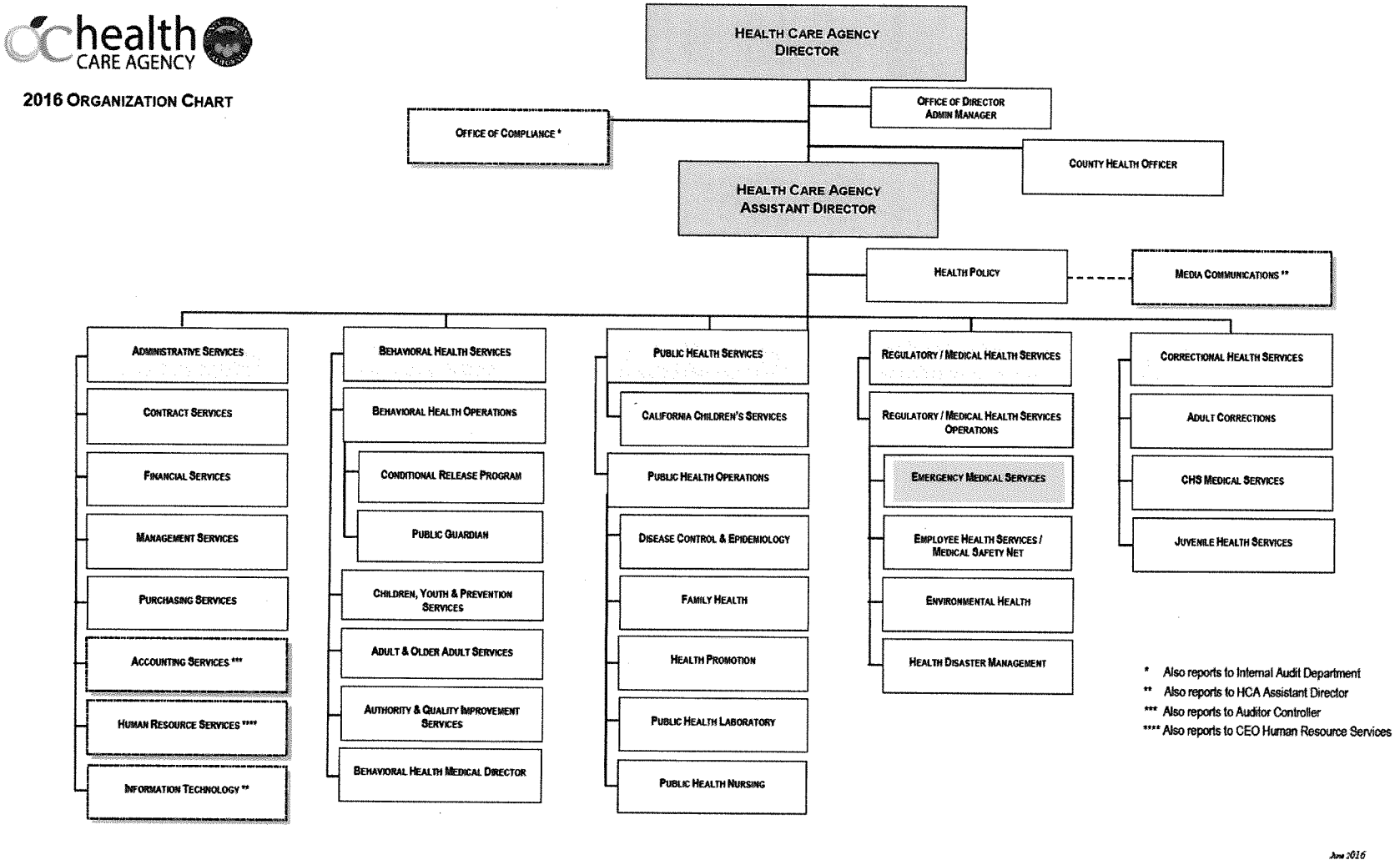

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Orange County EMS
August 2016
w/HPP LEMSA Coordinator
T:\EMS PERSONNEL\ORG CHARTS

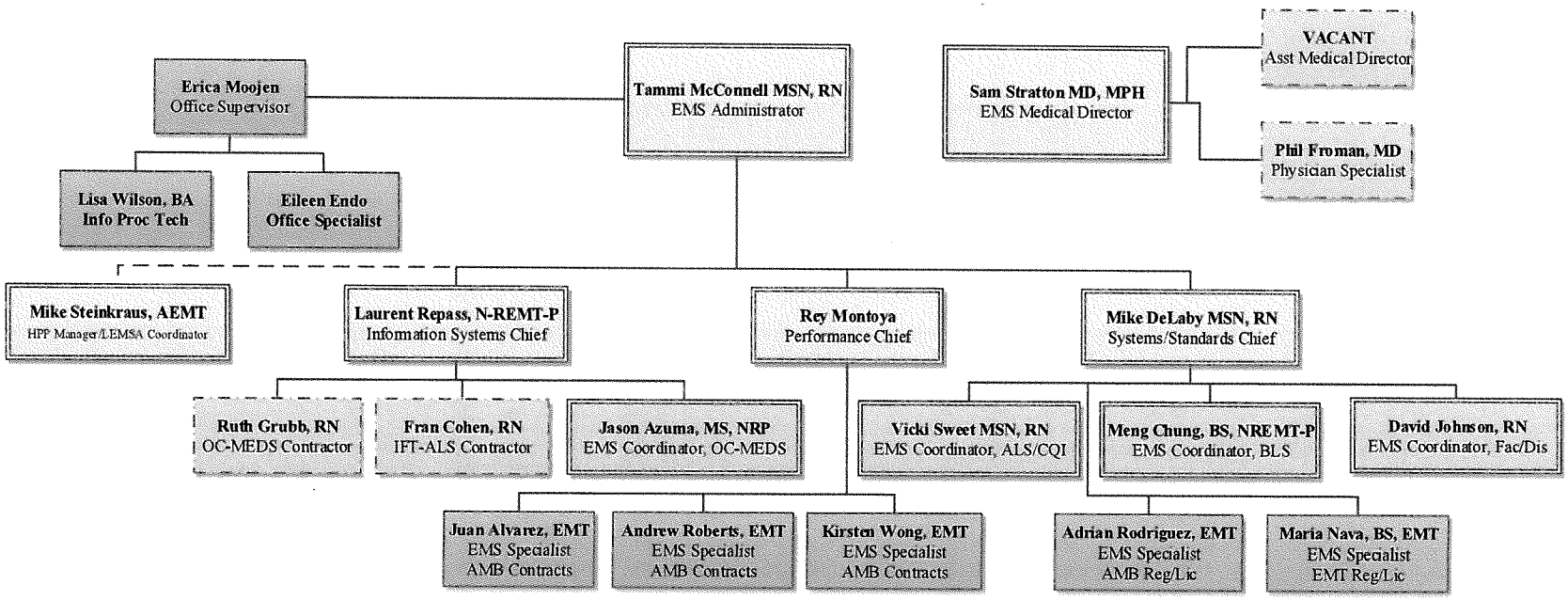

TABLE 3: STAFFING/TRAINING
Reporting Year: CY 2015
NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	1591	0		237
Number newly certified this year	766	0		12
Number recertified this year	825	0		0
Total number of accredited personnel on July 1 of the reporting year	3361	0	453	237
Number of certification reviews resulting in:				
a) formal investigations	57	0		0
b) probation	33	0	0	0
c) suspensions	8	0	0	0
d) revocations	4	0		0
e) denials	9	0		0
f) denials of renewal	0	0		0
g) no action taken	3	0	0	0

1. Early defibrillation:
   a) Number of EMT-I (defib) authorized to use AEDs — 1060 fire; 135 ambulance; 151other
   b) Number of public safety (defib) certified (non-EMT-I) — 621
2. Do you have an EMR training program — ☐ yes ☒ no

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

County: **ORANGE**
Reporting Year: **2016**

1.	Number of primary Public Service Answering Points (PSAP)	**23**
2.	Number of secondary PSAPs	**3**
3.	Number of dispatch centers directly dispatching ambulances	**3**
4.	Number of EMS dispatch agencies utilizing EMD guidelines	**3**
5.	Number of designated dispatch centers for EMS Aircraft	**1**

6. Who is your primary dispatch agency for day-to-day emergencies?
23 primary PSAPs (19-city law enforcement; 1-county sheriff; 3-state CHP, CSUF, UCI); 3 secondary PSAPs (MetroNet, OCFA, LA County Fire)

7. Who is your primary dispatch agency for a disaster?
23 primary PSAPs (19-city law enforcement; 1-county sheriff; 3-state CHP, CSUF, UCI); 3 secondary PSAPs (MetroNet, OCFA, LA County Fire)

8. Do you have an operational area disaster communication system? **X Yes** ☐ No

a. Radio primary frequency **Public Safety VHF, UHF, 800 MHz**

b. Other methods **Telephone, fax, satellite phone, radio, amateur radio**

c. Can all medical response units communicate on the same disaster communications system? **X Yes** ☐ No

d. Do you participate in the Operational Area Satellite Information System **X Yes** ☐ No

e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? **X Yes** ☐ No

1) Within the operational area? **X Yes** ☐ No

2) Between operation area and the region and/or state? **X Yes** ☐ No

TABLE 5: RESPONSE/TRANSPORTATION
Reporting Year: **2016**
Note: Table 5 is to be reported by agency.

Early Defibrillation Providers (BLS Amb)

1. Number of EMT-Defibrillation providers **30**

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	3 – 5 minutes	N/A	N/A	3 – 5 minutes
Early defibrillation responder	3 – 5 minutes	N/A	N/A	3 – 5 minutes
Advanced life support responder	5 – 7 minutes	N/A	N/A	5 – 7 minutes
Transport Ambulance	< 10 minutes	N/A	N/A	< 10 minutes

TABLE 6: FACILITIES/CRITICAL CARE
Reporting Year: **2016**
NOTE: Table 6 is to be reported by agency.

Trauma

Trauma Patients:	
1. Number of patients meeting trauma triage criteria	**8423**
2. Number of major trauma victims transported directly to a trauma center by ambulance	**7474**
3. Number of major trauma patients transferred to a trauma center	**949**
4. Number of patients meeting triage criteria who weren't treated at a trauma center	**0**

Emergency Departments

Total number of emergency departments	**24**
1. Number of referral emergency services	**0**
2. Number of standby emergency services	**0**
3. Number of basic emergency services	**23**
4. Number of comprehensive emergency services	**1**

Receiving Hospitals

1. Number of receiving hospitals with written agreements	**24**
2. Number of base hospitals with written agreements	**6**

TABLE 7: DISASTER MEDICAL
Reporting Year: **2016**
County: **ORANGE**
NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? **Schools, senior centers, fire stations**
   b. How are they staffed? **Local medical professionals, city personnel, fire personnel, National Guard (later)**
   c. Do you have a supply system for supporting them for 72 hours? **X Yes** ☐ No

2. CISD
   Do you have a CISD provider with 24 hour capability? **X Yes** ☐ No

3. Medical Response Team
   a. Do you have any team medical response capability? **X Yes** ☐ No
   b. For each team, are they incorporated into your local response plan? **X Yes** ☐ No
   c. Are they available for statewide response? **X Yes** ☐ No
   d. Are they part of a formal out-of-state response system? **X Yes** ☐ No

4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? **X Yes** ☐ No
   b. At what HazMat level are they trained? **"A"; technician, specialist, first responder**
   c. Do you have the ability to do decontamination in an emergency room? **X Yes** ☐ No
   d. Do you have the ability to do decontamination in the field? **X Yes** ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS?) that incorporates a form of Incident Command System (ICS) structure? **X Yes** ☐ No

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? **73**

3. Have you tested your MCI Plan this year in a:
   a. real event? **X Yes** ☐ No
   b. exercise? **X Yes** ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
   Regions I **(San Luis Obispo, Santa Barbara, Ventura, Los Angeles)** and VI **(Mono, Inyo, San Bernardino, Riverside, San Diego, Imperial) Inter-Region Cooperative Agreement for Emergency Medical Health Disaster Assistance**

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **X Yes** ☐ No

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? **X Yes** ☐ No

7. Are you part of a multi-county EMS system for disaster response? ☐ Yes **X No**

8. Are you a separate department or agency? ☐ Yes **X No**

9. If not, to whom do you report? **Director, Orange County Health Care Agency**

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? **N/A**

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** AllTown Ambulance **Response Zone:** N/A

Address: 13812 Saticoy St. Suita A
Panorama City

Phone Number: 877-599-4282

Number of Ambulance Vehicles in Fleet: 7

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 7

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒ 7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

8,400	Total number of responses
0	Number of emergency responses
8,400	Number of non-emergency responses

8,400	Total number of transports
0	Number of emergency transports
8,400	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** AmbuServe Ambulance **Response Zone:** N/A

Address: 15105 South Broadway
Gardena CA 90248

Phone Number: 310-644-0500

Number of Ambulance Vehicles in Fleet: 4

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒ 7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

Not Provided	Total number of responses
Not Provided	Number of emergency responses
Not Provided	Number of non-emergency responses

Not Provided	Total number of transports
Not Provided	Number of emergency transports
Not Provided	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** American Med Ambulance **Response Zone:** N/A

Address: 3750 West Warner Avenue
Santa Ana CA 92704

Phone Number: 714-710-8888

Number of Ambulance Vehicles in Fleet: 3

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☒ Yes ☒ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒ 7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

3368	Total number of responses
0	Number of emergency responses
3368	Number of non-emergency responses

2695	Total number of transports
2	Number of emergency transports
2693	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** American Professional Ambulance **Response Zone:** N/A

Address: 16945 Sherman Way
Van Nuys CA 91406

Number of Ambulance Vehicles in Fleet: 9

Phone Number: 818-996-2200

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 9

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** AmeriCare Ambulance Service **Response Zone:** N/A

Address: 1059 East Bedmar
Carson, CA 90749

Phone Number: (888) 923-9723

Number of Ambulance Vehicles in Fleet: 14

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 14

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☒ Yes ☐ No ****One Contract: Medical Transportation for County patients**	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☒ 9-1-1 ☐ Non-Transport ☒ BLS ☒7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

7,886	Total number of responses
1,795	Number of emergency responses
6,091	Number of non-emergency responses

7,273	Total number of transports
1,427	Number of emergency transports
5,846	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** CalMed Ambulance **Response Zone:** N/A

Address: 12409 Slauson Ave
Whittier, CA 90606

Phone Number: (562) 968-1818

Number of Ambulance Vehicles in Fleet: 10

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 10

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☒ Non-Transport ☒ BLS ☒ 7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Care Ambulance Service **Response Zone:** OA-1,3,4,6,7,8,25 EOA-20,Regions B,C,D,E

Address: 1517 W. Braden Court, Orange, CA 92868

Phone Number: (714) 288-3800

Number of Ambulance Vehicles in Fleet: 151

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 151

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☒ Yes ☐ No **Five Contracts:** **Medical Transportation/County Pts** **9-1-1 BLS/Region B** **9-1-1 BLS/Region C** **9-1-1 BLS/Region D** **9-1-1 BLS/Region E**	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☒ 9-1-1 ☐ Non-Transport ☒ BLS ☒7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

142,578	Total number of responses
103,303	Number of emergency responses
39,275	Number of non-emergency responses

104,561	Total number of transports
73,646	Number of emergency transports
30,915	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Doctors Ambulance **Response Zone:** OA-11

Address: 23091 Terra Drive
Laguna Hills, CA 92653

Number of Ambulance Vehicles in Fleet: 14

Phone Number: (800) 420-2221

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 14

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☒ Yes ☐ No ****One Contract: Medical Transportation for County patients**	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☒ 9-1-1 ☐ Non-Transport ☒ BLS ☒7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

32,916	Total number of responses
23,966	Number of emergency responses
8,950	Number of non-emergency responses

23,239	Total number of transports
16,246	Number of emergency transports
6,993	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Elite Ambulance **Response Zone:** N/A

Address: 2065 Venice Blvd.
Los Angeles, CA 90006

Phone Number: (323) 874-4100

Number of Ambulance Vehicles in Fleet: 6

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

Not Provided	Total number of responses
Not Provided	Number of emergency responses
Not Provided	Number of non-emergency responses

Not Provided	Total number of transports
Not Provided	Number of emergency transports
Not Provided	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Emergency Ambulance **Response Zone:** EOA-2, Region A

Address: 3200 E. Birch St., Suite A
Brea, CA 92821

Number of Ambulance Vehicles in Fleet: 15

Phone Number: (714) 990-1331

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 15

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☒ Yes ☐ No **Two Contracts:** **Medical Transportation/County Pts** **9-1-1 BLS/Region A**	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☒ 9-1-1 ☐ Non-Transport ☒ BLS ☒7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

12,642	Total number of responses	8,941	Total number of transports
9,198	Number of emergency responses	6,127	Number of emergency transports
3,444	Number of non-emergency responses	2,814	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 20167 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** FirstMed Ambulance **Response Zone:** N/A

Address: 8630 North Tamarack Avenue
Sun Valley CA 91352

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (800) 608-0311

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☒ Yes ☐ No ****One Contract: Medical Transportation for County patients**	☐ Yes ☒ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

20	Total number of responses	20	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
20	Number of non-emergency responses	20	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2016 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Gentle Care Transport Inc. DBA Phoenix Ambulance **Response Zone:** N/A

Address: 3539 Casitas Ave.
Los Angeles, CA 90039

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (323) 662-8777

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

Not Provided	Total number of responses
Not Provided	Number of emergency responses
Not Provided	Number of non-emergency responses

Not Provided	Total number of transports
Not Provided	Number of emergency transports
Not Provided	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Gentle Ride Ambulance **Response Zone:** N/A

Address: 715 Ruberta Ave
Glendale, CA 91201

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (818) 500-1100

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒ 7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Horizon Ambulance **Response Zone:** N/A

Address: 1920 East Katella Avenue Suite K
Orange CA 92867

Number of Ambulance Vehicles in Fleet: 7

Phone Number: (714) 997-4262

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 7

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☒ Yes ☐ No ****One Contract: Medical Transportation for County patients**	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

6,600	Total number of responses
0	Number of emergency responses
6,600	Number of non-emergency responses

6,600	Total number of transports
0	Number of emergency transports
6,600	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Huntington Ambulance **Response Zone:** N/A

Address: 5142 Northwestern Way
Westminster CA 92683

Number of Ambulance Vehicles in Fleet: 3

Phone Number: (562) 904-1550

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Transport ☐ ALS ☐ 9-1-1 ☒ Non-Transport ☒ BLS ☐7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Impulse Ambulance **Response Zone:** N/A

Address: 12531 Vanowen Street
North Hollywood, CA 91605

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (818) 982-3500

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒ 7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

County: Orange **Provider:** Liberty Ambulance **Response Zone:** N/A

Address: 9441 Washburn Road
Downey, CA 90242

Phone Number: (562) 741-6230

Number of Ambulance Vehicles in Fleet: 44

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 44

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒ 7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

11,273	Total number of responses
35	Number of emergency responses
11,238	Number of non-emergency responses

11,072	Total number of transports
34	Number of emergency transports
11,038	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** LifeLine Ambulance **Response Zone:** N/A

Address: 120 South Maple Avenue Suite 200
Montebello, CA 90640

Number of Ambulance Vehicles in Fleet: 50

Phone Number: (800) 700-9344

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 50

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒ 7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

13,500	Total number of responses
22	Number of emergency responses
13,478	Number of non-emergency responses

13,176	Total number of transports
21	Number of emergency transports
13,155	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Lynch Ambulance **Response Zone:** N/A

Address: 2950 La Jolla Street
Anaheim, CA 92806

Number of Ambulance Vehicles in Fleet: 38

Phone Number: (714)-347-3262

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 38

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☒ Yes ☐ No ****One Contract: Medical Transportation for County patients**	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

29,517	Total number of responses	28,290	Total number of transports
4,687	Number of emergency responses	4,267	Number of emergency transports
24,830	Number of non-emergency responses	24,023	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses	N/A	Total number of transports
N/A	Number of emergency responses	N/A	Number of emergency transports
N/A	Number of non-emergency responses	N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers.**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** MedCoast Ambulance **Response Zone:** N/A

Address: 14325 Iseli Road
Santa Fe Springs, CA 90670

Phone Number: (562) 802-3765

Number of Ambulance Vehicles in Fleet: 21

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 21

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☒ Yes ☐ No ****One Contract: Medical Transportation for County patients**	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

6,597	Total number of responses
2,221	Number of emergency responses
4,376	Number of non-emergency responses

6,336	Total number of transports
2,048	Number of emergency transports
4,288	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2016 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers.**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** MedLife Ambulance **Response Zone:** N/A

Address: 4304 Alger Street
Los Angeles CA 90039

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (818) 500-0044

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒ 7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

Not Provided	Total number of responses
Not Provided	Number of emergency responses
Not Provided	Number of non-emergency responses

Not Provided	Total number of transports
Not Provided	Number of emergency transports
Not Provided	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers.**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** MedLine Ambulance **Response Zone:** N/A

Address: 2328 N. Batavia St. Unit # 116
Orange, CA 92865

Phone Number: (714) 770-8770

Number of Ambulance Vehicles in Fleet: 4

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

LICENSE SURRENDERED 9/18/2015

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☒ Yes ☐ No ****One Contract: Medical Transportation for County patients**	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

Not Provided	Total number of responses
Not Provided	Number of emergency responses
Not Provided	Number of non-emergency responses

Not Provided	Total number of transports
Not Provided	Number of emergency transports
Not Provided	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers.**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Mercy Air Service, Inc. **Response Zone:** N/A

Address: 1670 Miro Way
Rialto, CA 92376

Number of Ambulance Vehicles in Fleet: 3

Phone Number: (800) 222-3456

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☒ 9-1-1 ☐ Non-Transport ☐ BLS ☒ 7-Digit ☐ Ground ☒ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☒ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☒ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

Air Ambulance Services

65	Total number of responses
18	Number of emergency responses
47	Number of non-emergency responses

43	Total number of transports
8	Number of emergency transports
35	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Mission Ambulance **Response Zone:** N/A

Address: 1055 E. 3rd St
Corona, CA 92879

Phone Number: (800) 899-9100

Number of Ambulance Vehicles in Fleet: 5

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒ 7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2016 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Pacific Ambulance **Response Zone:** N/A

Address: 23942 McWhorter Way
Lake Forest, CA 92630

Phone Number: (562) 591-3371

Number of Ambulance Vehicles in Fleet: 12

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 12

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒ 7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

Not Provided — Total number of responses
Not Provided — Number of emergency responses
Not Provided — Number of non-emergency responses

Not Provided — Total number of transports
Not Provided — Number of emergency transports
Not Provided — Number of non-emergency transports

Air Ambulance Services

N/A — Total number of responses
N/A — Number of emergency responses
N/A — Number of non-emergency responses

N/A — Total number of transports
N/A — Number of emergency transports
N/A — Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Premier (dba PMT Ambulance) **Response Zone:** N/A

Address: 575 Maple Court, Suite A
Colton, CA 92324

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (909) 433-3939

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☒ Non-Transport ☒ BLS ☒7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

2,740	Total number of responses
739	Number of emergency responses
2,001	Number of non-emergency responses

2,740	Total number of transports
739	Number of emergency transports
2,001	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Premier Medical Transport **Response Zone:** N/A

Address: 530 N. Puente Street
Brea, CA 92821

Number of Ambulance Vehicles in Fleet: 17

Phone Number: (888) 353-9556

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 17

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☒ Yes ☒ No ****One Contract: Medical Transportation for County patients**	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

11,988	Total number of responses
2,680	Number of emergency responses
9,308	Number of non-emergency responses

11,579	Total number of transports
2,491	Number of emergency transports
9,088	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** PRN Ambulance **Response Zone:** N/A

Address: 8928 Sepulveda Blvd.
North Hills CA 91343

Phone Number: (818) 810-3600

Number of Ambulance Vehicles in Fleet: 12

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 12

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Royalty Ambulance **Response Zone:** N/A

Address: 3235 San Fernando Road, Bldg. 6
Los Angeles, CA 90065

Phone Number: (818) 550-5833

Number of Ambulance Vehicles in Fleet: 1

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☐ 7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2016 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Samaritan Ambulance **Response Zone:** N/A

Address: 2221 East Winston Road Unit N
Anaheim CA 92806

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (714) 262-4158

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

LICENSE SURRENDERED 6/30/2015

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒ 7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

Not Provided	Total number of responses
Not Provided	Number of emergency responses
Not Provided	Number of non-emergency responses

Not Provided	Total number of transports
Not Provided	Number of emergency transports
Not Provided	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Schaefer Ambulance **Response Zone:** N/A

Address: 2215 S. Bristol
Santa Ana, CA 92704

Number of Ambulance Vehicles in Fleet: 5

Phone Number: (800) 582-2258

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒ 7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

218	Total number of responses
35	Number of emergency responses
111	Number of non-emergency responses

146	Total number of transports
0	Number of emergency transports
111	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2016 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Shoreline Ambulance **Response Zone:** N/A, OA-9, 15 Back-up

Address: 17762 Metzler Lane
Huntington Beach, CA 92647

Phone Number: (855) 474-6735

Number of Ambulance Vehicles in Fleet: 13

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 12

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☒ Yes ☐ No ****One Contract: Medical Transportation for County patients**	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☒ 9-1-1 ☐ Non-Transport ☒ BLS ☒7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

31,552	Total number of responses
4,734	Number of emergency responses
26,818	Number of non-emergency responses

31,552	Total number of transports
4,734	Number of emergency transports
26,818	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2016 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Southland Ambulance **Response Zone:** N/A

Address: 12235 Beach Blvd Suite#107
Stanton, CA 90680

Phone Number: (714) 891-2601

Number of Ambulance Vehicles in Fleet: 2

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

LICENSE SURRENDERED 4/28/2016

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒ 7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

Not Provided	Total number of responses
Not Provided	Number of emergency responses
Not Provided	Number of non-emergency responses

Not Provided	Total number of transports
Not Provided	Number of emergency transports
Not Provided	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Symons Ambulance **Response Zone:** N/A

Address: 18592 Cajon Blvd.
San Bernardino, CA 92407

Phone Number: (866) 728-3483

Number of Ambulance Vehicles in Fleet: 13

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☒ Yes ☐ No ****One Contract: Medical Transportation for County patients**	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☐ 9-1-1 ☐ Non-Transport ☒ BLS ☒7-Digit ☒ Ground ☐ Air ☒ CCT ☐ Water ☒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

5,423	Total number of responses
14	Number of emergency responses
5,409	Number of non-emergency responses

6,443	Total number of transports
14	Number of emergency transports
6,429	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2015 response volume and does not reflect overall capabilities of Providers.**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Anaheim Fire Department **Response Zone:** OA-1

Address: 201 S. Anaheim Blvd. #301
Anaheim, CA 92805

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 714-765-4000

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Transport ☒ ALS ☒ 9-1-1 ☒ Non-Transport ☒ BLS ☐ 7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain:	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

22,816	Total number of responses
22,816	Number of emergency responses
0	Number of non-emergency responses

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

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2015 response volume and does not reflect overall capabilities of Providers.**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Brea Fire Department **Response Zone:** EOA-2

Address: One Civic Center Circle
Brea, CA 92821

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 714-990-7644

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Transport ☒ ALS ☒ 9-1-1 ☒ Non-Transport ☒ BLS ☐ 7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain:	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

2,982	Total number of responses
2,982	Number of emergency responses
0	Number of non-emergency responses

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

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2015 response volume and does not reflect overall capabilities of Providers.**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Costa Mesa Fire Department **Response Zone:** OA-4

Address: 77 Fair Drive; PO Box 1200
Costa Mesa, CA 92626

Phone Number: 714-754-5106

Number of Ambulance Vehicles in Fleet: 2

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Transport ☒ ALS ☒ 9-1-1 ☒ Non-Transport ☒ BLS ☐ 7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain:	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

8,446	Total number of responses
8,446	Number of emergency responses
0	Number of non-emergency responses

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

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2015 response volume and does not reflect overall capabilities of Providers.**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Fountain Valley Fire Department **Response Zone:** OA-6

Address: 10200 Slater Avenue
Fountain Valley, CA 92708

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 714-593-4436

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Transport ☒ ALS ☒ 9-1-1 ☒ Non-Transport ☒ BLS ☐ 7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain:	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

4,103	Total number of responses
4,103	Number of emergency responses
0	Number of non-emergency responses

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

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2015 response volume and does not reflect overall capabilities of Providers.**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Fullerton Fire Department **Response Zone:** OA-7

Address: 312 E. Commonwealth Avenue
Fullerton, CA 92832

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 714-738-6502

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Transport ☒ ALS ☒ 9-1-1 ☒ Non-Transport ☒ BLS ☐ 7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain:	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

8,470	Total number of responses
8,470	Number of emergency responses
0	Number of non-emergency responses

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

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2015 response volume and does not reflect overall capabilities of Providers.**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Garden Grove Fire Department **Response Zone:** OA-8

Address: 11301 Acacia Parkway
Garden Grove, CA 92840

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 714-741-5600

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Transport ☒ ALS ☒ 9-1-1 ☒ Non-Transport ☒ BLS ☐ 7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain:	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

9,569	Total number of responses
9,569	Number of emergency responses
0	Number of non-emergency responses

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

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2015 response volume and does not reflect overall capabilities of Providers.**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Huntington Beach Fire Department **Response Zone:** OA-9

Address: 2000 Main Street
Huntington Beach, CA 92648

Phone Number: 714-536-5411

Number of Ambulance Vehicles in Fleet: 4

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☒ 9-1-1 ☐ Non-Transport ☒ BLS ☐ 7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain:	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

13,505	Total number of responses
13,505	Number of emergency responses
0	Number of non-emergency responses

10,105	Total number of transports
10,105	Number of emergency transports
0	Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

****Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2015 response volume and does not reflect overall capabilities of Providers.**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Laguna Beach Fire Department **Response Zone:** OA-11

Address: 505 Forest Avenue
Laguna Beach, CA 92651

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 949-497-0700

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Transport ☒ ALS ☒ 9-1-1 ☒ Non-Transport ☒ BLS ☐ 7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain:	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

2,137	Total number of responses
2,137	Number of emergency responses
0	Number of non-emergency responses

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

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2015 response volume and does not reflect overall capabilities of Providers.**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** City of La Habra **Response Zone:** OA-12

Address: 201 E. La Habra Boulevard
La Habra, CA 90633

Phone Number: 562-383-4000

Number of Ambulance Vehicles in Fleet: 3

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☒ Yes ☒ No **Agreement between LA County Fire & City of La Habra for Fire/EMS; Personnel Contract between Care Ambulance & City of La Habra**	☐ Yes ☒ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☒ 9-1-1 ☐ Non-Transport ☒ BLS ☐ 7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☒ Public ☐ Private	☐ Fire ☒ Law ☐ Other Explain:	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

****Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2015 response volume and does not reflect overall capabilities of Providers.**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Los Angeles County Fire Department **Response Zone:** OA-12

Address: 1320 North Eastern Avenue
Los Angeles, CA 90063-3244

Phone Number: 310-577-5700

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Transport ☒ ALS ☒ 9-1-1 ☒ Non-Transport ☒ BLS ☐ 7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain:	☐ City ☒ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

6,364	Total number of responses
6,364	Number of emergency responses
0	Number of non-emergency responses

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

****Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2015 response volume and does not reflect overall capabilities of Providers.**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Newport Beach Fire Department **Response Zone:** OA-15

Address: 3300 Newport Boulevard
Newport Beach, CA 92653

Phone Number: 949-644-3104

Number of Ambulance Vehicles in Fleet: 3

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☒ 9-1-1 ☐ Non-Transport ☒ BLS ☐ 7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain:	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

7,571	Total number of responses
0	Number of emergency responses
0	Number of non-emergency responses

5,971	Total number of transports
0	Number of emergency transports
0	Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

****Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2015 response volume and does not reflect overall capabilities of Providers.**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** City of Orange Fire Department **Response Zone:** OA-16

Address: 176 S. Grand Street
Orange, CA 92866

Phone Number: 714-288-2500

Number of Ambulance Vehicles in Fleet: 4

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☒ 9-1-1 ☐ Non-Transport ☒ BLS ☐ 7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain:	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

9,219	Total number of responses
9,219	Number of emergency responses
0	Number of non-emergency responses

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

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2015 response volume and does not reflect overall capabilities of Providers.**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Orange County Fire Authority (OCFA) **Response Zone:** OA-3,18 EOA- 20, 25, Regions A,B,C,D,E

Address: 1 Fire Authority Road, Irvine, CA 92602

Number of Ambulance Vehicles in Fleet: 2 (1 unit within OA-18; 1 seasonal/back-up)

Phone Number: 714-741-5600

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☒ Yes ☒ No **Joint Powers Authority (JPA) agreement with 25 members (23 cities & 2 county seats)**	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☒ 9-1-1 ☒ Non-Transport ☒ BLS ☐ 7-Digit ☒ Ground ☒ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain:	☒ City/JPA ☒ County/JPA ☐ State ☐ Fire District ☐ Federal	☒ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☒ ALS Rescue ☐ BLS Rescue

Transporting Agencies

96,913	Total number of responses
96,913	Number of emergency responses
0	Number of non-emergency responses

0	Total number of transports **(City of San Clemente: OA-18)**
0	Number of emergency transports
0	Number of non-emergency transports

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports **(Countywide)**
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

****Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2015 response volume and does not reflect overall capabilities of Providers.**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** Orange County Sheriff's Department **Response Zone:** n/a

Address: 550 North Flower Street, Santa Ana, CA 92703

Number of Ambulance Vehicles in Fleet: n/a

Phone Number: 714-647-1800

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1 (AIR)

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☒ 9-1-1 ☐ Non-Transport ☒ BLS ☐ 7-Digit ☐ Ground ☒ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☒ Public ☐ Private	☐ Fire ☒ Law ☐ Other Explain:	☐ City/JPA ☒ County ☐ State ☐ Fire District ☐ Federal	☒ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☒ ALS Rescue ☒ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

****Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2015 response volume and does not reflect overall capabilities of Providers.**

Note: *Table 8 is to be completed for each provider by county.* Make copies as needed.

County: Orange **Provider:** City of San Clemente **Response Zone:** OA-18

Address: 100 Avenida Presidio
San Clemente, CA 92672

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 949-361-8200

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a (see OCFA)

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☒ Transport ☐ ALS ☒ 9-1-1 ☐ Non-Transport ☒ BLS ☐ 7-Digit ☒ Ground ☐ Air ☐ CCT ☐ Water ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain:	☒ City/JPA ☒ County/JPA ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

N/A	Total number of responses
N/A	Number of emergency responses
N/A	Number of non-emergency responses

N/A	Total number of transports
N/A	Number of emergency transports
N/A	Number of non-emergency transports

TABLE 9: FACILITIES

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

Facility: Anaheim Global Medical Center Telephone Number: 714-533-6220
Address: 1025 S. Anaheim Boulevard
Anaheim, CA 92805

Written Contract:	Service:	Base Hospital:	Burn Center:
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[1]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[2]	☐ Yes ☒ No		
PICU[3]	☒ Yes ☐ No		

STEMI Center:	Stroke Center:
☒ Yes ☐ No	☐ Yes ☒ No

[1] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[2] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[3] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: Anaheim Regional Medical Center Telephone Number: 714-774-1450
Address: 1111 W. La Palma Avenue
Anaheim, CA 92801

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[4]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[5]	☐ Yes ☒ No		
PICU[6]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☒ Yes ☐ No	☐ Yes ☒ No

[4] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[5] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[6] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: Chapman Global Medical Center Telephone Number: 714-633-0011
Address: 2601 E. Chapman Ave
Orange, CA 92869

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[7]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[8]	☐ Yes ☒ No		
PICU[9]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☐ Yes ☒ No	☐ Yes ☒ No

[7] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[8] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[9] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: Children's Hospital of Orange County Telephone Number: 714-997-3000
Address: 1201 W. La Veta Ave
Orange, CA 92868

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[10]	☒ Yes ☐ No	☒ Yes ☐ No	☐ Level I ☒ Level II (PEDIATRIC ONLY) ☐ Level III ☐ Level IV
EDAP[11]	☒ Yes ☐ No		
PICU[12]	☒ Yes ☐ No		

STEMI Center:	**Stroke Center:**
☐ Yes ☒ No	☐ Yes ☒ No

[10] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[11] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[12] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: Fountain Valley Hospital
Address: 17100 Euclid Street
Fountain Valley, CA 92708
Telephone Number: 714-966-7200

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[13]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[14]	☐ Yes ☒ No		
PICU[15]	☒ Yes ☐ No		

STEMI Center:	**Stroke Center:**
☒ Yes ☐ No	☒ Yes ☐ No

[13] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[14] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[15] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: Garden Grove Hospital & Medical Center Telephone Number: 714-537-5160
Address: 12601 Garden Grove Boulevard
Garden Grove, CA 92843

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[16]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[17]	☐ Yes ☒ No		
PICU[18]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☐ Yes ☒ No	☐ Yes ☒ No

[16] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[17] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[18] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: Hoag Memorial Hospital Presbyterian Telephone Number: 949-764-4624
Address: One Hoag Drive
Newport Beach, CA 92658-6100

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☒ Yes ☐ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[19]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[20]	☐ Yes ☒ No		
PICU[21]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☒ Yes ☐ No	☒ Yes ☐ No

[19] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[20] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[21] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: Hoag Hospital Irvine Telephone Number: 949-517-3000
Address: 16200 Sand Canyon Avenue
Irvine, CA 92618

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[22]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[23]	☐ Yes ☒ No		
PICU[24]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☒ Yes ☐ No	☐ Yes ☒ No

[22] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[23] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[24] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: Huntington Beach Hospital
Address: 17772 Beach Boulevard
Huntington Beach, CA 92647
Telephone Number: 714-843-5000

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☒ Yes ☐ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[25]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[26]	☐ Yes ☒ No		
PICU[27]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☐ Yes ☒ No	☐ Yes ☒ No

[25] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[26] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[27] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: Kaiser Permanente Orange County, Anaheim Telephone Number: 714-644-2000
Address: 3440 E. La Palma Avenue
Anaheim, CA 92806

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[28]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[29]	☐ Yes ☒ No		
PICU[30]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☐ Yes ☒ No	☐ Yes ☒ No

[28] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[29] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[30] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: Kaiser Permanente Orange County, Irvine Telephone Number: 949-932-5000
Address: 6640 Alton Parkway
Irvine, CA 92618

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[31]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[32]	☐ Yes ☒ No		
PICU[33]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☐ Yes ☒ No	☐ Yes ☒ No

[31] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[32] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[33] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: La Palma Intercommunity Hospital Telephone Number: 714-670-7400
Address: 7901 Walker Street
La Palma, CA 90623

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[34]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[35]	☒ Yes ☐ No		
PICU[36]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☐ Yes ☒ No	☐ Yes ☒ No

[34] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[35] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[36] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: Los Alamitos Medical Center Telephone Number: 562-598-1311
Address: 3751 Katella Avenue
Los Alamitos, CA 90720

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[37]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[38]	☐ Yes ☒ No		
PICU[39]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☒ Yes ☐ No	☒ Yes ☐ No

[37] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[38] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[39] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: Mission Hospital, Mission Viejo Telephone Number: 949-364-1400
Address: 27700 Medical Center Road
Mission Viejo, CA 92691

Written Contract:	Service:	Base Hospital:	Burn Center:
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☒ Yes ☐ No	☐ Yes ☒ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[40]	☐ Yes ☒ No	☒ Yes ☐ No	☐ Level I ☒ Level II ☐ Level III ☐ Level IV
EDAP[41]	☐ Yes ☒ No		
PICU[42]	☒ Yes ☐ No		

STEMI Center:	Stroke Center:
☒ Yes ☐ No	☒ Yes ☐ No

[40] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[41] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[42] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: Mission Hospital, Laguna Beach Telephone Number: 949-499-1311
Address: 31872 Coast Highway
Laguna Beach, CA 92651

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[43]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[44]	☐ Yes ☒ No		
PICU[45]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☐ Yes ☒ No	☐ Yes ☒ No

[43] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[44] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[45] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: Orange Coast Memorial Medical Center Telephone Number: 714-378-7000
Address: 9920 Talbert Avenue
Fountain Valley, CA 92708

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[46]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[47]	☐ Yes ☒ No		
PICU[48]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☒ Yes ☐ No	☐ Yes ☒ No

[46] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[47] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[48] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: Orange County Global Medical Center Telephone Number: 714-835-3555
Address: 1001 N. Tustin Avenue
Santa Ana, CA 92705

Written Contract:	Service:	Base Hospital:	Burn Center:
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☒ Yes ☐ No	☒ Yes ☐ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[49]	☐ Yes ☒ No	☒ Yes ☐ No	☐ Level I ☒ Level II ☐ Level III ☐ Level IV
EDAP[50]	☐ Yes ☒ No		
PICU[51]	☐ Yes ☒ No		

STEMI Center:	Stroke Center:
☒ Yes ☐ No	☒ Yes ☐ No

[49] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[50] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[51] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: Placentia Linda Hospital
Address: 1301 North Rose Drive
Placentia, CA 92870
Telephone Number: 714-933-2000

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[52]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[53]	☐ Yes ☒ No		
PICU[54]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☐ Yes ☒ No	☐ Yes ☒ No

[52] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[53] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[54] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: Saddleback Memorial Medical Center, LH Telephone Number: 949-837-4500
Address: 24451 Health Center Road
Laguna Hills, CA 92653

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[55]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[56]	☐ Yes ☒ No		
PICU[57]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☒ Yes ☐ No	☒ Yes ☐ No

[55] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[56] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[57] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: Saddleback Memorial Medical Center, SC Telephone Number: 949-496-1122
Address: 654 Camino de los Mares
San Clemente, CA 92673

HOSPITAL CLOSED, MAY 31, 2016

~~Written Contract:~~	~~Service:~~	~~Base Hospital:~~	~~Burn Center:~~
~~☒ Yes ☐ No~~	~~☐ Referral Emergency ☐ Standby Emergency~~ ~~☒ Basic Emergency ☐ Comprehensive Emergency~~	~~☐ Yes ☒ No~~	~~☐ Yes ☒ No~~

~~Pediatric Critical Care Center[58]~~ ~~☐ Yes ☒ No~~ ~~EDAP[59]~~ ~~☐ Yes ☒ No~~ ~~PICU[60]~~ ~~☐ Yes ☒ No~~	~~Trauma Center:~~ ~~☐ Yes ☒ No~~	~~If Trauma Center what level:~~ ~~☐ Level I ☐ Level II~~ ~~☐ Level III ☐ Level IV~~	

~~STEMI Center:~~	~~Stroke Center:~~
~~☐ Yes ☒ No~~	~~☐ Yes ☒ No~~

[58] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[59] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[60] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: South Coast Global Medical Center Telephone Number: 714-754-5454
Address: 2701 S. Bristol Street
Santa Ana, CA 92704

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[61]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[62]	☐ Yes ☒ No		
PICU[63]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☐ Yes ☒ No	☐ Yes ☒ No

[61] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[62] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[63] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: St. Joseph Hospital
Address: 1100 W. Stewart Drive
Orange, CA 92868
Telephone Number: 714-633-9111

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[64]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[65]	☐ Yes ☒ No		
PICU[66]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☒ Yes ☐ No	☒ Yes ☐ No

[64] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[65] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[66] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: Saint Jude Medical Center Telephone Number: 714-992-3000
Address: 101 E. Valencia Mesa Drive
Fullerton, CA 92835

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☒ Yes ☐ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[67]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[68]	☐ Yes ☒ No		
PICU[69]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☒ Yes ☐ No	☒ Yes ☐ No

[67] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[68] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[69] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: University of California, Irvine Medical Center Telephone Number: 714-456-6011
Address: 101 The City Drive South
Orange, CA 92868

Written Contract:	Service:	Base Hospital:	Burn Center:
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☐ Basic Emergency ☒ Comprehensive Emergency	☒ Yes ☐ No	☒ Yes ☐ No

		Trauma Center:	If Trauma Center what level:
Pediatric Critical Care Center[70]	☐ Yes ☒ No	☒ Yes ☐ No	☒ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[71]	☐ Yes ☒ No		
PICU[72]	☐ Yes ☒ No		

STEMI Center:	Stroke Center:
☒ Yes ☐ No	☒ Yes ☐ No

[70] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[71] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[72] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

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

Facility: West Anaheim Medical Center Telephone Number: 714-827-3000
Address: 3033 W. Orange Avenue
Anaheim, CA 92804

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☒ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☒ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☒ No	☐ Yes ☒ No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[73]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP[74]	☐ Yes ☒ No		
PICU[75]	☐ Yes ☒ No		

STEMI Center:	**Stroke Center:**
☒ Yes ☐ No	☐ Yes ☒ No

[73] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[74] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[75] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: APPROVED TRAINING PROGRAMS

County: ORANGE
Reporting Year: 2016
NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Anaheim Fire Department — Telephone Number: 714-765-4022
Address: 201 S. Anaheim Blvd, Suite 300
Anaheim, CA 92805

Student Eligibility*: Restricted

Cost of Program:
Basic: $0
Refresher: $0

**Program Level EMT-Basic

Number of students completing training per year:
Initial training: 0
Refresher: 0
Continuing Education: 250
Expiration Date: 12/31/18

Number of courses:
Initial training: 0
Refresher: 0
Continuing Education: 24

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: Central Orange County CTEP — Telephone Number: 714-966-3528
Address: 2323 N. Broadway, Suite 301
Santa Ana, CA 92706

Student Eligibility*: Open to public
High School Only

Cost of Program:
Basic: $0
Refresher: $0

**Program Level EMT-Basic

Number of students completing training per year:
Initial training: 0
Refresher: 0
Continuing Education: 0
Expiration Date: 3/31/20

Number of courses:
Initial training: 0
Refresher: 0
Continuing Education: 0

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS
County: ORANGE
Reporting Year: 2016
NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Coastline ROP
Address: 1001 Presidio Square
Costa Mesa, CA 92624-1584
Telephone Number: 714-429-2250

Student Eligibility*: Open to public

Cost of Program:
Basic: $1,000
Refresher: n/a

*No cost for HS students

**Program Level EMT-Basic

Number of students completing training per year:

Initial training:	210
Refresher:	0
Continuing Education:	0
Expiration Date:	9/30/17

Number of courses:

Initial training:	9
Refresher:	0
Continuing Education:	0

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each

Training Institution: Costa Mesa Fire Department
Address: 77 Fair Drive
Costa Mesa, CA 92626
Telephone Number: 714-754-5155

Student Eligibility*: Restricted

Cost of Program:
Basic: $0
Refresher: $0

**Program Level EMT-Basic

Number of students completing training per year:

Initial training:	0
Refresher:	0
Continuing Education:	450
Expiration Date:	11/30/17

Number of courses:

Initial training:	0
Refresher:	0
Continuing Education:	24

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each

TABLE 10: APPROVED TRAINING PROGRAMS
County: ORANGE
Reporting Year: 2016
NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Garden Grove Fire Department — Telephone Number: 714-741-5640
Address: 11301 Acacia Parkway
Garden Grove, CA 92840

Student Eligibility*: Restricted

Cost of Program:
Basic: $0
Refresher: $0

**Program Level EMT-Basic

Number of students completing training per year:

Initial training:	0
Refresher:	0
Continuing Education:	56
Expiration Date:	3/31/18

Number of courses:

Initial training:	0
Refresher:	3
Continuing Education:	ongoing

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: Laguna Beach Fire Department — Telephone Number: 949-497-0700
Address: 505 Forest Ave
Laguna Beach, CA 92651

Student Eligibility*: Restricted

Cost of Program:
Basic: $0
Refresher: $0

**Program Level EMT-Basic

Number of students completing training per year:

Initial training:	0
Refresher:	0
Continuing Education:	50
Expiration Date:	12/31/17

Number of courses:

Initial training:	0
Refresher:	0
Continuing Education:	27

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS
County: ORANGE
Reporting Year: 2016
NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Newport Beach Fire Department
Address: 3300 Newport Blvd.
Newport Beach, CA 92653
Telephone Number: 949-644-3384

Student Eligibility*: Restricted

Cost of Program:
Basic: $0
Refresher: $0

**Program Level EMT-Basic

Number of students completing training per year:
Initial training: 0
Refresher: 140
Continuing Education: 140
Expiration Date: 11/30/17

Number of courses:
Initial training: n/a
Refresher: 4
Continuing Education: 4

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: North Orange County ROP
Address: 1617 E. Ball Road
Anaheim, CA 92801
Telephone Number: 714-292-7350

Student Eligibility*: Open to public

Cost of Program:
Basic: $1,000
Refresher: $250

**Program Level EMT-Basic

Number of students completing training per year:
Initial training 62
Refresher: 0
Continuing Education: 6
Expiration Date: 5/31/17

Number of courses:
Initial training: 9
Refresher: 0
Continuing Education: 1

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS
County: ORANGE
Reporting Year: 2016
NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Orange Coast College
Address: 2701 Fairview Rd
Costa Mesa, CA 92628
Telephone Number: 714-432-5089

Student Eligibility*: Open to public

Cost of Program:
Basic: $556
Refresher: $46

**Program Level EMT-Basic

Number of students completing training per year:

Initial training:	50
Refresher:	0
Continuing Education:	0
Expiration Date:	8/31/18
Number of courses:	
Initial training:	3
Refresher:	1
Continuing Education:	0

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: Orange County EMT (OCEMT)
Address: 26429 Rancho Parkway South
Lake Forest, CA 92630
Telephone Number: 949-291-3887

Student Eligibility*: Open to public

Cost of Program:
Basic: $1,100
Refresher: $250

**Program Level EMT-Basic

Number of students completing training per year:

Initial training:	289
Refresher:	40
Continuing Education:	7
Expiration Date:	2/28/19
Number of courses:	
Initial training:	8
Refresher:	2
Continuing Education:	7

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS
County: ORANGE
Reporting Year: 2016
NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Orange Fire Department — Telephone Number: 714-288-2503
Address: 178 South Grand St
Orange, CA 92866

Student Eligibility*: Restricted

Cost of Program:
Basic: $0
Refresher: $0

**Program Level EMT-Basic

Number of students completing training per year:
Initial training: 0
Refresher: 0
Continuing Education: 77
Expiration Date: 10/31/17

Number of courses:
Initial training: 0
Refresher: 0
Continuing Education: 34

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: Saddleback College — Telephone Number: 949-582-4959
Address: 28000 Marguerite Pkwy
Mission Viejo, CA 92691

Student Eligibility*: Open to public

Cost of Program:
Basic: $850
Refresher: $67.50

**Program Level EMT-Basic

Number of students completing training per year:
Initial training 122
Refresher: 20
Continuing Education: 200
Expiration Date: 3/31/20

Number of courses:
Initial training: 4
Refresher: 2
Continuing Education: 5

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS
County: ORANGE
Reporting Year: 2016
NOTE: Table 10 is to be completed by county. Make copies to add pages as needed

Training Institution: Saddleback College
Address: 28000 Marguerite Pkwy
Mission Viejo, CA 92691
Telephone Number: 949-582-4959

Student Eligibility*: Open to public

Cost of Program:
Basic: $3,682
Refresher:

**Program Level EMT-P

Number of students completing training per year:
Initial training: 54
Refresher: 21
Continuing Education: 200
Expiration Date: 3/31/20

Number of courses:
Initial training: 3
Refresher: Variable
Continuing Education: 5

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: Santa Ana College – Fire Technology Department
Address: 1530 W. 17th St.
Santa Ana, CA 92706-3398
Telephone Number: 714-564-6403

Student Eligibility*: Open to public

Cost of Program:
Basic: $368
Refresher: $23

**Program Level EMT-Basic

Number of students completing training per year:
Initial training: 30
Refresher: 28
Continuing Education: 0
Expiration Date: 8/31/17

Number of courses:
Initial training: 1
Refresher: 2
Continuing Education: 0

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS
County: ORANGE
Reporting Year: 2016
NOTE: Table 10 is to be completed by county. Make copies to add pages as needed

Training Institution: Santa Ana College – Nursing Department — Telephone Number: 714-564-6825
Address: 1530 W. 17th St.
Santa Ana, CA 92706-3398

Student Eligibility*: Open to public

Cost of Program:
Basic: $1,365
Refresher: $240

**Program Level EMT-Basic

Number of students completing training per year:
Initial training: 160
Refresher: 0
Continuing Education: 0
Expiration Date: 8/31/18

Number of courses:
Initial training: 4
Refresher: 2
Continuing Education: 0

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: South Coast ROP — Telephone Number: 949-496-3118
Address: 31522 El Camino Real
San Juan Capistrano CA 92675

Student Eligibility*: Open to public
High school only

Cost of Program:
Basic: 0
Refresher:

*HS students free

**Program Level EMT-Basic

Number of students completing training per year:
Initial training: 48
Refresher: 0
Continuing Education: 36
Expiration Date: 8/31/18

Number of courses:
Initial training: 2
Refresher: 0
Continuing Education: 10

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS
County: ORANGE
Reporting Year: 2016
NOTE: Table 10 is to be completed by county. Make copies to add pages as needed

Training Institution: West Coast EMT
Address: 932 Town & Country Rd
Orange, CA 92013
Telephone Number: 714-558-9604

Student Eligibility*: Open to public

Cost of Program:
Basic: $899
Refresher: $275

**Program Level EMT-Basic

Number of students completing training per year:
Initial training: 460
Refresher: 115
Continuing Education: 137
Expiration Date: 2/29/20

Number of courses:
Initial training: 22
Refresher: 19
Continuing Education: 10

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Reporting Year: 2015 (2016 provider data unavailable)

Training Institution: Orange County Fire Authority
Address: One Fire Authority Road
Santa Ana, CA 92706-3398
Telephone Number: 714-573-6072

Student Eligibility*: Restricted

Cost of Program:
Basic: $0
Refresher: $0

**Program Level EMT-Basic

Number of students completing training per year:
Initial training: n/a
Refresher: 0
Continuing Education: 607
Expiration Date: 10/31/17

Number of courses:
Initial training: n/a
Refresher: 0
Continuing Education: 648

TABLE 11: DISPATCH AGENCY
County: ORANGE
Reporting Year: 2016
NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: Costa Mesa Communications
Address: 79 Fair Drive
Costa Mesa, CA 92626
Telephone Number: 714-754-5252/714-754-5060
Primary Contact: Cherie Pittington

Written Contract: ☐ Yes ☒ No
Medical Director: ☐ Yes ☒ No
☒ Day-to-Day ☐ Disaster

Number of Personnel Providing Services:
25 EMD Training
BLS
EMT-D
ALS
ALS
Other

Ownership: ☒ Public ☐ Private

If Public:
☒ Fire
☒ Law
☐ Other
Explain:

If Public: ☒ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name: Laguna Beach Public Safety Dispatch
Address: 505 Forest Avenue
Laguna Beach, ca 92651
Telephone Number: 949-497-0399/949-497-0399
Primary Contact: Kristen Berry

Written Contract: ☐ Yes ☒ No
Medical Director: ☐ Yes ☒ No
☒ Day-to-Day ☐ Disaster

Number of Personnel Providing Services:
12 EMD Training
BLS
EMT-D
LALS
ALS
Other

Ownership: ☒ Public ☐ Private

If Public:
☒ Fire
☒ Law
☐ Other
Explain:

If Public: ☒ City ☐ County ☐ State ☐ Fire District ☐ Federal

TABLE 11: DISPATCH AGENCY

County: ORANGE
Reporting Year: 2016
NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: La Habra-Los Angeles County Fire Command & Control Center Primary Contact: Brian Web
Address: 850 W. La Habra Blvd
La Habra CA 90631
Telephone Number: 323-881-6183/323-881-2344

Written Contract: ☐ Yes ☒ No
Medical Director: ☒ Yes ☐ No
☒Day-to-Day ☐Disaster

Number of Personnel Providing Services:
12 (on district desk) EMD Training EMT-D 12 (FTE's) ALS
16 (ambulance) BLS ALS Other

Ownership: ☒Public ☐Private
If Public: ☒Fire ☐Law ☐Other
Explain:

If Public: ☒City ☐County ☐State ☐Fire District ☐ Federal

Name: Metro Cities Fire Authority (MetroNet) Primary Contact: Gary Gionet
Address: 201 S. Anaheim Blvd., Suite 302
Anaheim, CA 92805
Telephone Number: 714-765-4079/714-765-4077

Written Contract: ☐ Yes ☒ No
Medical Director: ☒ Yes ☐ No
☒Day-to-Day ☐Disaster

Number of Personnel Providing Services:
28 EMD Training EMT-D ALS
BLS LALS Other

Ownership: ☒Public ☐ Private
If Public: ☒Fire ☐Law ☐Other
Explain:

If Public: ☒ City ☐County ☐State ☐Fire District ☐ Federal

TABLE 11: DISPATCH AGENCY

County: ORANGE
Reporting Year: 2016
NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: Orange County Fire Authority Primary Contact: Mike Shroeder
Address: 1 Fire Authority Road
Irvine, CA 92602
Telephone Number: 714-573-6522/714-573-6551

Written Contract:
☐ Yes ☒ No

Medical Director:
☒ Yes ☐ No

☒Day-to-Day
☐Disaster

Number of Personnel Providing Services:

27 EMD Training EMT-D ALS
BLS ALS Other

Ownership:
☒Public ☐Private

If Public:
☒Fire
☐Law
☐Other
Explain:

If Public: ☐City ☐County ☐State ☒Fire District ☐ Federal

Section 4
Ambulance Zone Summary Forms

Date: August 1, 2016

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: Region A (Placentia, Yorba Linda)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Emergency Ambulance Service, Inc.
Area or Subarea (Zone) Geographic Description: City boundaries of Placentia, Yorba Linda and Unincorporated/County Islands: Brea Unincorporated, Tonner Canyon, Chino Hills State Park, Country Club, Fairlynn
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. In 2014, RFP#OC2014.01 was conducted and a contract awarded on April 28, 2015 to Emergency Ambulance Service, Inc. for a five year term, 6/1/15 through 5/31/20.

Date: August 1, 2016

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: Region B (Cypress, La Palma, Los Alamitos, Seal Beach, Stanton)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service, Inc.
Area or Subarea (Zone) Geographic Description: City boundaries of Cypress, La Palma, Los Alamitos, Seal Beach, Stanton and Unincorporated/County Islands: Rossmoor, Bolsa Chica, Midway City, Carmel/Lampson, Dale/Augusta, Katella/Rustic, Mac-Syracuse
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. In 2014, RFP#OC2014.01 was conducted and a contract awarded on April 28, 2015 to Care Ambulance Service, Inc. for a five year term, 6/1/15 through 5/31/20.

Date: August 1, 2016

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: Region C (Irvine, Tustin, Villa Park)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service, Inc.
Area or Subarea (Zone) Geographic Description: City boundaries of Irvine, Tustin, Villa Park and Unincorporated/County Islands: John Wayne Airport, Irvine Sphere of Influence, Tustin, Cowan, Lemon Heights, North Tustin (Orange and Tustin portions), Villa Park, Silverado Canyon, El Modena, Lincoln/Glassell, North El Modena, Olive Heights, Orange Park Acres, Santiago Creek)
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. In 2014, RFP#OC2014.01 was conducted and a contract awarded on April 28, 2015 to Care Ambulance Service, Inc. for a five year term, 6/1/15 through 5/31/20.

Date: August 1, 2016

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: Region D (Laguna Hills, Laguna Niguel, Aliso Viejo, Laguna Woods, Dana Point)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service, Inc.
Area or Subarea (Zone) Geographic Description: City boundaries of Laguna Hills, Laguna Niguel, Aliso Viejo, Dana Point and Unincorporated/County Islands: Aliso Woods, Aliso Canyon, Laguna Woods, Unincorporated Laguna Wilderness, Emerald Bay
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. In 2014, RFP#OC2014.01 was conducted and a contract awarded on April 28, 2015 to Care Ambulance Service, Inc. for a five year term, 6/1/15 through 5/31/20.

Date: August 1, 2016

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: Region E (San Juan Capistrano, Rancho Santa Margarita, Mission Viejo, Lake Forest)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service, Inc.
Area or Subarea (Zone) Geographic Description: City boundaries of San Juan Capistrano, Rancho Santa Margarita, Mission Viejo, Lake Forest and Unincorporated/County Islands: Ortega Highway Trabuco, O'Neill Park, Las Flores, Coto de Caza, Modjeska, Upper Trabuco/Cooks
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. In 2014, RFP#OC2014.01 was conducted and a contract awarded on April 28, 2015 to Care Ambulance Service, Inc. for a five year term, 6/1/15 through 5/31/20.

Date: August 1, 2016

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 1 - Anaheim
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service (served the area since 1998)
Area or Subarea (Zone) Geographic Description: City of Anaheim
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: Orange County EMS

Area or Subarea (Zone) Name or Title: EOA 2 - Brea

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Emergency Ambulance Service, Inc. (served the area since approximately 1980)

Area or Subarea (Zone) Geographic Description: City of Brea

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Include intent of local EMS agency and board action.

Exclusive

Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance; 9-1-1 Emergency, BLS Ambulance (at the request of public safety).

Method to achieve exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Method of Exclusivity: Grandfathered

Emergency Ambulance Service has been providing BLS emergency ambulance transportation services for the City of Brea since 1980. No changes in company ownership or service levels since 1980.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 3 – City of Buena Park
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service (served the area since 1998)
Area or Subarea (Zone) Geographic Description: The City of Buena Park.
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: August 1, 2016

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 4 – Costa Mesa
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service (served the area since 2008)
Area or Subarea (Zone) Geographic Description: City of Costa Mesa
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: August 1, 2016

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 6 – Fountain Valley
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service (served the area since 1998)
Area or Subarea (Zone) Geographic Description: City of Fountain Valley
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 7 – Fullerton
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service (served the area since November 2002)
Area or Subarea (Zone) Geographic Description: City of Fullerton
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 8 – Garden Grove
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service (served the area since 1998)
Area or Subarea (Zone) Geographic Description: City of Garden Grove
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 9 – Huntington Beach
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Huntington Beach Fire Department (served the area since 1993)
Area or Subarea (Zone) Geographic Description: City of Huntington Beach and Sunset Beach
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 11 – Laguna Beach
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Doctor's Ambulance Service (served the area since 1996)
Area or Subarea (Zone) Geographic Description: City of Laguna Beach
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 12 – La Habra
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of La Habra Ambulance
Area or Subarea (Zone) Geographic Description: City of La Habra
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 15 – Newport Beach
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Newport Beach Fire Department (served the area since 1996)
Area or Subarea (Zone) Geographic Description: City of Newport Beach
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 16 – Orange
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Orange Fire Department (served the area since 1995)
Area or Subarea (Zone) Geographic Description: City of Orange
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 18 – San Clemente
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of San Clemente (The City of San Clemente has provided emergency ambulance transport since 1995. A private company was once contracted. Orange County Fire Authority has been contracted for over ten years to staff city owned ambulances.)
Area or Subarea (Zone) Geographic Description: City of San Clemente
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: EOA 20 – Santa Ana
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service (served area since 2012)
Area or Subarea (Zone) Geographic Description: City of Santa Ana
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance; 9-1-1 Emergency, BLS Ambulance (at the request of public safety)
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. In 2012, the city in coordination with Orange County Fire Authority (OCFA) conducted and awarded RFP#JRSB002 to Care Ambulance for a period of up to five (5) years.

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Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: EOA 25 – Westminster
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance, Inc. (served area since 2016) Shoreline Ambulance, Inc. (served the area since 2007 – April 2016)
Area or Subarea (Zone) Geographic Description: City of Westminster
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance; 9-1-1 Emergency, BLS Ambulance (at the request of public safety).
Method to achieve exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. On 3/28/12 the City Council of Westminster awarded RFP#2011-WPD002 to the incumbent contractor, Shoreline Ambulance, Incorporated. On 3/31/12, the City authorized extension of existing agreement with finalized three year contract effective 7/1/12. The City may extend the contract for two one (1) year periods for a total of five years. On 7/1/15, the City extended the contract for an additional one (1) year. On April 25, 2016 the contract was mutually terminated and back-up provider was issued a temporary contract while a new RFP is developed and released.