

EMERGENCY MEDICAL SERVICES AUTHORITY

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



November 27, 2017

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

Dear Ms. McConnell:

This letter is in response to Orange County's 2017 EMS Plan Update submission to the EMS Authority on October 6, 2017.

I. Introduction and Summary:

The EMS Authority has concluded its review of Orange County's 2017 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 2016 plan submission.

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

- 1995
- 1999
- 2006
- 2014
- 2015
- 2016

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 2017 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:

- | | Not
Approved | Approved | |
|----|-------------------------------------|--------------------------|---|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u> |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u> |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u> |

1. 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 ambulance zones.

- | | | | |
|----|-------------------------------------|--------------------------|--|
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u> |
| F. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| G. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u> |
| H. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u> |

IV. Conclusion:

Based on the information identified, Orange County's 2017 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, 2018. If you have any questions regarding the plan review, please contact Ms. Nancy Steiner-Keyson, Acting EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard Backer", with a long horizontal flourish extending to the right.

Howard Backer, MD, MPH, FACEP
Director

Enclosure

2017 Orange County EMS Transportation Plan
Approved

[illegible]

Steiner, Nancy@EMSA

To: McConnell, Tammi; Backer, Howard@EMSA
Cc: Smiley, Dan@EMSA; McGinnis, Tom@EMSA; Stratton, Samuel; Fennesy, Denise@(ORANGE COUNTY); Thronson, Steve
Subject: RE: Orange County EMS Plan Update 2017

Thanks, Tami!

From: McConnell, Tammi [mailto:TMcConnell@ochca.com]
Sent: Friday, October 06, 2017 1:13 PM
To: Backer, Howard@EMSA
Cc: Smiley, Dan@EMSA; McGinnis, Tom@EMSA; Stratton, Samuel; Fennesy, Denise@(ORANGE COUNTY); Thronson, Steve; Steiner, Nancy@EMSA
Subject: Orange County EMS Plan Update 2017

Dr. Backer,

Please find attached the 2017 Orange County Emergency Medical Services (OCEMS) Plan Update to the 2014 OCEMS Plan. If you have any questions or concerns, please do not hesitate to contact me directly at the number below.

Regards,



Tammi McConnell MSN, RN, MICN, PHN
EMS Administrator

Orange County Emergency Medical Services
405 W. Fifth Street, Suite 301A Santa Ana, CA 92701
Direct: 714.834.2791
[Website](#) | [Facebook](#) | [Twitter](#)

CAUTION: Unless containing HIPAA sensitive information, general emails to this address are often subject to public records requests.

If you have received this electronic mail message and are not listed in the address line, please notify the sender at tmccconnell@ochca.com. The information and attachments contained in this message are intended for the identified recipient(s) and no others. Forwarding or relaying in any way confidential patient or institutional information without prior authorization may constitute violation of state and federal statutes that will result in criminal liability for the forwarding party.

P Please consider the environment before printing this e-mail



REGULATORY/ MEDICAL HEALTH SERVICES
EMERGENCY MEDICAL SERVICES

RICHARD SANCHEZ
DIRECTOR
STEVE THRONSON
DEPUTY AGENCY DIRECTOR
REGULATORY/MEDICAL SERVICES
DENISE FENNESSY
CHIEF OF OPERATIONS
REGULATORY/MEDICAL SERVICES

TAMMI McCONNELL MSN, RN
EMS DIVISION MANAGER

405 W FIFTH STREET, SUITE 301A
SANTA ANA, CALIFORNIA 92701
TELEPHONE: 714- 834-3500
FAX: 714- 834-3125

October 6, 2017

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 – 2017 ANNUAL UPDATE

Dear Dr. Backer:

Orange County Emergency Medical Services (OCEMS) has completed an annual update to the 2014 local EMS Plan. The 2017 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,

A handwritten signature in black ink, appearing to read 'Tammi McConnell'.

Tammi McConnell MSN, RN
EMS Administrator

A handwritten signature in blue ink, appearing to read 'Sam J. Stratton'.

Sam J. Stratton MD, MPH
EMS Medical Director

Enclosure

cc: Emergency Medical Services Authority, Chief Deputy Director
Emergency Medical Service Authority, Systems Division Chief

TCM: em#3051

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



2014 Emergency Medical Services Plan

2017 Annual Update

Reviewed and updated September 2017

*Contains Provider Data for CY 2017
and Financial Data for FY 2016-2017*

TABLE OF CONTENTS

Section 1	Executive Summary	ii
	Table 1 Summary of System Status	1
Section 2	Updated System Assessment Forms	
	Standard 1.18 QA/QI	11
	Standard 1.24 ALS Systems	12
	Standard 1.27 Pediatric System Plan	13
	Standard 1.28 EOA Plan	14
	Standard 2.01 Assessment of Needs	15
	Standard 4.01 Service Area Boundaries	16
	Standard 4.02 Monitoring	17
	Standard 4.18 Compliance	18
	Standard 4.19 Transportation Plan	19
	Standard 4.20 “Grandfathering”	20
	Standard 4.21 Compliance	21
	Standard 4.22 EOA Evaluation	22
	Standard 6.01 QA/QI Program	23
	Standard 6.02 Prehospital Records	24
	Standard 6.05 Data Management System	25
Section 3	System Resources and Operations	
	Table 2 System Organization and Management	27
	Table 3 Staffing/Training	34
	Table 4 Communications	35
	Table 5 Response/Transportation	36
	Table 6 Facilities/Critical Care	37
	Table 7 Disaster Medical	38
	Table 8 Response/Transportation/Providers	40
	Table 9 Facilities	79
	Table 10 Approved Training Programs	104
	Table 11 Dispatch Agency	113
Section 4	Ambulance Zone Summary Forms	116

**2014 ORANGE COUNTY EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE
October 2017**

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 2016/17 system enhancements and activities** include but are not limited to:

Health Information Exchange

Pursuant to the federally funded and California state sponsored Patient Unified Lookup System for Emergencies (PULSE+EMS) project, OCEMS has successfully implemented bi-directional Health Information Exchange (HIE) between EMS providers and hospitals. The Orange County PULSE+EMS project participants were able to overcome several technical and operational hurdles to successfully implement the federally defined “SAFR” model (**S**earch, **A**lert, **F**ile, and **R**econcile) for Health Information Exchange in EMS. Project participants included OCEMS, One California Partnership Regional Health Information Organization (OCPRHIO), Newport Beach Fire Department, and Hoag Memorial Hospital Presbyterian.

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 has been fully implemented. As of January 2017, all Orange County EMS Providers (emergency and non-emergency) have 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. In addition, OCEMS has coordinated near real-time transmission of EMS data to the California EMS Information System (CEMSIS) and is working with the EMS Authority to improve data quality and fine tune future transmissions.

Reorganization

Effective March 2017, Emergency Medical Services and the Health Disaster Management (HDM) sections were reorganized into one division: Orange County Emergency Medical Services (OCEMS). The primary mission of the HDM is to implement health disaster planning, coordination, training & exercising to ensure that the Health Care Agency, County Operational Area and community health and medical system are prepared and capable of responding to emergencies and disasters. These functions complement EMS in its mission to plan, implement and regulate the emergency medical services system. Alignment of these two sections allows for increased operational efficiency, definitive leadership and functional consolidation of personnel within a unified structure.

2014 ORANGE COUNTY EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE
October 2017

EXECUTIVE SUMMARY (cont'd)

Medical Control

OCEMS has conducted a complete review and appropriate updates of all medical standing orders, procedures, and policies. The revised California 2017 EMT Regulations have been implemented throughout the OCEMS system. Both EMT Training Programs and EMT-level providers were included in the implementation of the new EMT Regulations.

In 2016-2017 OCEMS explored use of third-party organization certification of county stroke centers as opposed to direct designation by OCEMS for determination of EMS transport destination for acute ischemic and hemorrhagic stroke victims. Following lengthy discussions in public forums and committees, the decision was made to continue to maintain OCEMS designation in Orange County. During the process of evaluating the OCEMS Stroke system, an electronic stroke registry was developed and is in the final stages of implementation. Unique to this stroke registry is inclusion of 90-day Rankin scoring to measure stroke clinical outcome.

In early 2017, OCEMS sponsored a “STEMI Summit” with all 14 designated Cardiac Centers in the County. Data for the Cardiac system presented showed that system-wide the County “door-to-balloon” time averaged 66.9 minutes and field-electrocardiogram-to-balloon time averaged 83.2 minutes (both time indicators well below national averages). Since the last annual update of the OCEMS Plan, the EMS dispatch centers in Orange County have upgraded to the newest version of the Criteria Based Dispatch System with the support, medical input, and approval of OCEMS.

Additionally, OCEMS has introduced medical policies and procedures specific to the management of medical emergencies for individuals in hospice and palliative care settings. OCEMS has also developed education programs and field protocols for OCEMS Authorized Nurses to support fire and first responders during large scale fire and emergency events during which hyperthermia, dehydration, smoke inhalation, and injury can occur.

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 6, 2017

Date

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.

June 2017 Update: IN PROGRESS: 100% of 911 ALS Providers have submitted full CQI plans. 11 of 12 911 ALS providers submitted updates in 2017. ALS/CQI Coordinator has reached out to the remaining provider, Orange County Fire Authority, to offer assistance in completing annual regulatory requirement. Standardized due dates for submission have been communicated to the Fire Chiefs EMS CQI Committee, e.g. updates for 2017 must be submitted to OCEMS by March 31, 2018. ALS/CQI Coordinator regularly attends external Fire Chiefs EMS CQI meetings.

CQI plans are part of the annual licensure process for IFT-ALS providers. Nurse Coordinators for IFT-ALS providers attend the Private Provider CQI Work Team meetings.

100% of Base Hospitals have also submitted CQI plan, integrating base hospital and ALS provider care indicators.

Private Provider CQI Work Team (primarily BLS) has developed 3 local indicators to monitor basic CQI metrics.

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).

September 2017 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.

August 2017 Update: IN PROGRESS: A pediatric readiness survey was conducted to assess all emergency receiving centers readiness to provide emergency care for pediatrics. A follow up survey was conducted to assess emergency receiving centers commitment to receiving and providing care for pediatric emergencies. The survey results are being analyzed 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.

August 2017 Update: IN PROGRESS: While significant progress has been made with the development of bi-directional Health Information Exchange (HIE) between EMS providers and receiving hospitals (including the receipt of outcome data), more EMS providers need to be added to the HIE and much work needs to be done to improve outcome data quality. OCEMS is working with our Regional HIE (OCPRHIO) and our software vendor to onboard additional EMS providers and implement technical improvements to ensure for the availability of current and relevant 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).

September 2017 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

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.

September 2017 Update: COMPLETED: All applicable policies reviewed and revised.

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: See below

September 2017 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
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.

August 2017 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:** See below

September 2017 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.

August 2017 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).

September 2017 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.

August 2017 Update: IN PROGRESS: As of Q2 2017, the OC Stroke Registry has been fully implemented. OCEMS designated Stroke Centers have been trained how to use the system and are submitting Stroke patient data accordingly. OCEMS plans to implement a STEMI Registry, with projected implementation of Q1 or Q2 2018.

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

Reporting Year: FY 2016/2017

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
- Public Health Officer
 - Health Services Agency Director/Administrator
 - Board of Directors
 - 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]	<u>X</u>
Other: _____	
Other: _____	
Other: _____	

5. EXPENSES (Unit 6400: EMS only, does not include Health Disaster Management section/grant(s) expenses)

Salaries and benefits (All but contract personnel)	<u>\$2,078,136</u>
Contract Services (e.g. medical director)	<u>193,180</u>
Operations (e.g. copying, postage, facilities)	<u>1,047,132</u>
Travel	<u>11,230</u>
Fixed assets	<u>548</u>
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other:	_____
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$ <u>3,330,226</u>

6. SOURCES OF REVENUE (Unit 6400: EMS only, does not include HDM/grant 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	<u>1,202,154</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u>134,815</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	
Trauma center designation fees	<u>13,325</u>
Pediatric facility approval fees	
Pediatric facility designation fees	
Other critical care center application fees	
Type: _____	
Other critical care center designation fees	
Type: _____	
Ambulance service/vehicle fees	<u>267,859</u>
Contributions	
EMS Fund (SB 12/612)	<u>1,191,959</u>
Other grants: _____	
Other fees: _____	
Other (specify): <u>AMB PERFORMANCE CONTRACT</u>	<u>520,114</u>
TOTAL REVENUE	\$ <u>3,330,226</u>

*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
☒ Our fee structure is:

EMT OC Certification (¹ Does not include state pass thru initial fee)	<u>120.00¹</u>
EMT OC Recertification (² Does not include state pass thru recert fee)	<u>120.00²</u>
Ambulance Driver/Attendant License (³ Waived if applicant certifies thru OCEMS)	<u>\$82³ / 2 yrs</u>
Paramedic Accreditation	<u>69.00</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse Application	<u>103.00 / 2yrs</u>
EMT Training Program Application	<u>\$884 / 4 yrs</u>
Paramedic Training Program Application	<u>\$893 / 4 yrs</u>
Continuing Education Provider Application	<u>\$311 / 4 Yrs</u>
Trauma Receiving Center (Does Not Include ACS Verification Fee & Accommodation Costs)	<u>8,818.00 / 3yrs</u>
Ambulance Company License	<u>2,140.00 / Yr</u>
Ambulance Company Vehicle Inspection / Vehicle	<u>153.00 / Yr</u>
Other: <u>Ambulance Company Unit Re-Inspection / Vehicle</u>	<u>104.00 / Yr</u>
Other: <u>Card Replacement</u>	<u>25.00</u>
Other: <u>Interfacility Transport Service Provider Application</u>	<u>1,461 / Yr</u>
Other: <u>Customized Data Reports</u>	<u>104.00 / hour</u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	FUNDING SOURCE		
					EMS	HDM Grants	Combo
EMS Admin./Coord./Director	Admin Mgr III, EMS Administrator	1.0	\$82.03	50.34%			X
Medical Director	Admin Mgr III(SPL), EMS Medical Director	1.0	\$100.75	50.34%	X		
Associate Medical Director	Admin Mgr III (SPL) Assoc. EMS Med Director	1.0	\$100.75	50.34%	X		
Health Disaster Management	Chief Pharmacist	1.0	\$64.97	50.34%		X	
Health Disaster Management	Physician Specialist	1.0	\$98.35	50.34%		X	
Asst. Admin/Admin. Mgr.	Admin Manager II, Assistant EMS Administrator	1.0	\$66.41	50.34%			X
Asst. Admin/Admin. Mgr.	Admin Manager I, Systems/Standards Chief	1.0	\$66.41	50.34%	X		
Asst. Admin/Admin. Mgr.	Admin Manager I, Performance Chief	1.0	\$66.41	50.34%	X		
Asst. Admin/Admin. Mgr.	Admin Manager I, Information Systems Chief	1.0	\$66.41	50.34%	X		
Asst. Admin/Admin. Mgr.	Admin Manager I, Disaster Chief	1.0	\$66.41	50.34%		X	
Asst. Admin/Admin. Mgr.	Admin Manager I, Community Disaster Chief	1.0	\$66.41	50.34%		X	
QA/QI Coordinator	EMS Coordinator, OC-MEDS	1.0	\$44.51	50.34%	X		
ALS/Field/Training Coordinator	EMS Coordinator, ALS	1.0	\$44.51	50.34%	X		
BLS/Program/Field Liaison	EMS Coordinator, BLS	1.0	\$44.51	50.34%	X		
Disaster Medical Planner	EMS Coordinator, Facilities	1.0	\$44.51	50.34%	X		
Trauma Coordinator	CQI Nurse	1.0		Contractor	X		
Health Disaster Management	Program Supervisor II	5.0	\$40.84	50.34%		X	
Executive Secretary	Office Supervisor	1.0	\$25.96	50.34%	X		
Data Evaluator/Analyst/Licensing	EMS Specialist	2.0	\$33.96	50.34%	X		
Other/Ambulance Performance Contract	EMS Specialist	3.0	\$33.96	50.34%	X		
Other/HDM & EMS Support	Staff Specialist	1.0	\$32.82	50.34%			X
Health Disaster Management	Staff Assistant	2.0	\$27.95	50.34%		X	
Public Info. & Education Coordinator	Office Specialist	1.0	\$22.84	50.34%	X		
Health Disaster Management	Office Assistant	1.0	\$19.90	50.34%		X	
Health Disaster Management	Storekeeper	2.0	\$27.39	50.34%		X	
Data Entry Clerk	Information Processing Technician	1.0	\$22.24	50.34%	X		

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)



ORGANIZATION CHART
JUNE 2017

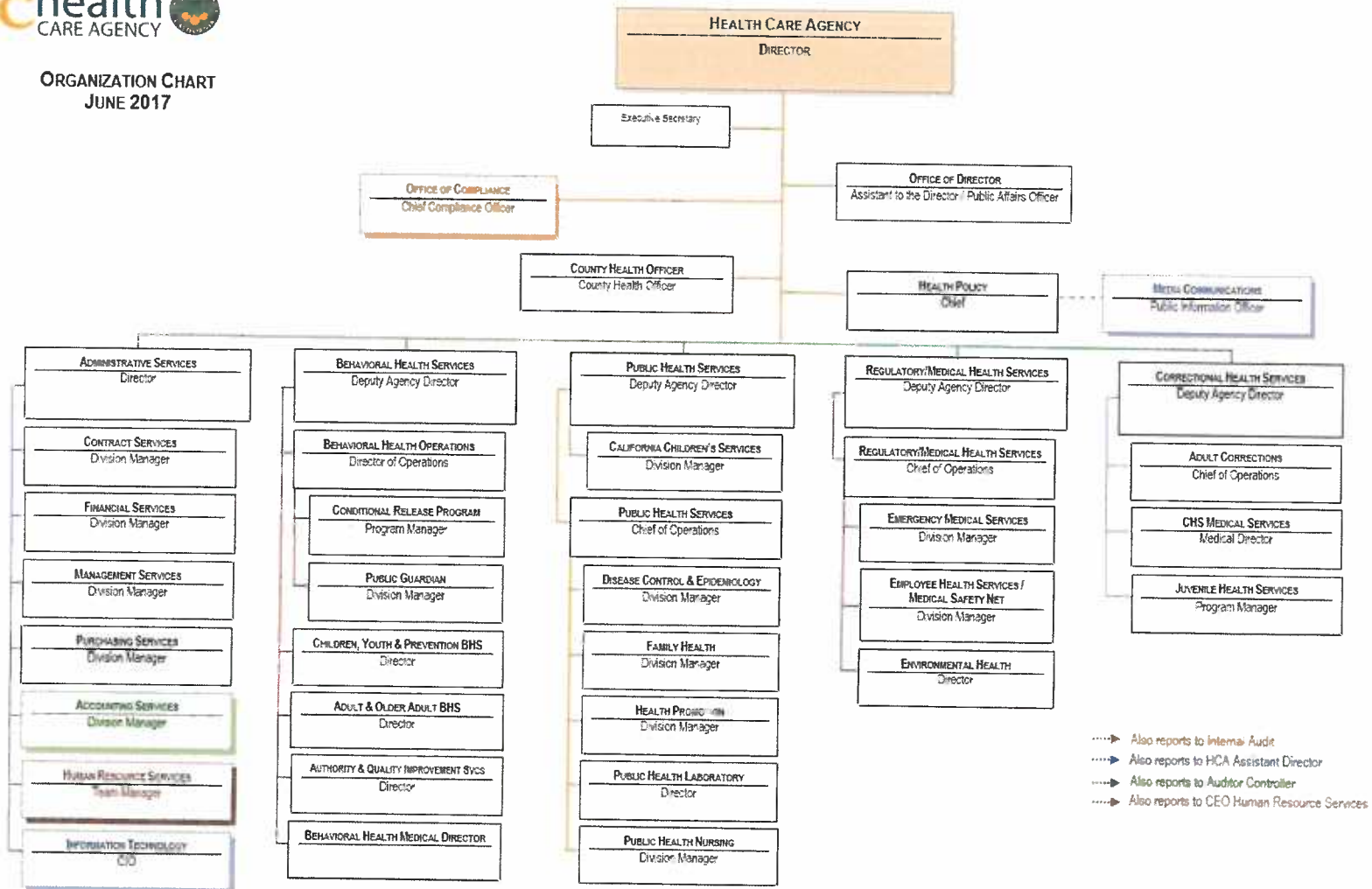


TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Orange County EMS
August 2017

EMS PERSONNEL ORG CHART

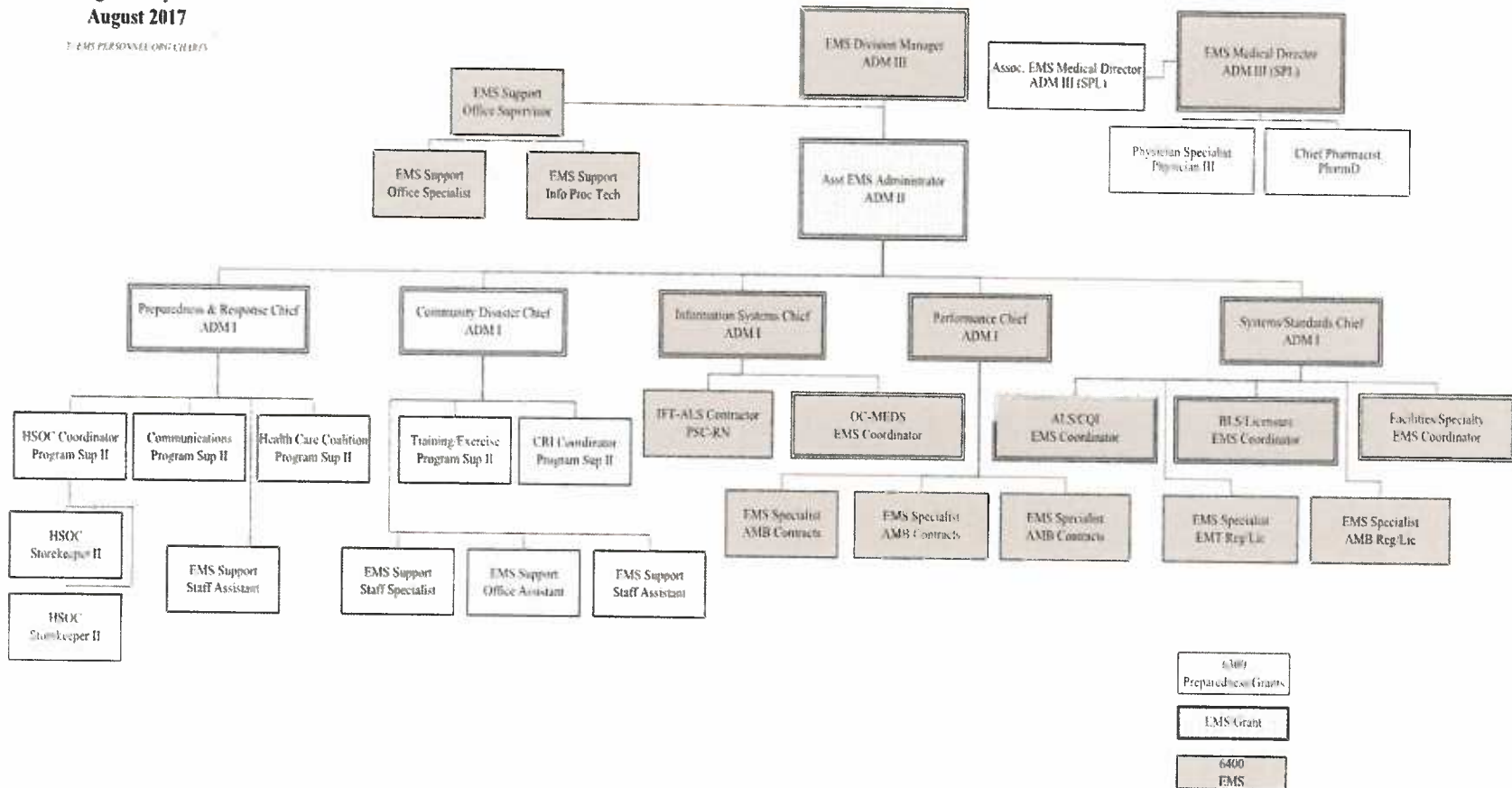


TABLE 3: STAFFING/TRAININGReporting Year: CY 2016**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	1967	3		222
Number newly certified this year	970	1		28
Number recertified this year	997	2		90
Total number of accredited personnel on July 1 of the reporting year	3268	3	484	222
Number of certification reviews resulting in:				
a) formal investigations	62	0		0
b) probation	17	0	0	0
c) suspensions	4	0	0	0
d) revocations	7	0		0
e) denials	5	0		0
f) denials of renewal	0	0		0
g) no action taken	39	0	0	0

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

4321

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

473

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: **2017**

- | | | |
|----|---|--|
| 1. | Number of primary Public Service Answering Points (PSAP)
<u>19 primary PSAPs (15-City law enforcement; 1-county sheriff (OCSD); 3-state: CHP, CSUF, UCI; Disneyland)</u> | <u>20</u> |
| 2. | Number of secondary PSAPs
<u>(Costa Mesa, LACoFD, Laguna Beach, MetroNet, OCFA)</u> | <u>5</u> |
| 3. | Number of dispatch centers directly dispatching ambulances
<u>(Costa Mesa, LACoFD, Laguna Beach, MetroNet, OCFA)</u> | <u>5</u> |
| 4. | Number of EMS dispatch agencies utilizing EMD guidelines
<u>(LACoFD, Laguna Beach, MetroNet, OCFA)</u> | <u>4</u> |
| 5. | Number of designated dispatch centers for EMS Aircraft
<u>(LACoFD, MetroNet, OCFA, OCSD)</u> | <u>4</u> |
| 6. | Who is your primary dispatch agency for day-to-day emergencies? | <u>OCSD + 15 Cities</u> |
| 7. | Who is your primary dispatch agency for a disaster? | <u>OCSD + 15 Cities</u> |
| 8. | Do you have an operational area disaster communication system? | <u>X Yes</u> <input type="checkbox"/> No |
| a. | Radio primary frequency <u>Public Safety VHF, UHF, 800 MHz</u> | |
| b. | Other methods <u>Telephone, fax, satellite phone, radio, amateur radio</u> | |
| c. | Can all medical response units communicate on the same disaster communications system? | <u>X Yes</u> <input type="checkbox"/> No |
| d. | Do you participate in the Operational Area Satellite Information System (OASIS)? | <u>X Yes</u> <input type="checkbox"/> No |
| e. | Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <u>X Yes</u> <input type="checkbox"/> No |
| 1) | Within the operational area? | <u>X Yes</u> <input type="checkbox"/> No |
| 2) | Between operation area and the region and/or state? | <u>X Yes</u> <input type="checkbox"/> No |

TABLE 5: RESPONSE/TRANSPORTATIONReporting Year: **2017****Note:** Table 5 is to be reported by agency.**Early Defibrillation Providers (BLS Ambulance)**

1. Number of EMT-Defibrillation providers 22

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 CAREReporting Year: **FY2016/17****NOTE:** Table 6 is to be reported by agency.**Trauma**

Trauma Patients:

1. Number of patients meeting trauma triage criteria	<u>9083</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>8529</u>
3. Number of major trauma patients transferred to a trauma center	<u>554</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>0</u>

Emergency Departments

Total number of emergency departments	<u>25</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>0</u>
3. Number of basic emergency services	<u>24</u>
4. Number of comprehensive emergency services	<u>1</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>25</u>
2. Number of base hospitals with written agreements	<u>6</u>

TABLE 7: DISASTER MEDICALReporting Year: 2017County: 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 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: AllTown Ambulance Response Zone: N/A

Address: 13812 Saticoy St. Suite A Number of Ambulance Vehicles in Fleet: 11
Panorama City

Phone Number: 877-599-4282 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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

230 Total number of transports
0 Number of emergency transports
230 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 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: 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

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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

32 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 2017 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: American Med Ambulance Response Zone: N/A

Address: 3750 West Warner Avenue Number of Ambulance Vehicles in Fleet: 5
Santa Ana CA 92704

Phone Number: 714-710-8888 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

3562 Total number of responses
0 Number of emergency responses
3562 Number of non-emergency responses

2672 Total number of transports
0 Number of emergency transports
2672 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 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: AmeriCare Ambulance Service Response Zone: N/A

Address: 1059 East Bedmar Number of Ambulance Vehicles in Fleet: 15
Carson, CA 90749

Phone Average Number of Ambulances on Duty
 Number: (888) 923-9723 At 12:00 p.m. (noon) on Any Given Day: 16

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

Transporting Agencies

5,365 Total number of responses
34 Number of emergency responses
5,331 Number of non-emergency responses

4,414 Total number of transports
33 Number of emergency transports
4,381 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 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: CalMed Ambulance Response Zone: N/A

Address: 12409 Slauson Ave Number of Ambulance Vehicles in Fleet: 13
Whittier, CA 90606

Phone Number: (562) 968-1818 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 12

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

15,004 Total number of responses
0 Number of emergency responses
15,004 Number of non-emergency responses

11,967 Total number of transports
0 Number of emergency transports
11,967 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 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: Care Ambulance Service Response Zone: OA-1,3,4,6,7,8, 18,20
EOA-20,25, Regions B,C,D,E

Address: 1517 W. Braden Court Number of Ambulance Vehicles in Fleet: 153
Orange, CA 92868

Phone Number: (714) 288-3800 Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 80

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

205,977 Total number of responses
174,650 Number of emergency responses
31,327 Number of non-emergency responses

141,755 Total number of transports
114,640 Number of emergency transports
27,115 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 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: Doctors Ambulance Response Zone: OA-11

Address: 23091 Terra Drive Number of Ambulance Vehicles in Fleet: 18
Laguna Hills, CA 92653

Phone Number: (800) 420-2221 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 14

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

Transporting Agencies

10,943 Total number of responses
3,433 Number of emergency responses
7,510 Number of non-emergency responses

9,249 Total number of transports
2,276 Number of emergency transports
6,973 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 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: Emergency Ambulance Response Zone: EOA-2, Region A

Address: 3200 E. Birch St., Suite A Number of Ambulance Vehicles in Fleet: 15
Brea, CA 92821

Phone Number: (714) 990-1331 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 9

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

Transporting Agencies

11,192 Total number of responses
9,357 Number of emergency responses
1,838 Number of non-emergency responses

8,118 Total number of transports
6,447 Number of emergency transports
1,674 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 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: FirstMed Ambulance Response Zone: N/A

Address: 8630 North Tamarack Avenue Number of Ambulance Vehicles in Fleet: 4
Sun Valley CA 91352

Phone Number: (800) 608-0311 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

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

Transporting Agencies

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

100 Total number of transports
0 Number of emergency transports
100 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 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: Horizon Ambulance Response Zone: N/A

Address: 1920 East Katella Avenue Suite K Number of Ambulance Vehicles in Fleet: 7
Orange CA 92867

Phone Number: (714) 997-4262 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

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

Transporting Agencies

11,170 Total number of responses
0 Number of emergency responses
11,170 Number of non-emergency responses

11,170 Total number of transports
1,049 Number of emergency transports
10,038 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 CY2016 response/transport volume and does not reflect overall capabilities of Providers**

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

Address: 9441 Washburn Road Number of Ambulance Vehicles in Fleet: 49
Downey, CA 90242

Phone Number: (562) 741-6230 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 36

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

11,708 Total number of responses
35 Number of emergency responses
11,679 Number of non-emergency responses

11,578 Total number of transports
16 Number of emergency transports
11,562 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 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: LifeLine Ambulance Response Zone: N/A

Address: 120 South Maple Avenue Suite 200 Number of Ambulance Vehicles in Fleet: 53
Montebello, CA 90640

Phone Number: (800) 700-9344 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 15

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

18,265 Total number of responses
38 Number of emergency responses
18,227 Number of non-emergency responses

17,636 Total number of transports
31 Number of emergency transports
17,605 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 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: Lynch Ambulance Response Zone: N/A

Address: 2950 La Jolla Street Number of Ambulance Vehicles in Fleet: 34
Anaheim, CA 92806

Phone Number: (714)-347-3262 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 25

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

Transporting Agencies

31,702 Total number of responses
4,838 Number of emergency responses
26,864 Number of non-emergency responses

30,424 Total number of transports
4,409 Number of emergency transports
26,015 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 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: MedCoast Ambulance Response Zone: N/A

Address: 14325 Iseli Road Number of Ambulance Vehicles in Fleet: 21
Santa Fe Springs, CA 90670

Phone Number: (562) 802-3765 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 21

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

Transporting Agencies

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 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: Mercy Air Service, Inc. Response Zone: N/A

Address: 1670 Miro Way Number of Ambulance Vehicles in Fleet: 4
Rialto, CA 92376

Phone Number: (800) 222-3456 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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

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

TABLE 8: Response/Transportation/Providers

****Table Information based on 2017 OCEMS licensure application data & provider-reports of CY2065 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 Number of Ambulance Vehicles in Fleet: 5
Corona, CA 92879

Phone Number: (800) 899-9100 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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

1 Total number of transports
0 Number of emergency transports
1 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 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: Premier (dba PMT Ambulance) Response Zone: N/A

Address: 575 Maple Court, Suite A Number of Ambulance Vehicles in Fleet: 4
Colton, CA 92324

Phone Number: (909) 433-3939 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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 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: Premier Medical Transport Response Zone: N/A

Address: 530 N. Puente Street Number of Ambulance Vehicles in Fleet: 17
Brea, CA 92821

Phone Number: (888) 353-9556 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 17

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

Transporting Agencies

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 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: PRN Ambulance Response Zone: N/A

Address: 8928 Sepulveda Blvd. Number of Ambulance Vehicles in Fleet: 15
North Hills CA 91343

Phone Number: (818) 810-3600 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

1,565 Total number of responses
16 Number of emergency responses
1,549 Number of non-emergency responses

1,565 Total number of transports
16 Number of emergency transports
1,549 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 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: Royalty Ambulance Response Zone: N/A

Address: 3235 San Fernando Road, Bldg. 6 Number of Ambulance Vehicles in Fleet: 1
Los Angeles, CA 90065

Phone Number: (818) 550-5833 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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 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: Schaefer Ambulance Response Zone: N/A

Address: 2215 S. Bristol Number of Ambulance Vehicles in Fleet: 5
Santa Ana, CA 92704

Phone Number: (800) 582-2258 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

110 Total number of responses
7 Number of emergency responses
103 Number of non-emergency responses

110 Total number of transports
7 Number of emergency transports
103 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 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: Shoreline Ambulance Response Zone: N/A

Address: 17762 Metzler Lane Number of Ambulance Vehicles in Fleet: 8
Huntington Beach, CA 92647

Phone Number: (855) 474-6735 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 8

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

Transporting Agencies

2,981 Total number of responses
1,169 Number of emergency responses
1,812 Number of non-emergency responses

2,981 Total number of transports
1,169 Number of emergency transports
1,812 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 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: Symons Ambulance Response Zone: N/A

Address: 18592 Cajon Blvd. Number of Ambulance Vehicles in Fleet: 6
San Bernardino, CA 92407

Phone Number: (866) 728-3483 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

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

8,814 Total number of responses
0 Number of emergency responses
8,814 Number of non-emergency responses

Transporting Agencies

7,448 Total number of transports
0 Number of emergency transports
7,448 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 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: ViewPoint Ambulance Response Zone: N/A

Address: 1381 North Miller Street Number of Ambulance Vehicles in Fleet: 10
Anaheim CA 92806

Phone Number: (888) 202-6500 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 7

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

1442 Total number of responses
14 Number of emergency responses
1442 Number of non-emergency responses

Transporting Agencies

1442 Total number of transports
0 Number of emergency transports
1442 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 CY2016 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 Number of Ambulance Vehicles in Fleet: 0
Anaheim, CA 92805

Phone Number: 714-765-4000 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

23,318 Total number of responses
23,318 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 OCERS Policy 700.00 & provider-reports of CY2016 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 Number of Ambulance Vehicles in Fleet: 0
Brea, CA 92821

Phone Number: 714-990-7644 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

3,134 Total number of responses
3,134 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 CY2016 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 Number of Ambulance Vehicles in Fleet: 2
Costa Mesa, CA 92626

Phone Number: 714-754-5106 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

8,483 Total number of responses
8,483 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 CY 2016 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 Number of Ambulance Vehicles in Fleet: 0
Fountain Valley, CA 92708

Phone Number: 714-593-4436 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

4,394 Total number of responses
4,394 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 OCERS Policy 700.00 & provider-reports of CY2016 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 Number of Ambulance Vehicles in Fleet: 0
Fullerton, CA 92832

Phone Number: 714-738-6502 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

8,663 Total number of responses
8,663 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 CY2016 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 Number of Ambulance Vehicles in Fleet: 0
Garden Grove, CA 92840

Phone Number: 714-741-5600 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>10,061</u>	Total number of responses	<u>0</u>	Total number of transports
<u>10,061</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

TABLE 8: Response/Transportation/Providers

*Table Information based on authorizations pursuant to OCERS Policy 700.00 & provider-reports of CY2016 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 Number of Ambulance Vehicles in Fleet: 4
Huntington Beach, CA 92648

Phone Number: 714-536-5411 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

14,179 Total number of responses
14,179 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 CY2016 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 Number of Ambulance Vehicles in Fleet: 0
Laguna Beach, CA 92651

Phone Number: 949-497-0700 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

1,985 Total number of responses
1,985 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 CY2016 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 Number of Ambulance Vehicles in Fleet: 3
La Habra, CA 90633

Phone Number: 562-383-4000 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

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

Transporting Agencies

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 OCERS Policy 700.00 & provider-reports of CY2016 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 Number of Ambulance Vehicles in Fleet: 0
Los Angeles, CA 90063-3244

Phone Number: 310-577-5700 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: n/a

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>6,200*</u>	Total number of responses	<u>0</u>	Total number of transports
<u>6,200*</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u>0</u>	Total number of responses	<u>0</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

*Estimate – only partial data available for CY2016

TABLE 8: Response/Transportation/Providers

****Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2016 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 Number of Ambulance Vehicles in Fleet: 3
Newport Beach, CA 92653

Phone Number: 949-644-3104 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

7,951 Total number of responses
7,951 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 CY2016 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 Number of Ambulance Vehicles in Fleet: 4
Orange, CA 92866

Phone Number: 714-288-2500 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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

7,401 Total number of transports
7,401 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 CY2016 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 Number of Ambulance Vehicles in Fleet: 2 (1 unit within OA-18; 1 seasonal/back-up)
Irvine, CA 92602

Phone Number: 714-741-5600 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

105,273 Total number of responses
105,273 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 CY2016 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 Number of Ambulance Vehicles in Fleet: n/a
Santa Ana, CA 92703

Phone Number: 714-647-1800 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1 (AIR)

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

Transporting Agencies

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

25 Total number of transports
25 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 CY2016 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 Number of Ambulance Vehicles in Fleet: 0
San Clemente, CA 92672

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)

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

Transporting Agencies

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

Section 4

Ambulance Zone Summary Forms

Date: August 1, 2017

**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 <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. 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, 2017

**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 <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. 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, 2017

**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 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 <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. 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, 2017

**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 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 <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. 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, 2017

**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 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 <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. 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, 2017

**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: 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 <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: August 1, 2017

**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: EOA 2 - Brea
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> 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]): <small>Include intent of local EMS agency and board action.</small> Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): <small>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.).</small> Emergency Ambulance; 9-1-1 Emergency, BLS Ambulance (at the request of public safety).
Method to achieve exclusivity, if applicable (HS 1797.224): <small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> 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.

Date: August 1, 2017

**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: 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 <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: August 1, 2017

**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: OA 4 – Costa Mesa
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> 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]): <small>Include intent of local EMS agency and board action.</small> Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): <small>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.).</small>
Method to achieve exclusivity, if applicable (HS 1797.224): <small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>

Date: August 1, 2017

**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: OA 6 – Fountain Valley
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> 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]): <small>Include intent of local EMS agency and board action.</small> Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): <small>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.).</small>
Method to achieve exclusivity, if applicable (HS 1797.224): <small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>

Date: August 1, 2017

**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: OA 7 – Fullerton
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> 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]): <small>Include intent of local EMS agency and board action.</small> Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): <small>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.).</small>
Method to achieve exclusivity, if applicable (HS 1797.224): <small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>

Date: August 1, 2017

**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: OA 8 – Garden Grove
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> 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]): <small>Include intent of local EMS agency and board action.</small> Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): <small>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.).</small>
Method to achieve exclusivity, if applicable (HS 1797.224): <small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>

Date: August 1, 2017

**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: OA 9 – Huntington Beach
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> 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]): <small>Include intent of local EMS agency and board action.</small> Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): <small>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.).</small>
Method to achieve exclusivity, if applicable (HS 1797.224): <small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>

Date: August 1, 2017

**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: 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 <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: August 1, 2017

**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: 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 <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: August 1, 2017

**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: OA 15 – Newport Beach
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> 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]): <small>Include intent of local EMS agency and board action.</small> Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): <small>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.).</small>
Method to achieve exclusivity, if applicable (HS 1797.224): <small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>

Date: August 1, 2017

**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: 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 <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: August 1, 2017

**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: 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 <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: November 21, 2017

**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: OA 20 – Santa Ana
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> City of Santa Ana: The City of Santa Ana has provided emergency ambulance transport since before 1980 either through direct provision thru city owned ambulances or contract with a private ambulance provider. 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]): <small>Include intent of local EMS agency and board action.</small> Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): <small>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.).</small>
Method to achieve exclusivity, if applicable (HS 1797.224): <small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>

Date: August 1, 2017

**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: 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 <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. 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.

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

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency</p> <p><input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>PICU³ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p><input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>	
<p><u>STEMI Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Chapman Global Medical Center

Telephone Number: 714-633-0011

Address: 2601 E. Chapman Ave
Orange, CA 92869

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Children's Hospital of Orange County **Telephone Number:** 714-997-3000
Address: 1201 W. La Veta Ave
Orange, CA 92868

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency </div> <div> Standby Emergency Comprehensive Emergency </div> </div>	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---	---

Pediatric Critical Care Center¹ EDAP² PICU³	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input checked="" type="checkbox"/> Level II (PEDIATRIC ONLY) <input type="checkbox"/> Level IV </div> </div>
---	---	---	---

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Foothill Regional Medical Center Telephone Number: 714-619-7700
 Address: 14662 Newport Avenue
Tustin, CA 92780

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency Standby Emergency <input checked="" type="checkbox"/> Basic Emergency Comprehensive Emergency		<u>Base Hospital:</u> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> Yes <input checked="" type="checkbox"/> No
--	--	--	--	--	--

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
---	---	---	--	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Fountain Valley Hospital **Telephone Number:** 714-966-7200
Address: 17100 Euclid Street
Fountain Valley, CA 92708

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
--	--	--	--	---	--	---	--

Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
---	--	---	--	--	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: Garden Grove Hospital & Medical Center Telephone Number: 714-537-5160
 Address: 12601 Garden Grove Boulevard
Garden Grove, CA 92843

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
--	--	--	--	---	--	---	--

Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u>	
EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Level I <input type="checkbox"/> Level II	
PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Hoag Memorial Hospital Presbyterian
 Address: One Hoag Drive
Newport Beach, CA 92658-6100

Telephone Number: 949-764-4624

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Burn Center:</u> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center¹ EDAP² PICU³		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: Hoag Hospital Irvine Telephone Number: 949-517-3000
 Address: 16200 Sand Canyon Avenue
Irvine, CA 92618

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> Yes <input checked="" type="checkbox"/> No
--	--	--	--	---	--

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
---	---	---	--	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Huntington Beach Hospital Telephone Number: 714-843-5000
 Address: 17772 Beach Boulevard
Huntington Beach, CA 92647

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes No	<u>Burn Center:</u> Yes <input checked="" type="checkbox"/> No
--	--	---	--

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Kaiser Permanente Orange County, Anaheim
Address: 3440 E. La Palma Avenue
Anaheim, CA 92806

Telephone Number: 714-644-2000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Kaiser Permanente Orange County, Irvine
 Address: 6640 Alton Parkway
Irvine, CA 92618

Telephone Number: 949-932-5000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center¹ EDAP² PICU³		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: La Palma Intercommunity Hospital **Telephone Number:** 714-670-7400
Address: 7901 Walker Street
La Palma, CA 90623

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency </div> <div> <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency </div> </div>	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---	---

<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Pediatric Critical Care Center¹ EDAP² PICU³ </div> <div style="width: 40%;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div>	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div style="width: 55%;"> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div>
---	---	---

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Los Alamitos Medical Center **Telephone Number:** 562-598-1311
Address: 3751 Katella Avenue
Los Alamitos, CA 90720

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: Mission Hospital, Mission Viejo **Telephone Number:** 949-364-1400
Address: 27700 Medical Center Road
Mission Viejo, CA 92691

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	---

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: Mission Hospital, Laguna Beach **Telephone Number:** 949-499-1311
Address: 31872 Coast Highway
Laguna Beach, CA 92651

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Orange Coast Memorial Medical Center
 Address: 9920 Talbert Avenue
Fountain Valley, CA 92708

Telephone Number: 714-378-7000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Orange County Global Medical Center

Telephone Number: 714-835-3555

Address: 1001 N. Tustin Avenue

Santa Ana, CA 92705

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <div> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency </div> <div> <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency </div>	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---	---

<div> Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <div> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II </div> <div> <input type="checkbox"/> Level III <input type="checkbox"/> Level IV </div>
--	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: Placentia Linda Hospital **Telephone Number:** 714-933-2000
Address: 1301 North Rose Drive
Placentia, CA 92870

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	---	---

Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: Saddleback Memorial Medical Center, LH Telephone Number: 949-837-4500
 Address: 24451 Health Center Road
Laguna Hills, CA 92653

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> Yes <input checked="" type="checkbox"/> No
--	--	--	--

Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: South Coast Global Medical Center Telephone Number: 714-754-5454
 Address: 2701 S. Bristol Street
Santa Ana, CA 92704

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	--	---

Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: St. Joseph Hospital **Telephone Number:** 714-633-9111
Address: 1100 W. Stewart Drive
Orange, CA 92868

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: Saint Jude Medical Center
 Address: 101 E. Valencia Mesa Drive
Fullerton, CA 92835

Telephone Number: 714-992-3000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: University of California, Irvine Medical Center
Address: 101 The City Drive South
Orange, CA 92868

Telephone Number: 714-456-6011

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <div style="display: flex; justify-content: space-between;"> <div>Referral Emergency</div> <div>Standby Emergency</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Basic Emergency</div> <div><input checked="" type="checkbox"/> Comprehensive Emergency</div> </div>	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---	---

<div style="display: flex; justify-content: space-between;"> <div> Pediatric Critical Care Center¹ EDAP² PICU³ </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div>	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div>
---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: West Anaheim Medical Center

Telephone Number: 714-827-3000

Address: 3033 W. Orange Avenue

Anaheim, CA 92804

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <div> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency </div> <div> <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency </div>	<u>Base Hospital:</u> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> Yes <input checked="" type="checkbox"/> No
--	---	--	--

<div> Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <div> <input type="checkbox"/> Level I <input type="checkbox"/> Level II </div> <div> <input type="checkbox"/> Level III <input type="checkbox"/> Level IV </div>
---	---	---

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 10: APPROVED TRAINING PROGRAMS

County: ORANGE

Reporting Year: 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Anaheim Fire Department</u>		Telephone Number: <u>714-765-4022</u>
Address: <u>201 S. Anaheim Blvd, Suite 300</u>		
<u>Anaheim, CA 92805</u>		
Student Eligibility*: <u>Restricted</u>	Cost of Program:	**Program Level <u>EMT-Basic</u>
	Basic: <u>\$0</u>	
	Refresher: <u>\$0</u>	
	Number of students completing training per year:	
	Initial training:	<u>0</u>
	Refresher:	<u>64</u>
	Continuing Education:	<u>64</u>
	Expiration Date:	<u>12/31/18</u>
	Number of courses:	
	Initial training:	<u>0</u>
	Refresher:	<u>12</u>
	Continuing Education:	<u>12</u>

*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: <u>Central Orange County CTEP</u>		Telephone Number: <u>714-966-3528</u>
Address: <u>2323 N. Broadway, Suite 301</u>		
<u>Santa Ana, CA 92706</u>		
Student Eligibility*: <u>Open to public</u>	Cost of Program:	**Program Level <u>EMT-Basic</u>
<u>High School Only</u>	Basic: <u>\$0</u>	
	Refresher: <u>\$0</u>	
	Number of students completing training per year:	
	Initial training:	<u>14</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>
	Expiration Date:	<u>3/31/20</u>
	Number of courses:	
	Initial training:	<u>1</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>

*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 PROGRAMSCounty: ORANGEReporting Year: 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Coastline ROP</u>		Telephone Number: <u>714-429-2250</u>
Address: <u>1001 Presidio Square</u>		
<u>Costa Mesa, CA 92624-1584</u>		
Student Eligibility*: <u>Open to public</u>	**Program Level <u>EMT-Basic</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>\$1,025</u>	Initial training:	<u>209</u>
Refresher: <u>n/a</u>	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>
	Expiration Date:	<u>9/30/17</u>
	Number of courses:	
	Initial training:	<u>0</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>

*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: <u>Costa Mesa Fire Department</u>		Telephone Number: <u>714-754-5155</u>
Address: <u>77 Fair Drive</u>		
<u>Costa Mesa, CA 92626</u>		
Student Eligibility*: <u>Restricted</u>	**Program Level <u>EMT-Basic</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>\$0</u>	Initial training:	<u>0</u>
Refresher: <u>\$0</u>	Refresher:	<u>71</u>
	Continuing Education:	<u>450</u>
	Expiration Date:	<u>11/30/17</u>
	Number of courses:	
	Initial training:	<u>0</u>
	Refresher:	<u>15</u>
	Continuing Education:	<u>28</u>

*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: 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Garden Grove Fire Department</u>		Telephone Number: <u>714-741-5640</u>
Address: <u>11301 Acacia Parkway</u>		
<u>Garden Grove, CA 92840</u>		
Student Eligibility*: <u>Restricted</u>	**Program Level <u>EMT-Basic</u>	
Cost of Program:		
Basic: <u>\$0</u>	Number of students completing training per year:	
Refresher: <u>\$0</u>	Initial training:	<u>0</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>56</u>
	Expiration Date:	<u>3/31/18</u>
	Number of courses:	
	Initial training:	<u>0</u>
	Refresher:	<u>3</u>
	Continuing Education:	<u>ongoing</u>

*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: <u>Laguna Beach Fire Department</u>		Telephone Number: <u>949-497-0700</u>
Address: <u>505 Forest Ave</u>		
<u>Laguna Beach, CA 92651</u>		
Student Eligibility*: <u>Restricted</u>	**Program Level <u>EMT-Basic</u>	
Cost of Program:		
Basic: <u>\$0</u>	Number of students completing training per year:	
Refresher: <u>\$0</u>	Initial training:	<u>0</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>50</u>
	Expiration Date:	<u>12/31/17</u>
	Number of courses:	
	Initial training:	<u>0</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>27</u>

*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:** 2017**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Newport Beach Fire Department</u>		Telephone Number: <u>949-644-3384</u>
Address: <u>3300 Newport Blvd.</u>		
<u>Newport Beach, CA 92653</u>		
Student Eligibility*: <u>Restricted</u>	**Program Level <u>EMT-Basic</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>\$0</u>	Initial training:	<u>0</u>
Refresher: <u>\$0</u>	Refresher:	<u>140</u>
	Continuing Education:	<u>140</u>
	Expiration Date:	<u>11/30/17</u>
	Number of courses:	
	Initial training:	<u>n/a</u>
	Refresher:	<u>4</u>
	Continuing Education:	<u>16</u>

*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: <u>North Orange County ROP</u>		Telephone Number: <u>714-292-7350</u>
Address: <u>1800 W. Ball Road</u>		
<u>Anaheim, CA 92804</u>		
Student Eligibility*: <u>Open to public</u>	**Program Level <u>EMT-Basic</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>\$1,000</u>	Initial training:	<u>12</u>
Refresher: <u>\$250</u>	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>
	Expiration Date:	<u>5/31/21</u>
	Number of courses:	
	Initial training:	<u>9</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>1</u>

*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 PROGRAMSCounty: ORANGEReporting Year: 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Orange Coast College</u>		Telephone Number: <u>714-432-5089</u>
Address: <u>2701 Fairview Rd</u>		
<u>Costa Mesa, CA 92628</u>		
Student Eligibility*: <u>Open to public</u>	**Program Level <u>EMT-Basic</u>	
Cost of Program:		
Basic: <u>\$860</u>	Number of students completing training per year:	
Refresher: <u>\$46</u>	Initial training:	<u>100</u>
	Refresher:	<u>2</u>
	Continuing Education:	<u>0</u>
	Expiration Date:	<u>8/31/18</u>
	Number of courses:	
	Initial training:	<u>4</u>
	Refresher:	<u>1</u>
	Continuing Education:	<u>0</u>

*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: <u>Orange County EMT (OCEMT)</u>		Telephone Number: <u>949-291-3887</u>
Address: <u>26429 Rancho Parkway South</u>		
<u>Lake Forest, CA 92630</u>		
Student Eligibility*: <u>Open to public</u>	**Program Level <u>EMT-Basic</u>	
Cost of Program:		
Basic: <u>\$1,100</u>	Number of students completing training per year:	
Refresher: <u>\$250</u>	Initial training:	<u>289</u>
	Refresher:	<u>40</u>
	Continuing Education:	<u>7</u>
	Expiration Date:	<u>2/28/19</u>
	Number of courses:	
	Initial training:	<u>9</u>
	Refresher:	<u>3</u>
	Continuing Education:	<u>2</u>

*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:** 2017**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Orange Fire Department</u>		Telephone Number: <u>714-288-2503</u>
Address: <u>178 South Grand St</u>		
<u>Orange, CA 92866</u>		
Student Eligibility*: <u>Restricted</u>	**Program Level <u>EMT-Basic</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>\$0</u>	Initial training:	<u>0</u>
Refresher: <u>\$0</u>	Refresher:	<u>0</u>
	Continuing Education:	<u>43</u>
	Expiration Date:	<u>10/31/17</u>
	Number of courses:	
	Initial training:	<u>0</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>10</u>

*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: <u>Saddleback College</u>		Telephone Number: <u>949-582-4959</u>
Address: <u>28000 Marguerite Pkwy</u>		
<u>Mission Viejo, CA 92691</u>		
Student Eligibility*: <u>Open to public</u>	**Program Level <u>EMT-Basic</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>\$874</u>	Initial training:	<u>210</u>
Refresher: <u>\$79</u>	Refresher:	<u>35</u>
	Continuing Education:	<u>200</u>
	Expiration Date:	<u>3/31/20</u>
	Number of courses:	
	Initial training:	<u>4</u>
	Refresher:	<u>2</u>
	Continuing Education:	<u>5</u>

*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:** 2017**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed

Training Institution: <u>Saddleback College</u>		Telephone Number: <u>949-582-4959</u>
Address: <u>28000 Marguerite Pkwy</u>		
<u>Mission Viejo, CA 92691</u>		
Student Eligibility*: <u>Open to public</u>	**Program Level <u>EMT-P</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>\$3,732</u>	Initial training:	<u>54</u>
Refresher:	Refresher:	<u>21</u>
	Continuing Education:	<u>200</u>
	Expiration Date:	<u>3/31/20</u>
	Number of courses:	
	Initial training:	<u>3</u>
	Refresher:	<u>Variable</u>
	Continuing Education:	<u>5</u>

*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: <u>Santa Ana College – Fire Technology Department</u>		Telephone Number: <u>714-564-6403</u>
Address: <u>1530 W. 17th St.</u>		
<u>Santa Ana, CA 92706-3398</u>		
Student Eligibility*: <u>Open to public</u>	**Program Level <u>EMT-Basic</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>\$368</u>	Initial training:	<u>30</u>
Refresher: <u>\$23</u>	Refresher:	<u>96</u>
	Continuing Education:	<u>0</u>
	Expiration Date:	<u>8/31/17</u>
	Number of courses:	
	Initial training:	<u>1</u>
	Refresher:	<u>2</u>
	Continuing Education:	<u>0</u>

*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:** 2017**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed

Training Institution: <u>Santa Ana College – Nursing Department</u>		Telephone Number: <u>714-564-6825</u>
Address: <u>1530 W. 17th St.</u>		
<u>Santa Ana, CA 92706-3398</u>		
Student Eligibility*: <u>Open to public</u>	**Program Level <u>EMT-Basic</u>	
Cost of Program:		
Basic: <u>\$1,365</u>	Number of students completing training per year:	
Refresher: <u>\$240</u>	Initial training:	<u>240</u>
	Refresher:	<u>20</u>
	Continuing Education:	<u>20</u>
	Expiration Date:	<u>8/31/18</u>
	Number of courses:	
	Initial training:	<u>6</u>
	Refresher:	<u>2</u>
	Continuing Education:	<u>36</u>

*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: <u>College and Career Advancement (formerly South Coast ROP)</u>		Telephone Number: <u>949-496-3118</u>
Address: <u>31522 El Camino Real</u>		
<u>San Juan Capistrano CA 92675</u>		
Student Eligibility*: <u>Open to public</u>	**Program Level <u>EMT-Basic</u>	
High school only	Cost of Program:	
	Basic: <u>0</u>	Number of students completing training per year:
	Refresher:	Initial training:
		<u>48</u>
		Refresher:
		<u>0</u>
		Continuing Education:
		<u>36</u>
		Expiration Date:
		<u>8/31/18</u>
	Number of courses:	
	Initial training:	<u>2</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>10</u>

*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 PROGRAMSCounty: ORANGEReporting Year: 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed

Training Institution: <u>West Coast EMT</u>		Telephone Number: <u>714-558-9604</u>
Address: <u>932 Town & Country Rd</u>		
<u>Orange, CA 92013</u>		
Student Eligibility*: Open to public	**Program Level EMT-Basic	
Cost of Program:		
Basic: <u>\$899</u>	Number of students completing training per year:	
Refresher: <u>\$275</u>	Initial training:	<u>718</u>
	Refresher:	<u>153</u>
	Continuing Education:	<u>37</u>
	Expiration Date:	<u>2/29/20</u>
	Number of courses:	
	Initial training:	<u>22</u>
	Refresher:	<u>8</u>
	Continuing Education:	<u>10</u>

*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: <u>Orange County Fire Authority</u>		Telephone Number: <u>714-573-6072</u>
Address: <u>One Fire Authority Road</u>		
<u>Santa Ana, CA 92706-3398</u>		
Student Eligibility*: Restricted	**Program Level EMT-Basic	
Cost of Program:		
Basic: <u>\$0</u>	Number of students completing training per year:	
Refresher: <u>\$0</u>	Initial training:	<u>n/a</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>607</u>
	Expiration Date:	<u>10/31/17</u>
	Number of courses:	
	Initial training:	<u>n/a</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>648</u>

TABLE 11: DISPATCH AGENCYCounty: ORANGEReporting Year: 2017**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>Costa Mesa Communications</u>		Primary Contact:	<u>Cherie Pittington</u>	
Address:	<u>79 Fair Drive</u>				
	<u>Costa Mesa, CA 92626</u>				
Telephone Number:	<u>714-754-5252/714-754-5060</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster			
			25 EMD Training	EMT-D	ALS
			BLS	ALS	Other
Ownership:		If Public:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input checked="" type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain:			

Name:	<u>Laguna Beach Public Safety Dispatch</u>		Primary Contact:	<u>Kristen Berry</u>	
Address:	<u>505 Forest Avenue</u>				
	<u>Laguna Beach, ca 92651</u>				
Telephone Number:	<u>949-497-0399/949-497-0399</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster			
			12 EMD Training	EMT-D	ALS
			BLS	LALS	Other
Ownership:		If Public:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input checked="" type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain:			

TABLE 11: DISPATCH AGENCY

County: ORANGE

Reporting Year: 2017

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

Name:	<u>La Habra-Los Angeles County Fire Command & Control Center</u>		Primary Contact:	<u>Chris Bundesen (Assistant Chief)</u>
Address:	<u>850 W. La Habra Blvd</u>			
	<u>La Habra CA 90063</u>			
Telephone Number:	<u>323-881-6183/323-881-2344</u>			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster		
			90 (on district desk) EMD Training	EMT-D 12 (FTE's) ALS
			(ambulance) BLS	ALS Other
Ownership:		If Public:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire		
		<input type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain:		

Name:	<u>Metro Cities Fire Authority (MetroNet)</u>		Primary Contact:	<u>Gary Gionet</u>
Address:	<u>201 S. Anaheim Blvd., Suite 302</u>			
	<u>Anaheim, CA 92805</u>			
Telephone Number:	<u>714-765-4079/714-765-4077</u>			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster		
			34 EMD Training	EMT-D ALS
			BLS	LALS Other
Ownership:		If Public:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire		
		<input type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain:		

TABLE 11: DISPATCH AGENCY

County: ORANGE

Reporting Year: 2017

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

Name:	<u>Orange County Fire Authority</u>		Primary Contact:	<u>Jeff Logan</u>	
Address:	<u>1 Fire Authority Road</u>				
	<u>Irvine, CA 92602</u>				
Telephone Number:	<u>714-573-6522/714-573-6551</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster			
			33 EMD Training	EMT-D	ALS
			BLS	ALS	Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire				
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain:				

Name:	<u>Orange County Sheriff's Department</u>		Primary Contact:	<u>Gene Inouye</u>	
Address:	<u>2644 Santiago Canyon Road</u>				
	<u>Silverado Canyon Road, CA 92676</u>				
Telephone Number:	<u>714-628-3018</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster			
			EMD Training	EMT-D	ALS
			BLS	ALS	Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire				
	<input checked="" type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain:				