

EMERGENCY MEDICAL SERVICES AUTHORITY

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



February 28, 2018

Ms. Jackie Lowther, EMS Director
Santa Clara County EMS Agency
700 Empey Way
San Jose, CA 95128

Dear Ms. Lowther:

This letter is in response to Santa Clara County's submission of the updated Ambulance Zone Summary Form (County of Santa Clara) to the EMS Authority on February 15, 2018, resulting in a change to Santa Clara County's 2015 EMS Plan Update.

I. Introduction and Summary:

The EMS Authority has re-reviewed Santa Clara County's 2015 EMS Plan Update and is approving the plan.

II. History and Background:

Santa Clara County received its last full plan approval for its 2011 plan submission, and its last annual plan update for its 2014 plan submission.

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

- 1994
- 1996
- 1999
- 2001
- 2004
- 2005
- 2007-2011
- 2014

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 Santa Clara County's 2015 EMS Plan Update. Areas that indicate the plan submitted is not 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> |

Ambulance Zones

- Based on the documentation provided by Santa Clara County, please find enclosed the EMS Authority's determination of the exclusivity of Santa Clara 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> |

EMS Data - California EMS Information System (CEMSIS)

- Using information submitted by the Local EMS Agency, the EMS Authority shall assess each EMS area or the system's service area to determine the effectiveness of emergency medical services (HSC § 1797.102) as it relates to data collection and evaluation (HSC § 1797.103).

Statewide, there are 20 Local EMS Agencies submitting EMS data. Our records indicate Santa Clara County is not submitting EMS data at this time. In order for the EMS Authority to meet

statutory requirements, please begin submission of EMS data into CEMSIS.

G. ☒ ☐ Public Information and Education

H. ☒ ☐ Disaster Medical Response

IV. Conclusion:

Based on the information identified, Santa Clara County's 2015 EMS Plan Update is approved.

Pursuant to HSC § 1797.105(b):

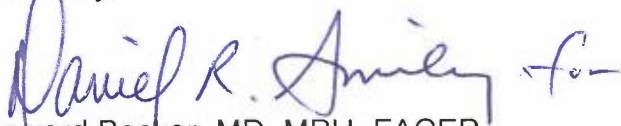
"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical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

Santa Clara County's next EMS Plan Update will be due on or before April 30, 2018.

If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink that reads "Daniel R. Amley" followed by a small flourish.

Howard Backer, MD, MPH, FACEP
Director

Enclosure

ZONE	EXCLUSIVITY			TYPE			LEVEL									
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance	
Santa Clara County																
City of Palo Alto		X	Non-Competitive	X				X								
Remainder of County		X	Competitive Process	X				X	X	X			X			

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
SAN JOSE, CA 95128
(916) 322-4336 FAX (916) 322-1441



April 24, 2017

Ms. Jackie Lowther, EMS Director
Santa Clara County EMS Agency
700 Empey Way
San Jose, CA 95128

Dear Ms. Lowther:

This letter is in response to Santa Clara County's 2015 EMS Plan Update submission to the EMS Authority on November 23, 2016.

I. Introduction and Summary:

The EMS Authority has concluded its review of Santa Clara County's 2015 EMS Plan Update and cannot approve the plan as submitted.

II. History and Background:

Santa Clara County received its last full plan approval for its 2011 plan submission, and its last annual plan update for its 2014 plan submission.

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

- 1994
- 1996
- 1999
- 2001
- 2004
- 2005
- 2007-2011
- 2014

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 Santa Clara County's 2015 EMS Plan Update. Areas that indicate the plan submitted is not 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Response/Transportation</u> |

1. Request for Proposal

Per the EMS Authority's letter, dated April 14, 2017, an evaluation of the Santa Clara County (SCEMS) 2015 EMS Plan was reviewed along with the original implemented contract for Request for Proposal (RFP) #PHD-10-06. The EMS Authority identified that the contract to implement SCEMS's 2010 RFP #PHD-10-06 had six (6) amendments over the course of 6 years, including a 3 year extension. This led to a specific review of the amendments to the contract between SCEMS and Rural/Metro (now owned by AMR) to determine if the implementation was consistent with the RFP as it was originally approved.

As a result of this review, there have been significant changes to the contract to implement the approved RFP that change the assumptions and economic conditions upon which all bidders relied upon in good faith when responding to the original competitive process. These specific amendments and provisions significantly decrease the costs and increase the revenue to the selected provider beyond what was included in the approved RFP, and therefore constitutes a failure to implement the EMS plan as approved.

Since the amendments significantly alter the previously approved solicitation, the current contract is no longer representative of the original requirements and assumptions upon which bidders constructed their responses. Therefore, the approved RFP and ensuing operational contract, as implemented by SCEMS to date, does not ultimately provide a fair and level playing field for all bidders, and consequently the EMS Authority cannot continue our prior approval of the competitive process as part of the local EMS plan.

The following three determinations have been made by the EMS Authority based upon the circumstances:

- The EMS Authority is rescinding its approval of RFP #PHD 10-06, as part of the 2010 EMS plan, effective immediately, for failure to continue to implement the RFP as approved;
- The EMS Authority is staying the decision to rescind until June 30, 2019. This effectively means that SCEMS must initiate and complete a new competitive process if the local EMS agency wishes the sub-area to continue to be an exclusive operating area past June 30, 2019, and to receive state action immunity; and
- The EMS Authority will not be able to approve the 2015 EMS plan until such time as a revised plan and timetable for a new competitive process has been submitted.

E. ☒ ☐ Facilities/Critical Care

F. ☒ ☐ Data Collection/System Evaluation

1. EMS Data - California EMS Information System (CEMSIS)

- Using information submitted by the Local EMS Agency, the EMS Authority shall assess each EMS area or the system's service area to determine the effectiveness of emergency medical services (HSC § 1797.102) as it relates to data collection and evaluation (HSC § 1797.103).

Statewide, there are 20 Local EMS Agencies submitting EMS data. Our records indicate Santa Clara County is not submitting EMS data at this time. In order for the EMS

Authority to meet statutory requirements, please begin submission of EMS data into CEMSIS.

G. ☒ ☐ Public Information and Education

H. ☒ ☐ Disaster Medical Response

IV. Conclusion:

Based on the information identified, Santa Clara County's 2015 EMS Plan Update is not 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:

If you desire to appeal the denial of this plan submission to the Commission on EMS, please inform the EMS Authority in writing within 15 days of your receipt of this letter. The EMS Authority will then begin the process to schedule your appeal to be heard before the Office of Administrative Hearings.

Santa Clara County's next annual EMS Plan submission will be due on or before April 30, 2018.

If you have any questions regarding the plan determination, please contact Mr. Tom McGinnis, EMS Systems Division Chief, at (916) 431-3695.

Sincerely,


Howard Backer, MD, MPH, FACEP
Director

Enclosure

County of Santa Clara
Emergency Medical Services System

Emergency Medical Services Agency
700 Empey Way
San Jose, CA 95128
408.794.0600 voice | www.sccemsagency.org
www.facebook.com/SantaClaraCountyEMS



November 22, 2016

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

Subject: 2015 EMS Plan Annual Update

Dear Dr. Backer,

Santa Clara County Emergency Medical Services respectfully submits our EMS Plan Update for calendar year 2015.

Should you have any questions or need additional information, please don't hesitate to contact me at any time.

Sincerely,

Jackie M. Lowther, RN, MSN, MBA
Interim EMS Director

Enclosure:
2015 Emergency Medical Services Plan Update



County of Santa Clara
Emergency Medical Services Agency

700 Empey Way
San José, CA 95128
408.794.0600 main

2015

EMERGENCY MEDICAL SERVICES PLAN UPDATE

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Executive Summary

The Santa Clara County Emergency Medical Services System has continued to work towards the completion of various goals and objectives contained within the Santa Clara County Emergency Medical Services Strategic Plan in 2015 in addition to a variety of other key projects. Key areas addressed in 2015 include, but are not limited to the following:

Super Bowl 50

Levi's Stadium in the City of Santa Clara hosted Super Bowl 50 in February 2016. In preparation for the event, the Santa Clara County Emergency Medical Services System began planning for the National Security Event in late 2014 and throughout 2015. The EMS System anticipated an increase in call volume during the Super Bowl period throughout the entire County.

Multiple Patient Management Plan Revision

The Multiple Patient Management Plan (MPMP) is a procedure for dealing with large numbers of patients (over 10) that require emergency medical care; focusing on triage, rapid treatment, and transport. The MPMP was last revised in April 2006. The revision expanded the process by which patients can be transported to hospitals out of the county when local hospitals are overwhelmed, codifies resources dispatched to various types of incidents, and includes a formal quality improvement tool for use in the existing incident quality review process. In November of 2014, Santa Clara County participated in the regional Urban Shield Exercise that included the need to activate the MPMP and route patient's throughout the bay area. The Santa Clara County EMS System was recognized as a strength for quality planning and field operations during this exercise. Several recommendations for improvement were noted that are addressed in this update, primarily out-of-county patient routing and a general plan update since the plan had not been revised since 2006 (it was reviewed in 2011). The MPMP was finalized in the summer of 2015 and then presented in the Annual EMS Update occurring in September/October 2015.

Web-Based Credentialing System Implementation

The EMS Agency is in the process of implementing a new web-based professional credentialing system (EMT certification, paramedic accreditation, mobile intensive care nurse accreditation, medical volunteer management, EMS field supervisor accreditation, etc.) as part of the Comprehensive EMS Data System. The system replaces an obsolete software-based solution that is no longer able to be supported by the vendor. The new system will enable emergency medical technicians, paramedics, and medical volunteers to credential remotely including making payments and submitting documents electronically. All first time applicants will continue to be required to credential in person for the first time in order to verify credentials, complete required testing and to verify identity. The system integrates with other aspects of the Comprehensive EMS Data System. In addition, users will realize an increase in customer service by being able to view their credential history, update required activities (such as continuing education, skills testing, etc.), set alerts and reminders, and maintain the user's profile. Credentials

may be remotely verified using a Quick Response (QR) code that appears on each identification card or entered into a publically viewable web portal.

Organizational Changes

In June of 2015, the Emergency Medical Services Agency was organizationally moved to report directly to a Deputy County Executive responsible for the County's Health and Hospital System and no longer affiliated with the Public Health Department. The EMS Agency and Public Health Department continue to work collaboratively to fill the role of the Medical Health Operational Area Coordinator.

In February of 2015, Michael Petrie, EMS Director was replaced by Jackie Lowther, the current Interim EMS Director.

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		√	N/A		
1.02	LEMSA Mission		√	N/A		
1.03	Public Input		√	N/A		
1.04	Medical Director		√	√		
Planning Activities:						
1.05	System Plan		√	N/A		
1.06	Annual Plan Update		√	N/A		
1.07	Trauma Planning		√	√		
1.08	ALS Planning		√	N/A		
1.09	Inventory of Resources		√	N/A		
1.10	Special Populations		√			
1.11	System Participants		√	√		
Regulatory Activities:						
1.12	Review & Monitoring		√	N/A		
1.13	Coordination		√	N/A		
1.14	Policy & Procedures Manual		√	N/A		
1.15	Compliance w/Policies		√	N/A		
System Finances:						
1.16	Funding Mechanism		√	N/A		
Medical Direction:						
1.17	Medical Direction		√	N/A		
1.18	QA/QI		√	√		
1.19	Policies, Procedures, Protocols		√	√		

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		√	N/A		
1.21	Determination of Death		√	N/A		
1.22	Reporting of Abuse		√	N/A		
1.23	Interfacility Transfer		√	N/A		
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		√	√		
1.25	On-Line Medical Direction		√	√		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		√	N/A		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		√	N/A		
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		√	N/A		

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		√	N/A		
2.02	Approval of Training		√	N/A		
2.03	Personnel		√	N/A		
Dispatchers:						
2.04	Dispatch Training		√			
First Responders (non-transporting):						
2.05	First Responder Training		√	√		
2.06	Response		√	N/A		
2.07	Medical Control		√	N/A		
Transporting Personnel:						
2.08	EMT-I Training		√	√		
Hospital:						
2.09	CPR Training		√	N/A		
2.10	Advanced Life Support		√			
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		√	N/A		
2.12	Early Defibrillation		√	N/A		
2.13	Base Hospital Personnel		√	N/A		

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		√	√		
3.02	Radios		√	√		
3.03	Interfacility Transfer		√	N/A		
3.04	Dispatch Center		√	N/A		
3.05	Hospitals		√	√		
3.06	MCI/Disasters		√	N/A		
Public Access:						
3.07	9-1-1 Planning/ Coordination		√	√		
3.08	9-1-1 Public Education		√	N/A		
Resource Management:						
3.09	Dispatch Triage		√	√		
3.10	Integrated Dispatch		√	√		

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		√	√		
4.02	Monitoring		√	√		
4.03	Classifying Medical Requests		√	N/A		
4.04	Prescheduled Responses		√	N/A		
4.05	Response Time		√	√		
4.06	Staffing		√	N/A		
4.07	First Responder Agencies		√	N/A		
4.08	Medical & Rescue Aircraft		√	N/A		
4.09	Air Dispatch Center		√	N/A		
4.10	Aircraft Availability		√	N/A		
4.11	Specialty Vehicles		√			
4.12	Disaster Response		√	N/A		
4.13	Intercounty Response*		√	√		
4.14	Incident Command System		√	N/A		
4.15	MCI Plans		√	N/A		
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		√	√		
4.17	ALS Equipment		√	N/A		
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		√	N/A		
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		√	N/A		
4.20	"Grandfathering"		√	N/A		
4.21	Compliance		√	N/A		
4.22	Evaluation		√	N/A		

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		√			
5.02	Triage & Transfer Protocols		√	N/A		
5.03	Transfer Guidelines		√	N/A		
5.04	Specialty Care Facilities		√	N/A		
5.05	Mass Casualty Management		√	√		
5.06	Hospital Evacuation		√	N/A		
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		√	N/A		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		√	N/A		
5.09	Public Input		√	N/A		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		√	N/A		
5.11	Emergency Departments		√	√		
5.12	Public Input		√	N/A		
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		√			
5.14	Public Input		√			

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		√			
6.02	Prehospital Records		√	N/A		
6.03	Prehospital Care Audits		√			
6.04	Medical Dispatch		√	N/A		
6.05	Data Management System		√			
6.06	System Design Evaluation		√	N/A		
6.07	Provider Participation		√	N/A		
6.08	Reporting		√	N/A		
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		√			
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		√			
6.11	Trauma Center Data		√			

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		√	√		
7.02	Injury Control		√	√		
7.03	Disaster Preparedness		√	√		
7.04	First Aid & CPR Training		√			

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		√	N/A		
8.02 Response Plans		√	√		
8.03 HazMat Training		√	N/A		
8.04 Incident Command System		√	√		
8.05 Distribution of Casualties		√			
8.06 Needs Assessment		√	√		
8.07 Disaster Communications		√	N/A		
8.08 Inventory of Resources		√	√		
8.09 DMAT Teams		√	√		
8.10 Mutual Aid Agreements		√	N/A		
8.11 CCP Designation		√	N/A		
8.12 Establishment of CCPs		√	N/A		
8.13 Disaster Medical Training		√	√		
8.14 Hospital Plans		√	√		
8.15 Interhospital Communications		√	N/A		
8.16 Prehospital Agency Plans		√	√		
Enhanced Level: Advanced Life Support:					
8.17 ALS Policies		√	N/A		
Enhanced Level: Specialty Care Systems:					
8.18 Specialty Center Roles		√	N/A		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19 Waiving Exclusivity		√	N/A		

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less) OR Long Range (more than one year)	Progress	Objective
1.18	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.	X		The Santa Clara County EMS Agency meets the minimum standard.	
5.03	The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.	X		The Santa Clara County EMS Agency meets the minimum standard.	
6.03	Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.	X		The Santa Clara County EMS Agency meets the minimum standard.	

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS:

The EMS Agency has a well qualified .5 FTE medical director on contract. During 2016, the EMS Agency wants to increase EMS Medical Director coverage to 1.0 FTE and support the medical director by instituting a specialty-physician based medical advisory committee, as identified in the 2013 EMS System Strategic Plan. The EMS Medical Director is supported by a series of advisory groups that include EMT's, paramedics, physicians, and specialists in the area of trauma, stroke, and cardiac care; pediatrics, disaster medicine, and public health.

NEED(S):

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

RECOMMENDED GUIDELINES:

The local EMS agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient and discharge records.

CURRENT STATUS:

Operational and clinical audits of prehospital care routinely occur through various methods. These include response reports, system analysis, and quality review programs. The current data project addresses the links identified in this standard. SCC will maintain a comprehensive data hub that collects data from dispatch, first responders, transport agencies and hospital. The data will be used in multiple forums as a tool to perform audits, research, system design, performance improvement and patient safety.

NEEDS:

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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:

The EMS Agency is in the process of establishing a comprehensive EMS data management system.

In 2007, SCC EMS agency began the process to obtain the services of a consultant who could assist us to develop a centralized, inclusive EMS data base. An EMS Data Steering Committee was formed to facilitate a written RFP for the consultant. The steering committee consisted of representatives from the Fire Service, the transport provider agency, the private transport provider agencies, the dispatching centers (County Communications, and PSAPS), the EMS Agency operations section, and SCC PHS IS staff.

The majority of the Comprehensive EMS Patient Care Data System components were operational in 2014. This included all fire departments/first responders, private ambulance services, and the County Service Area EOA provider use of a central data repository.

Everything is complete except HIE, which will not be completed until 2018.

COORDINATION WITH OTHER EMS AGENCIES:

The Data System complies with NEMSIS Gold standards.

All NEMSIS 3.4 standards are met and were met at the end of 2016.

NEEDS:

OBJECTIVE:

TIME FRAME FOR MEETING OBJECTIVE:

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: CY 2015

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

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

County: Santa Clara County

A. Basic Life Support (BLS)	<u>0</u>	%
B. Limited Advanced Life Support (LALS)	<u>0</u>	%
C. Advanced Life Support (ALS)	<u>100</u>	%

2. Type of agency
 - a) Public Health Department - January to May 2015
 - b) County Health Services Agency - June to December 2015
 - 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
 - a) Public Health Officer
 - b) Health Services Agency Director/Administrator
 - c) Board of Directors
 - d) Other: _____
4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>X</u>
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	_____
Continuing education	<u>X</u>
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	<u>X</u>
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 (FY2015)

Salaries and benefits (All but contract personnel)	\$ <u>2,236,674</u>
Contract Services (e.g. medical director)	<u>300,000</u>
Operations (e.g. copying, postage, facilities)	<u>100,391</u>
Travel	<u>3,716</u>
Fixed assets	<u>56,315</u>
Indirect expenses (overhead)	<u>186,000</u>
Ambulance subsidy	<u>n/a</u>
EMS Fund payments to physicians/hospital	<u>n/a</u>
Dispatch center operations (non-staff)	<u>n/a</u>
Training program operations	<u>n/a</u>
Other: _____	<u>0</u>
Other: _____	<u>0</u>
Other: _____	<u>0</u>
TOTAL EXPENSES	\$ <u> </u>

6. SOURCES OF REVENUE (FY2015)

Special project grant(s) [from EMSA]	\$ <u>0</u>
Preventive Health and Health Services (PHHS) Block Grant	<u>0</u>
Office of Traffic Safety (OTS)	<u>0</u>
State general fund	<u>0</u>
County general fund	<u>23,000</u>
Other local tax funds (e.g., EMS district)	<u>0</u>
County contracts (e.g. multi-county agencies)	<u>0</u>
Certification fees	<u>120,797</u>
Training program approval fees	<u>5,000</u>
Training program tuition/Average daily attendance funds (ADA)	<u>0</u>
Job Training Partnership ACT (JTPA) funds/other payments	<u>0</u>
Base hospital application fees	<u>0</u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	<u>0</u>
Trauma center designation fees	<u>300,000</u>
Pediatric facility approval fees	<u>0</u>
Pediatric facility designation fees	<u>0</u>
Other critical care center application fees	
Type: _____	<u>0</u>
Other critical care center designation fees	
Type: <u>Stroke Center Designation</u>	<u>100,000</u>
Type: <u>911 Receiving Hospital Designation</u>	<u>100,000</u>
Type: <u>ST Elevation Myocardial Infarction (STEMI) Designation</u>	<u>80,000</u>
 Ambulance service/vehicle fees	 <u>363,100</u>
Contributions	<u>0</u>
EMS Fund (SB 12/612)	<u>316,638</u>
Other grants: _____	<u>0</u>
Other fees: _____	<u>0</u>
Other (specify): <u>Ambulance Franchise Fee</u>	<u>1,474,561</u>
 TOTAL REVENUE	 \$ <u>2,883,096</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

x Our fee structure is:

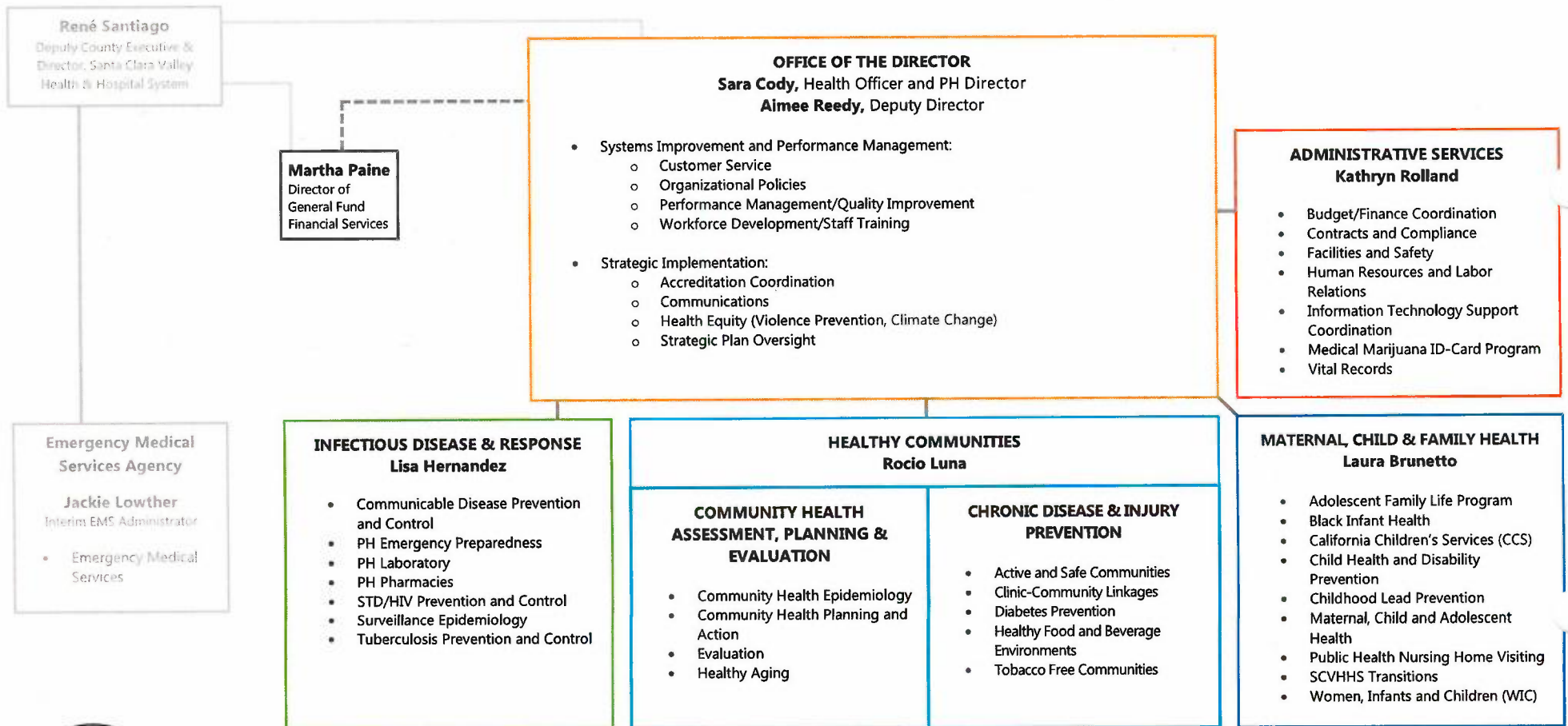
First responder certification	\$ <u>n/a</u>
EMS dispatcher certification	<u>n/a</u>
EMT-I certification	<u>50</u>
EMT-I recertification	<u>50</u>
EMT-defibrillation certification	<u>n/a</u>
EMT-defibrillation recertification	<u>n/a</u>
AEMT certification	<u>n/a</u>
AEMT recertification	<u>n/a</u>
EMT-P accreditation	<u>150</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>n/a</u>
MICN/ARN recertification	<u>n/a</u>
EMT-I training program approval	<u>1,000</u>
AEMT training program approval	<u>n/a</u>
EMT-P training program approval	<u>5,000</u>
MICN/ARN training program approval	<u>n/a</u>
Base hospital application	<u>n/a</u>
Base hospital designation	<u>n/a</u>
Trauma center application	<u>n/a</u>
Trauma center designation	<u>100,000</u>
Pediatric facility approval	<u>n/a</u>
Pediatric facility designation	<u>n/a</u>
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: Stroke Center Designation	<u>10,000</u>
Type: 911 Receiving Center Designation	<u>10,000</u>
Type: ST Elevation Myocardial Infarction (STEMI) Designation	<u>10,000</u>
Ambulance service license	
Type: Basic Life Support	<u>5,000</u>
Type: Advanced Life Support/Critical Care Transport	<u>6,000</u>
Type: Air Ambulance	<u>8,000</u>
Ambulance vehicle permits	<u>950</u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Director	1.0	\$73.33	49%	
Asst. Admin./Admin.Asst./Admin. Mgr.	Senior EMS Specialist	1.0	\$62.01	49%	
ALS Coord./Field Coord./Trng Coordinator	EMS Specialist	2.0	\$57.66	49%	
Program Coordinator/Field Liaison (Non-clinical)	EMS Specialist	2.0	\$57.66	49%	
Trauma Coordinator	Specialty Programs Nurse Coordinator	1.0	\$70.98	49%	
Medical Director	EMS Medical Director	0.5	\$120.00	No benefits	PERS only
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner	EMS Specialist	1.0	\$57.66	49%	
Dispatch Supervisor					
Medical Planner	EMS Specialist	1.0	\$57.66	49%	
Data Evaluator/Analyst	Epidemiologist II	1.0	\$42.94	49%	
QA/QI Coordinator	EMS Specialist	1.0	\$57.66	49%	
Public Info. & Education Coordinator	EMS Specialist	1.0	\$57.66	49%	
Executive Secretary	Executive Assistant	1.0	\$30.49	49%	
Other Clerical	Administrative Assistant	1.0	\$28.15	49%	
Data Entry Clerk	Office Specialist III	1.0	\$24.82	49%	
Other	Senior Management Analyst	1.0	\$52.82	49%	

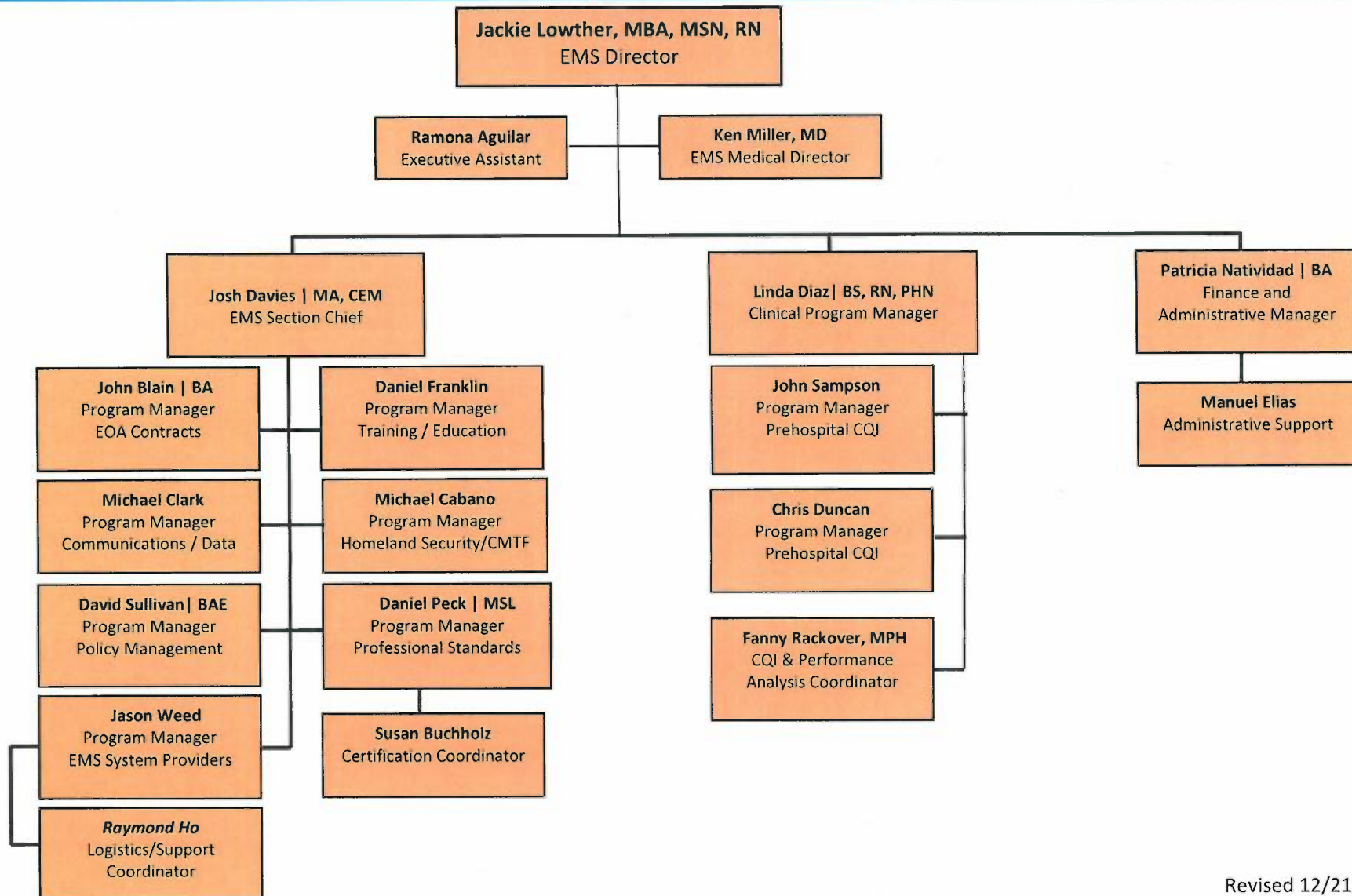
Santa Clara County Public Health Department

ORGANIZATIONAL CHART





County of Santa Clara Emergency Medical Services System *EMS AGENCY ORGANIZATION CHART*



Revised 12/21/15

TABLE 3: STAFFING/TRAINING

Reporting Year: 2015

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	2874			
Number newly certified this year	440			
Number recertified this year	630			
Total number of accredited personnel on July 1 of the reporting year			740	26
Number of certification reviews resulting in:				
a) formal investigations	70			
b) probation	4			
c) suspensions	0			
d) revocations	4			
e) denials	0			
f) denials of renewal	0			
g) no action taken	0			

1. Early defibrillation:

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

2874

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

0

2. Do you have an EMR training program

X yes ☐ no

*Santa Clara County had 2 approved EMR Training Programs, but did not offer EMR certification in 2015.

TABLE 4: COMMUNICATIONS

County: Santa Clara County

Reporting Year: 2015

1. Number of primary Public Service Answering Points (PSAPs) 13
2. Number of secondary PSAPs 3
3. Number of dispatch centers directly dispatching ambulances [2] Emergency
[9] Non-Emergency
4. Number of EMS dispatch agencies utilizing EMD guidelines 5
5. Number of designated dispatch centers for EMS Aircraft 2
6. Who is your primary dispatch agency for day-to-day emergencies? Santa Clara Co. Communications
7. Who is your primary dispatch agency for a disaster? Santa Clara Co. Communications
8. Do you have an operational area disaster communication system? ☒ Yes ☐ No
 - a. Radio primary frequency

Receive	PL	Transmit	PL
856.4375	192.8	811.4375	94.8
 - b. Other methods (interoperable frequency)

Receive	PL	Transmit	PL
852.5125	156.7	807.5125	131.8
 - c. Can all medical response units communicate on the same disaster communications system? ☒ Yes ☐ No
 - d. Do you participate in the Operational Area Satellite Information System (OASIS)? ☒ Yes ☐ No
 - e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?
 - 1) Within the operational area? ☒ Yes ☐ No
 - 2) Between operation area and the region and/or state? ☒ Yes ☐ No

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2015

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 23

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	07:59 min	09:59 min	11:59 min	N/A
Early defibrillation responder	07:59 min	09:59 min	11:59 min	N/A
Advanced life support responder	07:59 min	09:59 min	11:59 min	N/A
Transport Ambulance	11:59 min	16:59 min	21:59 min	N/A

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2015

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	7796
2. Number of major trauma victims transported directly to a trauma center by ambulance	5945
3. Number of major trauma patients transferred to a trauma center	666
4. Number of patients meeting triage criteria who weren't treated at a trauma center	unable to determine

Emergency Departments

Total number of emergency departments	11
1. Number of referral emergency services	0
2. Number of standby emergency services	0
3. Number of basic emergency services	10
4. Number of comprehensive emergency services	1

Receiving Hospitals

1. Number of receiving hospitals with written agreements	11
2. Number of base hospitals with written agreements	1

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: 2015

County: Santa Clara County

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Adjacent to incident locations as needed
 - b. How are they staffed? Public Safety Personnel and Medical Volunteers
 - c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No
2. CISD
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☒ Yes ☐ No
 - b. For each team, are they incorporated into your local response plan? ☒ Yes ☐ No
 - c. Are they available for statewide response? ☒ Yes ☐ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
 - b. At what HazMat level are they trained? Varies
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 15
3. Have you tested your MCI Plan this year in a:
 - a. real event? ☒ Yes ☐ No
 - b. exercise? ☒ Yes ☐ No

4. List all counties with which you have a written medical mutual aid agreement.
Santa Cruz County
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☐ Yes ☒ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? County Public Health Department
10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☐ Yes ☐ No

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara Provider: Bayshore Ambulance Response Zone: Santa Clara County

Address: PO Box 4622 Number of Ambulance Vehicles in Fleet: 7
Foster City, CA 94404

Phone Number: (650) 525-3855 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 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"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
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<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
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Transporting Agencies

875 Total number of responses
1 Number of emergency responses
874 Number of non-emergency responses

868 Total number of transports
1 Number of emergency transports
867 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara Provider: CALSTAR Response Zone: Santa Clara County

Address: 4933 Bailey Loop Number of Ambulance Vehicles in Fleet: 2
McClellan, CA 95652

Phone Number: (916) 921-4000 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<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 type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT	<input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara **Provider:** California Dept. of Forestry **Response Zone:** Santa Clara County

Address: 15670 Monterey Street **Number of Ambulance Vehicles in Fleet:** 0
Morgan Hill, CA 95037

Phone Number: (408) 779-2121 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT		
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" 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
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara Provider: Falck of Northern California Response Zone: Santa Clara County

Address: 2190 South McDowell Number of Ambulance Vehicles in Fleet: 7
Petaluma, CA 94954

Phone Number: (800) 344-9955 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	<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 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
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<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
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Transporting Agencies

3546 Total number of responses
2 Number of emergency responses
3544 Number of non-emergency responses

3522 Total number of transports
1 Number of emergency transports
3521 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8. Resource Directory

Reporting Year: 2015**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Santa Clara Provider: City of Gilroy Fire Department Response Zone: Santa Clara CountyAddress: 7070 Chestnut Street Number of Ambulance Vehicles in Fleet: 1
Gilroy, CA 95020Phone Number: (408) 848-0385 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 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 checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<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
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Transporting Agencies

1953 Total number of responses
1936 Number of emergency responses
17 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara Provider: City of Milpitas Response Zone: Santa Clara County

Address: 777 Main Street Number of Ambulance Vehicles in Fleet: 0
Milpitas, CA 95035

Phone Number: (408) 568-2824 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<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 type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT		
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<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
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara Provider: City of Mountain View Fire Dept. Response Zone: Santa Clara County

Address: 1000 Villa Street Number of Ambulance Vehicles in Fleet: 0
Mountain View, CA 94040

Phone Number: (650) 903-6804 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<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 type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT		
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<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
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara Provider: NASA Ames Fire Department Response Zone: Moffett Field

Address: 129th Air National Guard, Bldg 580 Number of Ambulance Vehicles in Fleet: 0
Moffett Field, CA 94035-1000

Phone Number: (650) 604-5416 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 type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input checked="" 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
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara Provider: NORCAL Ambulance Response Zone: Santa Clara County

Address: 6761 Sierra Ct. Number of Ambulance Vehicles in Fleet: 4
Dublin, CA 94568

Phone Number: (866) 755-3400 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport X BLS X 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS X CCT <input type="checkbox"/> Water X IFT	
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<u>Ownership:</u> <input type="checkbox"/> Public X 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
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Transporting Agencies

<u>91</u> Total number of responses	<u>86</u> Total number of transports
<u>0</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>91</u> Number of non-emergency responses	<u>86</u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara **Provider:** City of Palo Alto Fire Department **Response Zone:** Santa Clara County

Address: 250 Hamilton Avenue **Number of Ambulance Vehicles in Fleet:** 4
Palo Alto, CA 94306

Phone Number: (650) 329-2220 **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 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 checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<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
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Transporting Agencies

4068 Total number of responses
3966 Number of emergency responses
102 Number of non-emergency responses

3704 Total number of transports
3602 Number of emergency transports
102 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara Provider: Pro-Transport 1 Response Zone: Santa Clara county

Address: 720 Portal Street Number of Ambulance Vehicles in Fleet: 29
Cotati, CA 94931

Phone Number: (800) 650-4003 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 21

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u> X Transport X ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport X BLS X 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS X CCT <input type="checkbox"/> Water X IFT	
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<u>Ownership:</u> <input type="checkbox"/> Public X 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
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Transporting Agencies

<u>14451</u> Total number of responses	<u>13756</u> Total number of transports
<u>17</u> Number of emergency responses	<u>12</u> Number of emergency transports
<u>14434</u> Number of non-emergency responses	<u>13744</u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara Provider: Reach Air Ambulance Response Zone: Santa Clara County

Address: 451 Aviation Blvd., Ste. 101 Number of Ambulance Vehicles in Fleet: 1
Santa Rosa, CA 95403

Phone Number: (408) 730-7133 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<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"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input 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 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
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Transporting Agencies

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

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

Air Ambulance Services

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: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara Provider: Rural Metro- 9-1-1 Response Zone: Santa Clara County

Address: 1345 Vander Way Number of Ambulance Vehicles in Fleet: 55
San Jose, CA 95112

Phone Number: (408) 645-7312 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 30

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			X Transport	X ALS	X 9-1-1	X Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public X 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
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Transporting Agencies

118343 Total number of responses
110056 Number of emergency responses
8287 Number of non-emergency responses

78045 Total number of transports
34651 Number of emergency transports
43394 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara Provider: Rural Metro IFT Response Zone: Santa Clara County

Address: 55 Sycamore Number of Ambulance Vehicles in Fleet: 36
Milpitas, CA 95035

Phone Number: (408) 708-9000 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 15

<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 type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
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<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
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Transporting Agencies

4653 Total number of responses
2 Number of emergency responses
4651 Number of non-emergency responses

4519 Total number of transports
1 Number of emergency transports
4518 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara Provider: Royal Ambulance Response Zone: Santa Clara County

Address: 14676 Doolittle Drive Number of Ambulance Vehicles in Fleet: 15
San Leandro, CA 94577

Phone Number: (510) 568-6161 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 10

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport X BLS X 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS X CCT <input type="checkbox"/> Water X IFT
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<u>Ownership:</u> <input type="checkbox"/> Public X 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
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Transporting Agencies

10102 Total number of responses
15 Number of emergency responses
10087 Number of non-emergency responses

9512 Total number of transports
11 Number of emergency transports
9501 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara Provider: City of San Jose Fire Department Response Zone: Santa Clara County

Address: 255 North Montgomery Street Number of Ambulance Vehicles in Fleet: 5
San Jose, CA 95128

Phone Number: (408) 277-4084 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			X Transport	X ALS	X 9-1-1	X Ground
			X Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> X Public <input type="checkbox"/> Private	<u>If Public:</u> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> X 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
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Transporting Agencies

<u>59875</u>	Total number of responses	<u>5</u>	Total number of transports
<u>49912</u>	Number of emergency responses	<u>5</u>	Number of emergency transports
<u>9963</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara Provider: Santa Clara Co. Fire Department Response Zone: Santa Clara County

Address: 14700 Winchester Blvd Number of Ambulance Vehicles in Fleet: 0
Los Gatos, CA 95030-1818

Phone Number: (408) 378-4010 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<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 type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1
			<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT
					<input type="checkbox"/> IFT
					<input checked="" type="checkbox"/> Ground
					<input type="checkbox"/> Air
					<input type="checkbox"/> Water

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input 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
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: Santa Clara Provider: City of Santa Clara Fire Department Response Zone: Santa Clara CountyAddress: 777 Benton Street Number of Ambulance Vehicles in Fleet: 4
Santa Clara, CA 95050Phone Number: (408) 984-3054 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<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 checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<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
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Transporting Agencies

<u>1679</u>	Total number of responses	<u>3</u>	Total number of transports
<u>1647</u>	Number of emergency responses	<u>3</u>	Number of emergency transports
<u>32</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara **Provider:** Santa Clara Co. Parks Department **Response Zone:** Santa Clara County

Address: 298 Garden Hill Drive **Number of Ambulance Vehicles in Fleet:** 0
Los Gatos, CA 95032

Phone Number: (408) 358-3741 **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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Parks Dept.	<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
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara **Provider:** County of Santa Clara Sheriff's Ofc **Response Zone:** Unincorporated Santa Clara County

Address: 55 West Younger Avenue **Number of Ambulance Vehicles in Fleet:** 0
San Jose, CA 95110

Phone Number: (800) 211-2220 **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 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"/> Non-Transport	<input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> IFT
				<input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT
				<input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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 checked="" type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara Provider: City of San Jose City Parks Response Zone: City San Jose

Address: 1300 Senter Road Number of Ambulance Vehicles in Fleet: 0
San Jose, CA 95112-3623

Phone Number: (408) 277-5531 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Parks Dept.	<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
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara Provider: Silicon Valley Ambulance Response Zone: Santa Clara County

Address: 181 Martinvale Lane Number of Ambulance Vehicles in Fleet: 9
San Jose, CA 95119

Phone Number: (408) 225-2212 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	<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 checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <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

6403 Total number of responses
26 Number of emergency responses
6377 Number of non-emergency responses

6301 Total number of transports
8 Number of emergency transports
6293 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara **Provider:** Spring Valley Vol. FD **Response Zone:** Unincorporated Santa Clara County

Address: 4350 Felter Road **Number of Ambulance Vehicles in Fleet:** 0
Milpitas, CA 95035

Phone Number: (408) 228-3997 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> 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
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara Provider: Stanford Life Flight Response Zone: Santa Clara County

Address: 300 Pasteur Drive Number of Ambulance Vehicles in Fleet: 1
Stanford, CA 94305

Phone Number: (605) 725-4829 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes X No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u> X Transport X ALS X 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS X 7-Digit X Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> <input type="checkbox"/> Public X 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> X Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue X Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara Provider: City of Sunnyvale Dept. Public Safety Response Zone: City of Sunnyvale

Address: 7000 All American Parkway Number of Ambulance Vehicles in Fleet: 0
Sunnyvale, CA 94088-3707

Phone Number: (408) 730-7133 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS X 9-1-1 X Ground X Non-Transport X BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<u>Ownership:</u> X Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law X Other Explain: Dept. Public Safety	<u>If Public:</u> X 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
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Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara Provider: United Ambulance Response Zone: Santa Clara County

Address: 1181 Chess Drive Number of Ambulance Vehicles in Fleet: 2
Foster City, CA 94404

Phone Number: (855) 525-1277 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 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 checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <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

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
32 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2015

Response/Transportation/Providers

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

County: Santa Clara **Provider:** Westmed Ambulance **Response Zone:** Santa Clara County

Address: 14275 Wicks Blvd. **Number of Ambulance Vehicles in Fleet:** 28
San Leandro CA. 94577

Phone Number: (510) 614-1420 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 22

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u> X Transport X ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport X BLS X 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS X CCT <input type="checkbox"/> Water X IFT	
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<u>Ownership:</u> <input type="checkbox"/> Public X 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
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Transporting Agencies

13375 Total number of responses
127 Number of emergency responses
13248 Number of non-emergency responses

12752 Total number of transports
81 Number of emergency transports
12671 Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 9: FACILITIES

County: Santa Clara County

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

Facility: El Camino Mountain View
 Address: 2500 Grant Road
Mountain View, CA 94040

Telephone Number: 650-940-7385

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

Pediatric Critical Care Center¹ EDAP² PICU³	<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	<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 III	<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<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
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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*

**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:

Santa Clara County

Area or subarea (Zone) Name or Title:

County of Santa Clara

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

1. Rural/Metro of California, started service on July 1, 2011.
2. Purchased by American Medical Response October 22, 2015.

Area or subarea (Zone) Geographic Description:

All areas of Santa Clara County excluding the Palo Alto zone.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include

type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance Services, 9-1-1 Emergency Response, 7-Digit Emergency Response, Standby Service with Transport Authorization, and ALS Ambulance.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The County conducted a competitive process by publishing a Request for Proposals (RFP) for Advanced Life Support Emergency Ambulance Service on April 16, 2010. Rural/Metro of California, Inc. was selected as the preferred contractor on December 14, 2010, and entered into an agreement for advanced life support emergency ambulance services that became effective July 1, 2011 through June 30, 2016; was subsequently amended; and was extended for 3 years to June 30, 2019.

On October 30, 2017, the County submitted to the EMS Authority a draft Request for Proposals for Advanced Life Support Emergency Ambulance Service in the County's exclusive operating area. The County met with the EMS Authority on November 17, 2017 to review the draft RFP and had a conference call on January 31, 2018 to review the recommendations from the EMS Authority and discuss changes requested by the EMS Authority. On February 12, 2018, the EMS Authority issued a letter to the County, approving of its Request for Proposal (RFP) #HHS-FY18-0069.

On February 12, 2018 the RFP was released on www.bidsyc.com

Upon completion of the competitive process, a final Ambulance Zone Summary and a copy of the fully executed contract will be submitted to the EMS Authority.

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.

<p>Local EMS Agency or County Name: Santa Clara County</p>
<p>Area or subarea (Zone) Name or Title: Palo Alto</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Palo Alto Fire Department, providing service since 1975.</p>
<p>Area or subarea (Zone) Geographic Description: City limits of City of Palo Alto and adjacent unincorporated area including Stanford University.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive, pursuant to California Health & Safety Code Section 1797.224.</p>
<p>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 (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Emergency Ambulance, 9-1-1 Emergency Response</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> The City of Palo Alto, through its fire department, began providing emergency ambulance service within the city limits of the City of Palo Alto and adjacent unincorporated areas, including Stanford University, in 1975. That service has been provided continuously by the Palo Alto Fire Department since 1975, without a change in scope or manner of service to the zone.</p>

TABLE 9: FACILITIES

County: Santa Clara County

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

Facility: Good Samaritan Hospital Telephone Number: 408-559-2011
 Address: 2425 Samaritan Drive
San Jose, CA 95124

<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
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Pediatric Critical Care Center¹ EDAP² PICU³	<div style="display: flex; justify-content: space-between;"> <div> <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> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div>
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<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
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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: Santa Clara County

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

Facility: Kaiser Santa Clara
 Address: 700 Lawrence Expy
Santa Clara, CA 95051

Telephone Number: 408-851-5460

<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
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Pediatric Critical Care Center¹ EDAP² PICU³	<div style="display: flex; justify-content: space-between;"> <div> <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> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div>
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<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
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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: Santa Clara County

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

Facility: El Camino of Los Gatos
 Address: 815 Pollard Road
Los Gatos, CA 95032

Telephone Number: 408-866-4040

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center¹ EDAP² PICU³		<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		<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 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: Santa Clara County

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

Facility: Lucille Packard Childrens Hospital
 Address: 725 Welch Rd
Palo Alto, CA 94304

Telephone Number: 650-723-0592

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input 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 checked="" type="checkbox"/> Yes <input 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 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: Santa Clara County

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

Facility: O'Connor Hospital Telephone Number: 408-947-3999
 Address: 2105 Forest Ave
San Jose, CA 95128

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

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

Facility: Palo Alto VA
 Address: 3801 Miranda Ave
Palo Alto, CA 94304

Telephone Number: 650-849-0221

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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
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<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
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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: Santa Clara County

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

Facility: Regional Medical Center
 Address: 225 N Jackson Ave
San Jose, CA 95116

Telephone Number: 408-259-5000

<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" 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: Santa Clara County

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

Facility: Saint Louise Hospital
 Address: 9400 No Name Uno
Gilroy, CA 95020

Telephone Number: 408-848-8680

<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 checked="" type="checkbox"/> Yes <input 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 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: Santa Clara County

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

Facility: Kaiser San Jose
 Address: 250 Hospital Pkwy
San Jose, CA 95119

Telephone Number: 408-972-7634

<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
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Pediatric Critical Care Center¹ EDAP² PICU³	<div style="display: flex; justify-content: space-between;"> <div> <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> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div>
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<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
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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: Santa Clara County

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

Facility: Stanford Medical Center Telephone Number: 650-723-7337
 Address: Pasteur Drive
Stanford, Ca 94305

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

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

Facility: Valley Medical Center
 Address: 751 S Bascom Ave
San Jose, CA 95128

Telephone Number: 408-885-6912

<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---	---

Pediatric Critical Care Center¹ EDAP² PICU³	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 checked="" type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div>
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<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
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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: Santa Clara

Reporting Year: 2015

Training Institution: <u>Foothill Community College</u>		Telephone Number: <u>650-949-6955</u>	
Address: <u>4000 Middlefield Rd. Suite I</u>			
<u>Palo Alto, CA 94303</u>			
Student Eligibility*: <u>Open to Public</u>	Cost of Program:	**Program Level <u>EMR</u>	
	Basic: <u>400</u>	Number of students completing training for 2015:	
	Refresher: <u> </u>	Initial training:	<u>120</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>1/31/20</u>
		Number of courses:	
		Initial training:	<u>6</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.

Training Institution: <u>Foothill Community College</u>		Telephone Number: <u>650-949-6955</u>	
Address: <u>4000 Middlefield Rd. Suite I</u>			
<u>Palo Alto, CA 94303</u>			
Student Eligibility*: <u>Open to Public</u>	Cost of Program:	**Program Level <u>EMT-I</u>	
	Basic: <u>700</u>	Number of students completing training for 2015:	
	Refresher: <u>100</u>	Initial training:	<u>170</u>
		Refresher:	<u>60</u>
		Continuing Education:	<u>60</u>
		Expiration Date:	<u>1/31/20</u>
		Number of courses:	
		Initial training:	<u>6</u>
		Refresher:	<u>3</u>
		Continuing Education:	<u>3</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>Foothill Community College</u>		Telephone Number: <u>650-949-6955</u>	
Address: <u>4000 Middlefield Rd. Suite I</u>			
<u>Palo Alto, CA 94303</u>			
Student Eligibility*: <u>Open to Public</u>	Cost of Program:	**Program Level <u>EMT - P</u>	
	Basic: <u>7,000</u>	Number of students completing training for 2015:	
	Refresher: _____	Initial training:	<u>60</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>1/31/20</u>
		Number of courses:	
		Initial training:	<u>2</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.

Training Institution: <u>Mission College</u>		Telephone Number: <u>408-855-5387</u>	
Address: _____			

Student Eligibility*: <u>Open to Public</u>	Cost of Program:	**Program Level <u>EMT-I</u>	
	Basic: <u>500</u>	Number of students completing training for 2015:	
	Refresher: <u>200</u>	Initial training:	<u>160</u>
		Refresher:	<u>30</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>7/31/17</u>
		Number of courses:	
		Initial training:	<u>6</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.

Training Institution:	<u>National University</u>		Telephone Number:	<u>800-432-3483</u>
Address:	<u>3031 Tisch Way</u>			
	<u>San Jose, CA 95128</u>			
Student Eligibility*:	<u>Open to Public</u>	**Program Level	<u>EMT-I</u>	
	Cost of Program:			
	Basic:	<u>\$1,467</u>	Number of students completing training for 2015:	
	Refresher:	<u>\$400</u>	Initial training:	<u>28</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>10/15/16</u>
			Number of courses:	
			Initial training:	<u>4</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.

Training Institution:	<u>San Jose City College</u>		Telephone Number:	<u>(408) 298-2181</u>
Address:	<u>2100 Moorpark Ave</u>			<u>Ex 3134</u>
	<u>San Jose, CA 95128</u>			
Student Eligibility*:	<u>Open to Public</u>	**Program Level	<u>EMT-I</u>	
	Cost of Program:			
	Basic:	<u>\$600</u>	Number of students completing training for 2015:	
	Refresher:	<u>\$ 45</u>	Initial training:	<u>65</u>
			Refresher:	<u>15</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>1/31/17</u>
			Number of courses:	
			Initial training:	<u>12</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: Silicon Valley Ambulance - EMT Academy Telephone Number: 408-855-5387
 Address: 181 Martinvale Lane
San Jose CA, 95119

Student Eligibility*: Open to Public **Program Level EMT-I
 Cost of Program:
 Basic: 2,500
 Refresher: 500
 Number of students completing training for 2015:
 Initial training: 20
 Refresher: 5
 Continuing Education: 104
 Expiration Date: 12/31/17
 Number of courses:
 Initial training: 2
 Refresher: 4
 Continuing Education: 7

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution: South Bay Regional Public Safety Training Consortium Telephone Number: (408)270-6458
 Address: 3095 Yerba Buena Road
San Jose, CA 95135

Student Eligibility*: Open to Public **Program Level EMT-I
 Cost of Program:
 Basic: \$1,200
 Refresher: \$ 140
 Number of students completing training for 2015:
 Initial training: 33
 Refresher: 0
 Continuing Education: 0
 Expiration Date: 3/30/19
 Number of courses:
 Initial training: 2
 Refresher: 0
 Continuing Education: 0

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:	<u>Stanford University</u>		Telephone Number:	<u>650-723-6576</u>
Address:	<u>300 Pasteur Drive, Alway Building M121 MC5119</u>			
	<u>Stanford, CA 94305-2200</u>			
Student Eligibility*:	<u>restricted</u>	**Program Level	<u>EMT-I</u>	
	Cost of Program:			
	Basic:	<u>Tuition</u>	Number of students completing training for 2015:	
	Refresher:	<u>Tuition</u>	Initial training:	<u>27</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>2/28/18</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.

Training Institution:	<u>WestMed College</u>		Telephone Number:	<u>408-236-1170</u>
Address:	<u>3031 Tisch Way</u>			
	<u>San Jose, CA 95028</u>			
Student Eligibility*:	<u>Open to Public</u>	**Program Level	<u>EMT - P</u>	
	Cost of Program:			
	Basic:	<u>19,000</u>	Number of students completing training for 2015:	
	Refresher:	<u>385</u>	Initial training:	<u>27</u>
			Refresher:	<u>34</u>
			Continuing Education:	<u>34</u>
			Expiration Date:	<u>7/31/19</u>
		Number of courses:		
		Initial training:	<u>2</u>	
		Refresher:	<u>1</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 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

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

Name:	Bayshore Ambulance		Primary Contact:	David Bockholt	
Address:	PO Box 4622				
	Foster City, CA 94404				
Telephone Number:	650.525.3855				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D	_____ ALS
			_____ BLS	_____ LALS	<u>5</u> Other
Ownership:		If Public:			
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: _____			

Name:	CALSTAR		Primary Contact:	Larissa Bradford	
Address:	4933 Bailey Loop				
	McClellan CA. 95652				
Telephone Number:	916.921.4000				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	_____ EMD Training	_____ EMT-D	_____ ALS
			_____ BLS	_____ LALS	<u>5</u> Other
Ownership:		If Public:			
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: _____			

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

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

Name:	California Department of Forestry		Primary Contact:	James Crawford	
Address:	Morgan Hill - ECC				
	15670 Monterey Street				
	Morgan Hill, CA 95037				
Telephone Number:	408.779.2121				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		_____ EMD Training _____ BLS	_____ EMT-D _____ LALS	_____ ALS _____ Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" 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:	City of Campbell Police Department		Primary Contact:	Communications Supervisor	
Address:	70 North First Street				
	Campbell, CA 95008				
Telephone Number:	408.866.2121				
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		_____ EMD Training _____ BLS	_____ EMT-D _____ LALS	_____ 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 type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____			

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2014

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

Name:	<u>City of Gilroy Police Department</u>		Primary Contact:	<u>Communications Manager</u>	
Address:	<u>7370 Rosanna Street</u>				
	<u>Gilroy, CA 95020</u>				
Telephone Number:	<u>408.848.0329</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u>11</u> Other
Ownership:	If Public:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire		<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: <u> </u>				

Name:	<u>City of Los Altos Police Department</u>		Primary Contact:	<u>Communications Manager</u>	
Address:	<u>One North San Antonio Road</u>				
	<u>Los Altos, CA 94022</u>				
Telephone Number:	<u>650.948.8223</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	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u>7</u> Other
Ownership:	If Public:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire		<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: <u> </u>				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

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

Name:	<u>Town of Los Gatos Police Department</u>		Primary Contact:	<u>Communications Manager</u>	
Address:	<u>One North San Antonio Road</u>				
	<u>Los Altos, CA 94022</u>				
Telephone Number:	<u>650.948.8223</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	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> 8 </u> 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 type="checkbox"/> Fire				
	<input checked="" type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u> </u>				

Name:	<u>Mid-Peninsula Regional Open Space District</u>		Primary Contact:	<u>Operations Manager</u>	
Address:	<u>330 Distel Circle</u>				
	<u>Los Altos, CA 94022</u>				
Telephone Number:	<u>650.691.1200</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	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> 12 </u> Other
Ownership:	If Public:		If Public: <input 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 type="checkbox"/> Fire				
	<input type="checkbox"/> Law				
	<input checked="" type="checkbox"/> Other		<input checked="" type="checkbox"/> Special District		
	Explain: <u> </u>				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

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

Name:	<u>City of Milpitas Police Department</u>		Primary Contact:	<u>Communications Manager</u>	
Address:	<u>777 Main Street</u>				
	<u>Milpitas, CA 95035</u>				
Telephone Number:	<u>408.586.2405</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u>16</u> 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 checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u> </u>			

Name:	<u>City of Morgan Hill Police Department</u>		Primary Contact:	<u>Communications Manager</u>	
Address:	<u>17605 Peak Avenue</u>				
	<u>Morgan Hill, CA 95037</u>				
Telephone Number:	<u>408.776.7304</u>				
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u>8</u> 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 type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: <u> </u>			

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

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

Name:	<u>City of Mountain View Police Department</u>		Primary Contact:	<u>Communications Manager</u>	
Address:	<u>1000 Villa Street</u>				
	<u>Mountain View, CA 94040</u>				
Telephone Number:	<u>650.903.6804</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>4</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u>11</u> Other
Ownership:	If Public:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire		<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: <u> </u>				

Name:	<u>NASA-Ames Protective Services (Wackenhut)</u>		Primary Contact:	<u>Communications Manager</u>	
Address:	<u>Building 15; Mail Stop 15-1</u>				
	<u>Moffett Field, CA 94035</u>				
Telephone Number:	<u>650.604.5416</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	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u>10</u> Other
Ownership:	If Public:		If Public:		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire		<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u> </u>				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

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

Name:	<u>NORCAL Ambulance, Inc.</u>	Primary Contact: <u>Barry Sutherland</u>
Address:	<u>6761 Sierra Court, Suite G</u> <u>Dublin, CA 94568</u>	
Telephone Number:	<u>925.452.8300</u>	
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster Number of Personnel Providing Services: <div style="display: flex; justify-content: space-between;"> <div> <u> </u> EMD Training <u> </u> BLS </div> <div> <u> </u> EMT-D <u> </u> LALS </div> <div> <u> 15 </u> ALS <u> </u> Other </div> </div>
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name:	<u>City of Palo Alto Police Department</u>	Primary Contact: <u>Communications Manager</u>
Address:	<u>275 Forest Avenue</u> <u>Palo Alto, CA 94301</u>	
Telephone Number:	<u>650.903.6804</u>	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster Number of Personnel Providing Services: <div style="display: flex; justify-content: space-between;"> <div> <u> 22 </u> EMD Training <u> </u> BLS </div> <div> <u> </u> EMT-D <u> </u> LALS </div> <div> <u> </u> ALS <u> </u> Other </div> </div>
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

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

Name:	<u>Pro-Transport-1, Inc.</u>		Primary Contact:	<u>Dan Bobier</u>	
Address:	<u>940 Commercial Avenue</u>				
	<u>Palo Alto, CA 94303</u>				
Telephone Number:	<u>800.650.4003</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u>24</u> Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire				
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u> </u>				

Name:	<u>Royal Ambulance, Inc.</u>		Primary Contact:	<u>Nik Bachler</u>	
Address:	<u>14472 Wicks Boulevard</u>				
	<u>San Leandro, CA 94577</u>				
Telephone Number:	<u>510.568.6161</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u>15</u> Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire				
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u> </u>				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

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

Name:	<u>Rural/Metro Ambulance of California, Inc.</u>		Primary Contact:	<u>Mathew Lane</u>	
Address:	<u>550 Sycamore Drive</u>				
	<u>Milpitas, CA 95035</u>				
Telephone Number:	<u>408.645.7310</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u>22</u> Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire				
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u> </u>				

Name:	<u>City of San Jose Fire Department</u>		Primary Contact:	<u>Communications Manager</u>	
Address:	<u>855 North San Pedro Street</u>				
	<u>San Jose, CA 95110</u>				
Telephone Number:	<u>408.277.5486</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>36</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> 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: <u> </u>				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

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

Name:	<u>City of Santa Clara Police Department</u>		Primary Contact:	<u>Communications Manager</u>	
Address:	<u>777 Benton Street</u>				
	<u>Santa Clara, CA 95030</u>				
Telephone Number:	<u>408.615.5580</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>18</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire		<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: <u> </u>				

Name:	<u>County of Santa Clara Communications Department</u>		Primary Contact:	<u>Chief Dispatcher</u>	
Address:	<u>2700 Carol Drive</u>				
	<u>San Jose, CA 95125</u>				
Telephone Number:	<u>408.299.3151</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>89</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u>13</u> Other
Ownership:	If Public:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire		<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"/> Law				
	<input checked="" type="checkbox"/> Other				
	Explain: <u> </u>				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

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

Name:	<u>Silicon Valley Ambulance</u>		Primary Contact:	<u>Randy Hooks</u>	
Address:	<u>181 Martinvale Lane</u>				
	<u>San Jose, CA 95119</u>				
Telephone Number:	<u>877.778.4911</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u>4</u> Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/>		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire		Federal		
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u> </u>				

Name:	<u>Stanford Life Flight</u>		Primary Contact:	<u>Michael Baulch</u>	
Address:	<u>300 Pasteur Drive</u>				
	<u>Stanford, CA 94305</u>				
Telephone Number:	<u>650.497.8674</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u>4</u> Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire				
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u> </u>				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

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

Name:	<u>City of Sunnyvale Department of Public Safety</u>		Primary Contact:	<u>Communications Manager</u>	
Address:	<u>PO Box 3707</u>				
	<u>Sunnyvale, CA 94088</u>				
Telephone Number:	<u>408.730.7162</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>20</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> 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 checked="" type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u> </u>				

Name:	<u>Westmed Ambulance, Inc.</u>		Primary Contact:	<u>Coleen Seymour</u>	
Address:	<u>14275 Wicks Boulevard</u>				
	<u>San Leandro, CA 94577</u>				
Telephone Number:	<u>888.331.1420</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u>30</u> Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire				
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u> </u>				

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Santa Clara

Reporting Year: 2015

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

Name:	<u>United Ambulance Service</u>		Primary Contact:	<u>Chris Moessmer</u>	
Address:	<u>1181 Chess Drive, Suite E</u>				
	<u>Foster City, CA 94404</u>				
Telephone Number:	<u>(855) 525-1295</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> 3 </u> Other
Ownership:		If Public:			
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: <u> </u>			

Name:	<u>Falk Northern California</u>		Primary Contact:	<u>Brian Hubbell</u>	
Address:	<u>2190 South McDowell Blvd</u>				
	<u>Petaluma, CA 94954</u>				
Telephone Number:	<u>(800) 344-9955</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> 12 </u> Other
Ownership:		If Public:			
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: <u> </u>			