EMERGENCY MEDICAL SERVICES AUTHORITY

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



July 23, 2018

Mr. Andrew Parr, EMS Administrator San Diego County EMS Agency 6255 Mission Gorge Road San Diego, CA 92120

Dear Mr. Parr:

This letter is in response to San Diego County's 2017 EMS Plan Update submission to the EMS Authority on February 26, 2018.

I. Introduction and Summary:

The EMS Authority has concluded its review of San Diego County's 2017 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

San Diego County received its last full plan approval for its 2005 plan submission, and its last annual plan update for its 2013 plan submission.

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

- 1997-1999
- 2007
- 2002
- 2009
- 2004
- 2011
- 2005
- 2013

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".

Mr. Andrew Parr, EMS Administrator July 23, 2018 Page 2 of 3

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 San Diego County's 2017 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

		Not	
Appr A.		Approved	System Organization and Management
В.	\boxtimes		Staffing/Training
C.	\boxtimes		Communications
D.	\boxtimes		Response/Transportation
			Ambulance Zones
			 Based on the documentation provided by San Diego County, please find enclosed the EMS Authority's determination of the exclusivity of San Diego County's ambulance zones.
E.	\boxtimes		Facilities/Critical Care
F.	\boxtimes		Data Collection/System Evaluation
			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, 28 Local EMS Agencies are submitting EMS data. Our records indicate San Diego County is not submitting EMS

Mr. Andrew Parr, EMS Administrator July 23, 2018 Page 3 of 3

data at this time. The EMS Authority recognizes San Diego County's determination to complete testing to begin submission of data. The EMS Authority looks forward to the future submission of data into CEMSIS.

G.

Public Information and Education

H. ⊠ □ <u>Disaster Medical Response</u>

IV. Conclusion:

Based on the information identified, San Diego County's 2017 EMS Plan Update is approved.

Pursuant to HSC § 1797.105(b):

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

V. Next Steps:

San Diego County's next annual EMS Plan Update will be due on or before July 31, 2019. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely

Tom McGinnis, EMT-P

Chief, EMS Systems Division

Enclosure

ZONE		E	KCLUSIVITY		TYPE						L	EVEL					
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	IALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All ALS Ambulance Services (includes emergency and IFT)	All CCT/ALS Ambulance Services	BLS IFT	BLS Non-Emergency	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Borrego Springs		Х	Non-Competitive	X				X		Х							
City of Carlsbad		X	Non-Competitive	Х				X		Х							1
City of Chula Vista		Х	Non-Competitive	X				X		X							
City of Coronado		Х	Non-Competitive	X				Х		Х						9:	
City of El Cajon		Х	Non-Competitive	X				Х		Х							
City of Escondido		Х	Non-Competitive	Х			14	Х		Х							N
Grossmont Hospital District Zone 1 - Suburban		х	Non-Competitive	х				X		X							
Grossmont Hospital District Zone 2 – Rural and Otay Mesa		X	Competitive	x				X		x				40	14 14		-5
Julian-Cuyamaca		Х	Competitive	X				X		X							
National City	X																
North County FPD		Х	Non-Competitive	X				X		X							
Ramona Municipal Water District		X	Non-Competitive	X.				x									
City of Oceanside		Х	Non-Competitive	X				X		X							
Octotillo Wells (formerly Desert)	x							41									
City of Poway		Х	Non-Competitive	X				Х	A.	X			-				
City of San Diego		X	Competitive	Х				X		X	3						
City of San Marcos		Х	Competitive	X				X		Х							
Valley Center		X	Competitive	X			2	X		Х	<u> </u>						
City of Vista		X	Non-Competitive	Х				X		Х		-					
CSA #17		X	Competitive	Х				X		Х							
CSA #69		X	Non-Competitive	X				X		X						1	

2017 San Diego EMS Transportation Plan Approved

Barona Indian Reservation	Exempt							
Pala Indian Reservation	Exempt							*-
Rincon Indian Reservation	Exempt							
Sycuan Indian Reservation	Exempt							
Viejas Indian Reservation	Exempt	4						



NICK MACCHIONE, FACHE AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

NICK YPHANTIDES, MD, MPH CHIEF MEDICAL OFFICER

EMERGENCY MEDICAL SERVICES
6255 MISSION GORGE ROAD, MAIL STOP S-555
SAN DIEGO, CA 92120-3599
(619) 285-6429 · FAX (619) 285-6531

February 23, 2018

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

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES (EMS) PLAN UPDATE

Dear Dr. Backer:

In accordance with California Health and Safety Code §1797.254 and §1797.258, San Diego County's Local EMS Agency (LEMSA), the County of San Diego Health and Human Services Agency, submits the FY 2016-2017 EMS Plan Update for the EMS Authority's review.

San Diego's EMS system remains robust and effective, while continuously aiming for improvement of services in the form of quality, timely, and evidence-based emergency medical care to our community.

Thank you for the hard work and multiple efforts your agency makes on a regular basis to assist our staff in advancing our goals. Should you or anyone in your agency have any questions regarding the attached plan update, please contact me at (619) 285-6524 or email andrew.parr@sdcounty.ca.gov.

Sincerely,

Andy Parr, EMS Administrator

County of San Diego Emergency Medical Services

AP:jk Attachments

cc: Tom McGinnis, Chief, EMSA EMS Systems Division

County of San Diego Emergency Medical Services (EMS) Fiscal Year 2016-2017 EMS Plan Update Executive Summary

Overview

Serving one of the largest and most geographically diverse counties in California, San Diego County's Local EMS Agency (LEMSA), the County of San Diego Health and Human Services Agency, supports the provision of quality, timely, and evidence-based emergency medical services to San Diego County's 3.3 million residents, as well as visitors to our region. Emergency Medical Services (EMS) are provided in our 25 ground ambulance service areas, via agencies that include cities, fire districts, federal agencies, tribal organizations, a water district, and two County Service Areas (CSAs). Additional response by private providers, including two air ambulance service operators, presents our mature and complex EMS system with both challenges and enormous potential. Our goal during this period was to lay the foundation to maximize the performance of our local EMS system through new leadership, new technology, and new systems organization as described below.

Leadership

The Fiscal Year 2016-2017 reporting period was marked by substantial changes to the leadership of our LEMSA. A new EMS Administrator, Andrew Parr, was appointed in February, 2017. This position, formerly referred to as the Chief of EMS, now reports directly to the Chief Medical Officer of the newly formed Medical Care Services Division of the County of San Diego's Health and Human Services Agency. Mr. Parr brings a wealth of EMS experience to the position, having recently retired as the Fire Chief of a local agency that has provided EMS and paramedic services to one of the County Service Areas for over 40 years.

Another leadership change occurred in the position of EMS Medical Director. Dr. Kristi Koenig, MD, FACEP, FIFEM, FAEMS now serves in this position, having been appointed in November, 2016. She brings to the role a vast and varied background in emergency medicine, including extensive service on California's EMS Commission. Mr. Parr and Dr. Koenig have developed a strong working relationship and their combined leadership has left our LEMSA well-positioned to meet the current and future EMS needs of the San Diego region.

Technology

During the period of this plan, our LEMSA's most significant quality improvement project was the implementation of a system-wide EMS data collection and records management system, known locally as the County of San Diego Local Emergency Medical Services Information System, or CoSD LEMSIS. Using the ImageTrend platform, our LEMSA has successfully implemented an entirely electronic (and largely online) process for credentialing of personnel, permitting of ambulances, and collection of patient care data. This robust system promises to expand our quality improvement/quality assurance capabilities and we continue to reach out to providers and encourage them to leverage this system and join us in unifying our data gathering processes. Implementation of CoSD LEMSIS continues in the upcoming fiscal year, including implementing strategies to overcome challenges with producing targeted data reports.

An additional technology improvement involves the collection of offload times for our Advanced Life Support (ALS) ambulances. Partnering with a response time data monitoring service, our LEMSA has incorporated a "Transfer of Care" module, independent of CoSD LEMSIS, that tracks when a patient care is turned over to Emergency Department staff. The responsibility for using an application to mark this transfer time is shared between the hospital and the EMS provider, as both parties have a stake in reducing offload times. In addition to the required reporting of this data to EMSA, our goal is that analysis of the information will assist the entire system in our effort to reduce "wall times."

Systems Organization

Our LEMSA has also begun the process to explore realignment of EMS service delivery in San Diego County's backcountry areas. This vast area of land, nearly half the geographic size of the county, has had a relatively unchanged EMS service delivery system for over 25 years, despite changes to population patterns and service needs. During this plan period, a study was completed with the goal of improving EMS service delivery in this area. Recommendations were approved by the San Diego County Board of Supervisors to pursue the "Unified Service Area" model outlined in the study. This model seeks to better position ambulance services in this area to: use a more global approach toward resource availability, including integration with fire services; better leverage resources during peak times, weather events, or surges in visitor populations such as those during holiday periods; and bolster efforts to reduce response times.

TABLE 1

SYSTEM ORGANIZATION AND MANAGEMENT

	i le	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Agenc	y Administration:					
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		Х			
1.03	Public Input		Х			
1.04	Medical Director		X			
Planni	ing Activities:					
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning		X			
1.08	ALS Planning		X			
1.09	Inventory of Resources		X			*
1.10	Special Populations		X			
1.11	System Participants	1	X			
Regul	atory Activities:					1
1.12	Review & Monitoring	-	X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual	0	X		1.0	
1.15	Compliance w/Policies		X			
Syste	m Finances:		_			1
1.16	Funding Mechanism		X			
Media	cal Direction:					
1.17	Medical Direction		X			
1.18	QA/QI		X			
1.19	Policies, Procedures, Protocols		X			

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

	ži)	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X			
1.21	Determination of Death	ia E	X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X		*	
Enha	nced Level: Advanced	Life Support				
1.24	ALS Systems		X			
1.25	On-Line Medical Direction		X			
Enha	nced Level: Trauma Ca	re System:			T	
1.26	Trauma System Plan		X			
Enha	nced Level: Pediatric E	mergency Medi	cal and Critica	al Care System:		
1.27	Pediatric System Plan		X			
Enha	nced Level: Exclusive	Operating Areas	S:			
1.28	EOA Plan		X			

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local	EMS Agency:					
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		Х			
Dispa	tchers:					
2.04	Dispatch Training		X			
First	Responders (non-	transporting):				
2.05	First Responder Training		X			
2.06	Response		Х			
2.07	Medical Control		X			
Trans	sporting Personne	1:				
2.08	EMT-I Training		X			
Hosp	ital:					
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
Enha	nced Level: Adva	nced Life Suppor	t:			
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Comn	nunications Equipme	ent:				
3.01	Communication Plan		X			
3.02	Radios		X			
3.03	Interfacility Transfer		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X			*
3.06	MCI/Disasters		Х			
Publi	c Access:					
3.07	9-1-1 Planning/ Coordination		X			
3.08	9-1-1 Public Education		X			
Reso	urce Management:					
3.09	Dispatch Triage		Х			
3.10	Integrated Dispatch		X	48		

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Univer	sal Level:					
4.01	Service Area Boundaries	¥.	X			
4.02	Monitoring		X	- L		
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time		X			
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability		X			
4.11	Specialty Vehicles		X			
4.12	Disaster Response	1	X			
4.13	Intercounty Response		X	14		
4.14	Incident Command System		X			
4.15	MCI Plans		X			
Enhai	nced Level: Advance	ed Life Support:			4	
4.16	ALS Staffing		X	30		
4.17	ALS Equipment		X			
Enha	nced Level: Ambular	nce Regulation:				
4.18	Compliance		X	in the second		
Enha	nced Level: Exclusiv	e Operating Per	mits:			
4.19	Transportation Plan		X			
4.20	"Grandfathering"		X			
4.21	Compliance		X			
4.22	Evaluation		X			

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Unive	rsal Level:					
5.01	Assessment of Capabilities		X			
5.02	Triage & Transfer Protocols		X			
5.03	Transfer Guidelines		X			
5.04	Specialty Care Facilities		X			
5.05	Mass Casualty Management		X			
5.06	Hospital Evacuation		Х			
Enha	nced Level: Advan	ced Life Support				
5.07	Base Hospital Designation		Х			
Enha	nced Level: Traum	a Care System:				
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enha	nced Level: Pediat	ric Emergency M	ledical and Cri	tical Care System		
5.10	Pediatric System Design		X			
5.11	Emergency Departments		×			
5.12	Public Input		X			
Enha	nced Level: Other	Specialty Care S	ystems:			
5.13	Specialty System Design		×			
5.14	Public Input		X			

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Unive	ersal Level:					
6.01	QA/QI Program		X			
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X			
6.04	Medical Dispatch		X			
6.05	Data Management System		Х			
6.06	System Design Evaluation		Х			
6.07	Provider Participation	¥.	Х			
6.08	Reporting		X			
Enha	nced Level: Advan	ced Life Support				
6.09	ALS Audit		Х			
Enha	nced Level: Traum	a Care System:				
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		Х			

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Unive	ersal Level:					
7.01	Public Information Materials		X		74	
7.02	Injury Control		X			
7.03	Disaster Preparedness	1	Х			
7.04	First Aid & CPR Training		X			

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Unive	rsal Level:					
8.01	Disaster Medical Planning		X			
8.02	Response Plans		X			
8.03	HazMat Training		X			
8.04	Incident Command System		X			
8.05	Distribution of Casualties		X			
8.06	Needs Assessment		X			
8.07	Disaster Communications	-	X			
8.08	Inventory of Resources		X			
8.09	DMAT Teams		X			
8.10	Mutual Aid Agreements		X		-	
8.11	CCP Designation		X			
8.12	Establishment of CCPs		X			*
8.13	Disaster Medical Training		X			
8.14	Hospital Plans		X			
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans		X			
Enha	nced Level: Advance	ed Life Support:				
8.17	ALS Policies		X	1		
Enha	inced Level: Specialt	y Care Systems:				
8.18	Specialty Center Roles		X			
Enha	anced Level: Exclusiv	ve Operating Area	s/Ambulance	Regulations:		
8.19	Waiving Exclusivity		X			

LEMSA: County of San Diego

FY: 2016-2017

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less) OR Long Range (more than one year)	Progress	Objective
		All Table 1 criteria meet minimum require- ments			

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

ting Year: FY 2016-2017	
: Number (1) below is to be completed for each county. The balance of Table 2 agency.	refers to each
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 e	equal 100%.)
County: San Diego	
A. Basic Life Support (BLS)B. Limited Advanced Life Support (LALS)C. Advanced Life Support (ALS)	% % 100%
Type of agency a) Public Health Department b) County Health Services Agency c) Other (non-health) County Department d) Joint Powers Agency e) Private Non-Profit Entity f) Other:	
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:	
Indicate the non-required functions which are performed by the agency:	
Implementation of exclusive operating areas (ambulance franchising) Designation of trauma centers/trauma care system planning Designation/approval of pediatric facilities Designation of other critical care centers Development of transfer agreements Enforcement of local ambulance ordinance Enforcement of ambulance service contracts Operation of ambulance service Continuing education Personnel training Operation of oversight of EMS dispatch center Non-medical disaster planning	
: I() ()	Number (1) below is to be completed for each county. The balance of Table 2 agency. 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 of county: San Diego A. Basic Life Support (BLS) B. Limited Advanced Life Support (LALS) C. Advanced Life Support (ALS) C. Advanced Life Support (ALS) Type of agency 1

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

	Administration of disaster medical assistance team (DMAT)	X
	Administration of EMS Fund [Senate Bill (SB) 12/612]	_^_
	Other:	
	Other:	
	Other:	
5.	EXPENSES	
	Salaries and benefits (All but contract personnel)	\$ 4,140,074
	Contract Services	363,435
	Operations (e.g. copying, postage, facilities)	627,740
	Travel	45,930
	Fixed assets	
	Indirect expenses (overhead)	
	Ambulance subsidy	1,030,140
	EMS Fund payments to physicians/hospital:	
	Physicians Services Account and CMS Administration	4,083,289
	Trauma Centers	1,649,652
	EMS 800 MHZ network radios	177,657
	Other Transfers	1,979,953
	Dispatch center operations (non-staff)	
	Training program operations	0
	Other: Ambulance Districts:	
	CSA 69 Expenditures	6,138,348
	CSA 69 Reserves	913,346
	CSA 17 Expenditures	4,134,522
	CSA 17 Reserves	733,690
	52C 57	
	Other:	
	TOTAL EXPENSES	\$ 26,017,776
6.	SOURCES OF REVENUE	
	Special project grant(s) [from EMSA]	\$
	Preventive Health and Health Services (PHHS) Block Grant	
	Office of Traffic Safety (OTS)	
	222 2	
	State general fund	

County general fund	
Other local tax funds (e.g., EMS district)	
CSA 69	7,051,694
CSA 17	4,868,212
County contracts (e.g. multi-county agencies)	
Certification fees	78,511
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA)	10
Job Training Partnership ACT (JTPA) funds/other payments	
Base hospital application fees	
Trauma center application fees	
Trauma center designation fees	240,000
Pediatric facility approval fees	
Pediatric facility designation fees	
Other critical care center application fees	
Type:	*
Other critical care center designation fees	175,000
Type: Base Hospital designation fees	
Ambulance service/vehicle fees	147,471
Contributions	
EMS Fund (SB 12/612)	7,890,551
Other grants: DOJ Criminal	30,573
Other fees: State Aid, Health Realignment, VLF	4,577,041
State Aid, Tobacco Settlement	350,000
State Aid, Other	260,442
Recovered Expenditure	166,167
State – MAA	554,833
Other (specify): Revenue Agreements, Rents & Concessions,	
Other Misc. Revenue	112,116
Revenue/Auditor Adjustment	(484,835)
TOTAL REVENUE	\$ 26,017,776

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

X Our fee structure is:	
First responder certification	\$
EMS dispatcher certification	
EMT-I certification	17
EMT-I recertification	17
EMT-defibrillation certification	
EMT-defibrillation recertification	7 723
AEMT certification	17
AEMT recertification	17
	17
EMT-P accreditation	
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	
MICN/ARN recertification	17
EMT-I training program approval	
AEMT training program approval	
EMT-P training program approval	
MICN/ARN training program approval	
Base hospital application	
Base hospital designation	25,000
Trauma center application	
Trauma center designation	40,000
Pediatric facility approval	
Pediatric facility designation	
Other critical care center application	
Туре:	
Other critical care center designation Type:	
Ambulance service license initial	2,000
Ambulance service license renewal	1,000
Ambulance vehicle permits	
Other: Basic Life Support inspection	250
	125
Other: Advanced Life Support inspection	125

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	Chief, Agency Operations	1	52.43	68.73%	
Assistant Administrative Administrative Assistant Administrative Manager	Administrative Analyst II Administrative Analyst III Agency Ops & Program Manager	2 2 1	35.39 39.12 44.18	68.73%	
ALS Coordinator Field Coordinator Training Coordinator	Coordinator, EMS EMS Specialist N/A	1	36.59 36.82	68.73%	
Program Coordinator/Field Liaison (Non-clinical)	Health Planning & Program Specialist EMS Specialist	1	46.39	68.73%	
Trauma Coordinator	N/A		34		
Medical Director	EMS Medical Director	1	124.83	68.73%	
Other MD/Medical Consult/Training Medical Director	N/A N/A				
Disaster Medical Planner	N/A				
Dispatch Supervisor	N/A				=
Medical Planner	N/A				
Data Evaluator/Analyst	Epidemiologist II Senior Epidemiologist	5 1	42.68 47.01	68.73%	
QA/QI Coordinator	Quality Assurance Specialist	5	42.14	68.73%	
Public Info. & Education Coordinator	N/A				
Executive Secretary	Administrative Secretary III	1	26.97	68.73%	

Other Clerical	Administrative Secretary II Medical Record Technician Office Assistant Office Support Specialist Senior Office Assistant	1 1 2 1 1	22.67 19.44 18.40 20.08 19.97	68.73%	
Data Entry Clerk	N/A		1		
Other					

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

EMERGENCY MEDICAL SERVICES (EMS)

FY 16/17 Organizational Chart

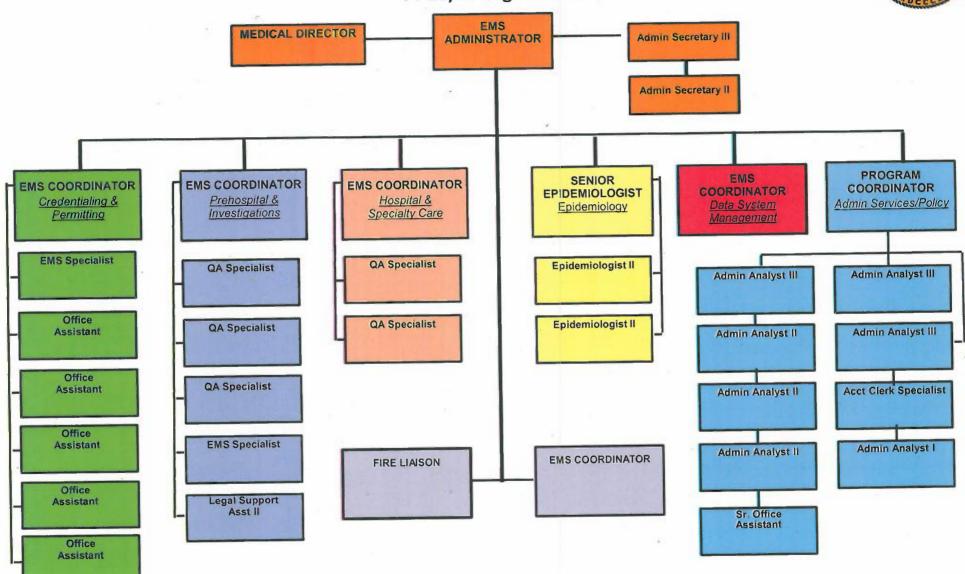


TABLE 3: STAFFING/TRAINING

Reporting Year: FY 2016-2017

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	3119	2		190
Number newly certified this year	933	1		56
Number recertified this year	2135	1		134
Total number of accredited personnel on July 1 of the reporting year	3119	2	1234	190
	of certification re	views resulting in		
a) formal investigations	128	0		0
b) probation	103	0	0	0
c) suspensions	0	0	0	0
d) revocations	5	0		0
e) denials	1	0		0
	0	0		^
f) denials of renewal	0	O		0

1. Early defibrillation:

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

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

2. Do you have an EMR training program

3119 0

☐ yes ☒ no

TABLE 4: COMMUNICATIONS

lote:	Table 4 is to be answered for each county.	
County	y: San Diego	
Report	ting Year: <u>FY 2016-2017</u>	
1.	Number of primary Public Service Answering Points (PSAP)	18
2.	Number of secondary PSAPs	8
3.	Number of dispatch centers directly dispatching ambulances	9
4.	Number of EMS dispatch agencies utilizing EMD guidelines	9
5.	Number of designated dispatch centers for EMS Aircraft	1
6.	Who is your primary dispatch agency for day-to-day emergencies? <u>There are multiple agencies; no central point of dispatch. We utilize individual dispatch agencies.</u>	
7.	Who is your primary dispatch agency for a disaster? We have multiple dispatch agencies, but use the San Diego County Ambulance Coordinator position for ambulance coordination during a disaster and coordinate with the San Diego County MHOAC program. The Ambulance Coordinator is AMR San Diego.	
8.	Do you have an operational area disaster communication system?	ĭ Yes ☐ No
	a. Radio primary frequency San Diego County – Imperial County Regional Communications System (800 MHz Trunked)	
	b. Other methods 800 MHz Conventional Channels, ARES, iQCS, WebEOC, CAHAN	
	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)? The San Diego County Sheriff's Department and San Diego County Office of Emergency Services (EOC) have access and we would work with them to use the lines.	ĭ Yes □ No
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	ĭ Yes □ No
	1) Within the operational area? EMS and Hospitals utilize Amateur Radio Emergency Service (ARES), County OES utilizes San Diego RACES	Yes □ No
	2) Between operation area and the region and/or state?	ĭ¥Yes □ No

TABLE 5: RESPONSE/TRANSPORTATION

Repor	ting Year:FY 16-17	
Note:	Table 5 is to be reported by agency.	
Early	Defibrillation Providers	
1 .	Number of EMT-Defibrillation providers	65

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	Not Collected	Not Collected	None	Not Collected
Early defibrillation responder	Not Collected	Not Collected	None	Not Collected
Advanced life support responder	Not Collected	Not Collected	None	Not Collected
Transport Ambulance	11:11	20:28	None	11:31

TABLE 6: FACILITIES/CRITICAL CARE

2. Number of base hospitals with written agreements

Reporting Year: <u>FY 2016-2017</u>	
NOTE: Table 6 is to be reported by agency.	
Trauma	
Trauma patients:	
Number of patients meeting trauma triage criteria	12,464
 Number of major trauma victims transported directly to a traum center by ambulance 	8,762
3. Number of major trauma patients transferred to a trauma center	er <u>1,775</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	n/a
Emergency Departments	
Total number of emergency departments	21
Number of referral emergency services	0
2. Number of standby emergency services	1
3. Number of basic emergency services	19
4. Number of comprehensive emergency services	1
	#R
Receiving Hospitals	
1 Number of receiving hospitals with written agreements	0

TABLE 7: DISASTER MEDICAL Reporting Year: FY 2016-2017 San Diego County County: NOTE: Table 7 is to be answered for each county. SYSTEM RESOURCES 1. Casualty Collections Points (CCP) Term is not used, replaced by Field Treatment Sites (FTS) a. Where are your CCPs located? Not predesignated. b. How are they staffed? 1st Responder Assets, PHN's, MRC, CalMat, DMAT c. Do you have a supply system for supporting them for 72 hours? Yes □ No. 2 CISD ☐ Yes ⊠ No Do you have a CISD provider with 24 hour capability? Local agencies/providers have contracts/agreements with a CISD provider 3. Medical Response Team Yes □ No a. Do you have any team medical response capability? CA DMAT-4, SDFD USAR TF-8, 2-EMSA DMSU's, 6-local MCI trailers w/prime movers. b. For each team, are they incorporated into your local response plan? Yes □ No c. Are they available for statewide response? d. Are they part of a formal out-of-state response system? CA DMAT-4 & SDFD USAR TF-8 are Federal Teams, 2-EMSA DMSU's are State Assets. 4. Hazardous Materials a. Do you have any HazMat trained medical response teams? Yes □ No b. At what HazMat level are they trained? FRA & FRO, CSTI HM Tech/HM Specialist 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 What is the maximum number of local jurisdiction EOCs you will need to 19 interact with in a disaster? Have you tested your MCI Plan this year in a: Yes □ No a. real event?

b. exercise?

TABLE 7: DISASTER MEDICAL (cont.)

9. If not, to whom do you report?

Administrator.

Department?

4.	List all counties with which you have a written medical mutual aid agreement:	
	We are part of the Inter-Region Cooperative Agreement for Emergency Medic	
	Assistance within Cal-OES / EMSA and CDPH Regional Disaster Medical He	
	(RDMHC) Program Region's I & VI.	
	Region I: Orange, Los Angeles, Ventura, Santa Barbara, San Luis Obispo	
	 Region VI: Imperial, San Diego, Riverside, San Bernardino, Inyo, Mono 	
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? (Through HPP grant)	⊠Yes □ No
7.	Are you part of a multi-county EMS system for disaster response? Region VI - Regional Disaster Medical Health Coordinator (RDMHC) Program	⊠ Yes □ No n
8.	Are you a separate department or agency?	☐ Yes ☒ No

Public Health Services (PHS); Local Health Officer & Emergency Medical Services (EMS)-

Yes □ No

County of San Diego Health and Human Services Agency (HHSA) -

8. If your agency is not in the Health Department, do you have a plan to

coordinate public health and environmental health issues with the Health

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	e completed fo	r each provider by cou	unty. Make copies as r	neede	d.	
County: _	SAN DIEGO	COUNTY	Provider:	ADVANTAGE AMBUL	ANCEResp	onse	Zone: SAN DIEGO COUNTY	
Address: 2400 E. 4 TH ST			Number of Ambulance Vehicles in Fleet:			_6		
NATIONAL CITY, CA 91950-3941 Phone 866-962-3826 Number:		A	9					
Written Contract: Medical Director:		System Available 24 Hours:			Level of Service:			
☐ Yes ⊠ No		⊠ Yes □ No	⊠ Yes □	□ No		\boxtimes	ALS ☐ 9-1-1 ⊠ Ground BLS ⊠ 7-Digit ☐ Air LALS ⊠ CCT ☐ Water ⊠ IFT	
Owne	ership:	If Public:	If Public:		If Air:		Air Classification:	
		☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Federal	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue	
			Tran	nsporting Agencies				
 4630 Total number of responses 2 Number of emergency responses 4628 Number of non-emergency responses 				4529 2 4527	Total number of trans Number of emergence Number of non-emergence	y tran		
			Air A	Ambulance Services				
	Number of e	r of responses mergency responses on-emergency responses			Total number of trans Number of emergence Number of non-emer	y tran	sports	

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	e completed	for each provider by cou	unty. Make copies as r	neede	d.			
County:	SAN DIEGO	COUNTY	Provider: Aircare Internations Transport		Ground Respo		Zone:	SAN DIEGO COUNTY		
Address: 2105 Camino Vida Roble, Suite E				Number of Ambulance Vehicles in Fleet:						
CARLSBAD, CA 92011 Phone (760) 579-0240 Number:			Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:			6				
Written	Contract:	Medical Director:	System	Available 24 Hours:	*	Level	of Ser	vice:		
☐ Yes ⊠ No ⊠ Yes		⊠ Yes □ No	⊠ Yes	□ No	⊠ Transport □ Non-Transport	\boxtimes	ALS BLS LALS	□ 9-1-1⋈ 7-Digit⋈ CCT⋈ IFT	☑ Ground☑ Air☑ Water	
							T			
Own	Ownership: If Public:		If Public:		<u>lf Air:</u>			Air Classification:		
☐ Public ☐ Fire ☐ Law ☐ Other Explain:		☐ City ☐ State ☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue				
		,	<u>Tr</u>	ansporting Agencies						
10579 Total number of responses 0 Number of emergency responses 10579 Number of non-emergency responses				10558 3 10555	Number of emergency transports					
		4	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					

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	completed	for each provider by cou	inty. Make copies as i	needec	d.			
County: SAN DIEGO COUNTY		COUNTY	Provider:	er: Alpine Fire Protection District Re		onse 2	Zone:	Alpine District	Fire	Protection
Address:	1834 ALP	INE BOULEVARD Number of Ambulance			e Vehicles in Fleet:	0				
Phone (619) 445-2635 Number:				Average Number of A At 12:00 p.m. (noon) o	mbulances on Duty on Any Given Day:	0		·	- -	
Written Contract:		Medical Director:	System	Available 24 Hours:	Level of Service:					
⊠ Yes □ No		☐ Yes ⊠ No					⋈ 9-1-□ 7-Di□ CCT□ IFT	git [Ground ☐ Air ☐ Water	
					The state of the s					
Own	ership:	If Public:	<u>_lf</u>	Public:	If Air:			Air Classification:		
⊠ Public □ Private		☑ Fire☐ Law☐ OtherExplain:	☐ City☐ State☐ Federa	☐ County ⊠ Fire District	☐ Rotary ☐ Auxiliary R ☐ Fixed Wing ☐ Air Ambula ☐ ALS Rescu			ulane scue	ce	
		*	Tr	ansporting Agencies						
1749 Total number of responses 1576 Number of emergency responses Number of non-emergency responses				0 0 0	Total number of transports Number of emergency transports Number of non-emergency transports					
			<u>Air</u>	Ambulance Services						
	Number of e	er of responses emergency responses non-emergency responses			Total number of transports Number of emergency transports Number of non-emergency transports					

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	completed	for each provider by cou	inty. Make copies as n	eeaea.				
County: SAN DIEGO COUNTY			Provider: American Medical Response – San Response – Diego			onse Zone	Zone1,Chula Vista, National City, Imperial Bch, County Service Area 17			
Address: 8808 BALBOA AVENUE, #150				Number of Ambulance	e Vehicles in Fleet:	187				
SAN DIEGO, CA 92123 Phone (858) 492-8111 Number:				Average Number of A At 12:00 p.m. (noon) of	mbulances on Duty on Any Given Day:	101				
Written Contract: Medical Director:			System	System Available 24 Hours:			Level of Service:			
⊠ Yes □ No		⊠ Yes □ No	⊠ Yes □ No			⊠ ALS ⊠ BLS □ LALS	⋈ 9-1-1⋈ Ground⋈ 7-Digit⋈ Air⋈ CCT⋈ Water⋈ IFT			
Own	ership:	If Public:	_11	Public:	<u>If Air:</u>	8	Air Classification:			
□ Public ⊠ Private		☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder				☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue			
			Tı	ransporting Agencies						
283011 198221 84790	Number of e	er of responses mergency responses on-emergency responses		 187416 Total number of transports 132235 Number of emergency transports 55181 Number of non-emergency transports 						
Air Ambulance Services										
	Number of e	er of responses emergency responses non-emergency responses		Total number of transports Number of emergency transports Number of non-emergency transports						

Reporting Year: FY 2016-2017

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. Response Zone: SAN DIEGO COUNTY Provider: Balboa Ambulance Incorporated County: SAN DIEGO COUNTY Number of Ambulance Vehicles in Fleet: 23 6430 RIVERDALE Address: SAN DIEGO, CA 92120 Average Number of Ambulances on Duty 17 (619) 295-1942 Phone At 12:00 p.m. (noon) on Any Given Day: Number: Level of Service: **Medical Director:** System Available 24 Hours: **Written Contract:** ☐ ALS □ 9-1-1 □ Ground ⊠ Yes □ No ☐ Yes ☒ No □ 7-Digit □ Air ⊠ BLS ■ Non-Transport ⊠ CCT ☐ LALS ■ Water ⊠ IFT Air Classification: If Air: If Public: If Public: Ownership: ☐ Auxiliary Rescue Rotary County ☐ Fire ☐ Citv ☐ Public □ Air Ambulance ☐ Fixed Wing ☐ Fire District State ☐ Law □ Private ☐ ALS Rescue ☐ Federal ☐ Other ☐ BLS Rescue Explain: **Transporting Agencies** Total number of transports 24432 Total number of responses 26224 Number of emergency transports Number of emergency responses 28 Number of non-emergency transports 24405 Number of non-emergency responses 26196 Air Ambulance Services Total number of transports Total number of responses Number of emergency transports Number of emergency responses Number of non-emergency transports Number of non-emergency responses

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	completed	for each provider by cou	inty. Make copies as r	eeded	d.
County: SA	AN DIEGO	COUNTY	Provider:	BARONA FIRE DEPAI	RTMENT Resp	onse Z	Zone: Barona Indian Reservation
Address:	***	ONA ROAD		Number of Ambulance	e Vehicles in Fleet:	2	
LAKESIDE, CA 92040 Phone (619) 390-2794 Number:			Average Number of A At 12:00 p.m. (noon) o	mbulances on Duty on Any Given Day:	mbulances on Duty 1 on Any Given Day:		
Written Co	ntract:	Medical Director:	System	Available 24 Hours:		Level	of Service:
⊠ Yes □	l No	⊠ Yes □ No	⊠ Yes	□ No	☑ Transport☑ Non-Transport		
Owners	hip:	If Public:		Public:	<u>lf Air:</u>		Air Classification:
⊠ Pub □ Priv		☑ Fire☐ Law☐ OtherExplain:	☐ City ☐ State ☑ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
				ansporting Agencies	9		
672 N	umber of er	of responses mergency responses on-emergency responses		449 449 0	Total number of trans Number of emergence Number of non-emer	y trans	
		×	<u>Ai</u>	r Ambulance Services			
N	umber of e	r of responses mergency responses on-emergency responses			Total number of trans Number of emergence Number of non-emer	y trans	

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	completed	for each provider by cou	<i>inty.</i> Make copies	s as neede	d.	
County:	SAN DIEGO	COUNTY	Provider:	Bonita-Sunnyside Fire	Department I	Response	Zone:	Bonita-Sunnyside Fire Department
Address:		IITA ROAD		Number of Ambulanc	e Vehicles in Fle	eet: 0		
BONITA, CA 91902-1725 Phone Number:				Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:				(a)
Written	Contract:	Medical Director:	System	Available 24 Hours:		Level	of Serv	vice:
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No	☐ Transport ⊠ Non-Trans	sport 🗆	ALS BLS _ALS	⋈ 9-1-1⋈ Ground⋈ 7-Digit⋈ Air⋈ CCT⋈ Water⋈ IFT
			1					
Owne	ership:	<u>If Public:</u>	_ <u>If</u>	Public:	<u>lf Air:</u>		/	Air Classification:
	Public rivate	☑ Fire☐ Law☐ OtherExplain:	☐ City ☐ State ☐ Feder	☐ County ☑ Fire District	□ Rotary □ Fixed V		0000	
			<u>Tı</u>	ansporting Agencies				
1273 1273 0	Number of e	r of responses mergency responses on-emergency responses		0 0	Total number of Number of emer Number of non-	rgency tran		orts
			<u>Ai</u>	r Ambulance Services				
	Number of e	er of responses mergency responses on-emergency responses			Total number of Number of eme	rgency tran	sports	orts

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as n	eeded.	
County:	SAN DIEGO	COUNTY	Provider:	Borrego Springs Fire [Department Resp	onse Zo	one: Borrego Springs Fire Protection District
Address:		RRUP ROAD O SPRINGS, CA 92004-089	 18	Number of Ambulance	e Vehicles in Fleet:	3	
Phone Number:	(760) 767-			Average Number of A At 12:00 p.m. (noon) of	mbulances on Duty on Any Given Day:	1	
Written	Contract:	Medical Director:	System	Available 24 Hours:		_evel o	f Service:
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No		⊠ AL □ BL □ LA	_S 🗆 7-Digit 🗖 Air
L							
Own	ership:	If Public:	<u>If</u>	Public:	<u>lf Air:</u>		Air Classification:
1.	Public Private	☑ Fire☐ Law☐ OtherExplain:	☐ City ☐ State ☐ Feder	☐ County ☑ Fire District	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
			Tr	ansporting Agencies			
607 576 31	Number of e	r of responses mergency responses on-emergency responses		350 77 273	Total number of trans Number of emergenc Number of non-emergence	y transp	
			Ai	Ambulance Services			
	Number of e	r of responses mergency responses on-emergency responses	•		Total number of trans Number of emergence Number of non-emergence	y transp	

Reporting Year: FY 2016-2017

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. Response Zone: Multiple Provider: Cal Fire County: SAN DIEGO COUNTY Number of Ambulance Vehicles in Fleet: 0 Address: 2249 JAMACHA RD EL CAJON, CA 92019 Average Number of Ambulances on Duty Phone 619-590-3100 At 12:00 p.m. (noon) on Any Given Day: Number: Level of Service: System Available 24 Hours: **Medical Director: Written Contract:** ☐ Transport □ Ground ALS ⊠ 9-1-1 ⊠ Yes □ No. ☐ BLS ☐ 7-Digit ☐ Air ☐ LALS □ CCT □ Water □ IFT Air Classification: If Public: If Air: If Public: Ownership: □ Auxiliary Rescue Rotary City □ County Public ☐ Fixed Wing ☐ Air Ambulance State ☐ District Law ☐ Private ☐ ALS Rescue □ Other Federal ☐ BLS Rescue Explain: **Transporting Agencies** Total number of transports 0 Total number of responses 18855 Number of emergency transports Number of emergency responses 18855 Number of non-emergency transports Number of non-emergency responses 0 Air Ambulance Services Total number of transports Total number of responses Number of emergency transports Number of emergency responses Number of non-emergency transports Number of non-emergency responses

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as r	eede	d.	
County:	SAN DIEGO	COUNTY	Provider:	Camp Pendleton Fire	Department Resp	onse	Zone:	Marine Corps Base Camp Pendleton
Address:	BOX 5552			Number of Ambulanc	e Vehicles in Fleet:	_5_		
	CAMP PE	NDLETON, CA 92055-5211					19	
Phone Number:	(760) 763	-2702		Average Number of A At 12:00 p.m. (noon) of	Ambulances on Duty 4 on Any Given Day:			
Written	Contract:	Medical Director:	System	Available 24 Hours:		Level	of Serv	ice:
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No	☑ Transport☑ Non-Transport	\boxtimes	ALS BLS LALS	□ 9-1-1□ Ground□ 7-Digit□ Air□ CCT□ Water□ IFT
Own	ership:	If Public:		Public:	<u>lf Air:</u>		4	Air Classification:
	Public Private	☑ Fire☐ Law☐ OtherExplain:	☐ City ☐ State ☑ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		0000	Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
			<u>T</u> 1	ransporting Agencies				
2067 2059 8	Number of e	er of responses emergency responses non-emergency responses		1072 1064 8	Total number of trans Number of emergence Number of non-emergence	y tran		rts
			Ai	r Ambulance Services				
	Number of e	er of responses emergency responses non-emergency responses			Total number of trans Number of emergence Number of non-emer	y tran	sports	orts

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	completed	for each provider by cou	nty. Make cop	oies as need	ded.		
County: SAN	DIEGO C	COUNTY	Provider:	Campo Reservation Fi Department	re	Respons	e Zone:	Campo India Reservation	
	6210 CH AMPO, C	URCH ROAD	<u> </u>	Number of Ambulance	e Vehicles in	Fleet: _C)		··
	19) 478-2			Average Number of At At 12:00 p.m. (noon) o					
Written Contr	ract:	Medical Director:	System	Available 24 Hours:		Lev	el of Ser	vice:	
□ Yes ⊠ N	No	⊠ Yes □ No	⊠ Yes	□ No	☐ Transpo ⊠ Non-Tr	ansport D	ALS BLS LALS	⋈ 9-1-1□ 7-Digit□ CCT□ IFT	☑ Ground☑ Air☑ Water
Ownership	p:	If Public:	_lf	Public:	<u>If <i>A</i></u>	<u> Air:</u>		Air Classific	ation:
⊠ Public □ Private	1	☑ Fire☐ Law☐ OtherExplain:	☐ City ☐ State ☑ Feder	☐ County ☐ Fire District	☐ Rota ☐ Fixe	ary ed Wing		Auxiliary R Air Ambula ALS Rescu BLS Rescu	ince ie
			<u>Tr</u>	ansporting Agencies					
0 Num	ber of en	of responses nergency responses n-emergency responses		0 0	Total number Number of er Number of no	mergency tr	ansports	oorts	
			Ai	r Ambulance Services					
Num	nber of en	of responses nergency responses n-emergency responses			Total numbe Number of e Number of n	mergency tr	ansports		

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	completed i	for each provider by cou	unty. Make copies as r	needed	d.	
County:	SAN DIEGO	COUNTY	Provider:	Care Medical Transpo	rtation Resp	onse 2	Zone: SAN DIEGO COUNTY	Y
Address:		IDIDA STREET GO, CA 92126		Number of Ambulance	e Vehicles in Fleet:	_28_		
Phone Number:	(858) 653	-4520	_	Average Number of A At 12:00 p.m. (noon) o	mbulances on Duty on Any Given Day:	11		
Written C	Contract:	Medical Director:	System	Available 24 Hours:	*	Level	of Service:	
☐ Yes	⊠ No	⊠ Yes □ No	⊠ Yes	□ No	☑ Transport☑ Non-Transport		ALS ☐ 9-1-1 ⊠ Grour BLS ⊠ 7-Digit ☐ Air _ALS ⊠ CCT ☐ Water ⊠ IFT	
Owne	rship:	<u>If Public:</u>	<u>If</u>	Public:	<u>If Air:</u>	-	Air Classification:	
	ublic rivate	☐ Fire ☐ Law ☐ Other Explain:	City State Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue	
			Tr	ansporting Agencies				
27	Number of e	er of responses mergency responses con-emergency responses		23739 27 23712	Total number of trans Number of emergence Number of non-emer	y trans		
			<u>Air</u>	r Ambulance Services				
	Number of e	er of responses emergency responses non-emergency responses			Total number of trans Number of emergence Number of non-emer	y trans		

Reporting Year: FY 2016-2017

	Tab 0	Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as r	needed	
County: _	SAN DIEGO	COUNTY	Provider:	Carlsbad Fire Departm	nent Resp	onse Z	Zone: CITY OF CARLSBAD
Address:	2560 OR	ION WAY		Number of Ambulanc	e Vehicles in Fleet:	5	
CARLSBAD, CA 92008 Phone (760) 931-2141 Number:		Average Number of Ambulances on Duty 3 At 12:00 p.m. (noon) on Any Given Day:			3		
Written (Contract:	Medical Director:	System	Available 24 Hours:		Level o	of Service:
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No		⊠ A □ B □ L	LS 🗆 7-Digit 🗅 Air
A +-							, t
Owne	ership:	If Public:	<u>lf</u>	Public:	<u>If Air:</u>		Air Classification:
	ublic rivate	☑ Fire☐ Law☐ OtherExplain:	⊠ City □ State □ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
			Tr	ansporting Agencies	4	2	
6752 6752 0	Number of e	er of responses mergency responses on-emergency responses		4733 4733 0	Total number of trans Number of emergence Number of non-emer	y trans	
			Air	r Ambulance Services			
	Number of e	er of responses emergency responses non-emergency responses			Total number of trans Number of emergence Number of non-emer	y trans	

Reporting Year: FY 2016-2017

	Note: Table 8 is to be	e completed for each provider by cou	unty. Make copies as need	ed.
County: SAN DIEGO	COUNTY	Provider: Chula Vista Fire Depa	rtment Response	Zone: CITY OF CHULA VISTA
Address: 447 F STF	REET STA, CA 91910	Average Number of A At 12:00 p.m. (noon) o	mbulances on Duty 0	
Written Contract: ⊠ Yes □ No	Medical Director: ☑ Yes ☐ No	System Available 24 Hours: ⊠ Yes □ No	☐ Transport ⊠ ⊠ Non-Transport ☐	ALS S 9-1-1 Ground BLS 7-Digit Air LALS CCT Water IFT
Ownership: ⊠ Public □ Private	If Public: ☑ Fire ☐ Law ☐ Other Explain:		If Air: ☐ Rotary ☐ Fixed Wing	Air Classification: Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
13665 Number of e	er of responses mergency responses on-emergency responses	Transporting Agencies 0 0 0 0 Air Ambulance Services	Total number of transport Number of emergency tra Number of non-emergence	nsports
Number of e	er of responses emergency responses non-emergency responses		Total number of transport Number of emergency tra Number of non-emergence	ansports

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	completed for each provider by	county. Make copies as r	ieeaea.	
County: _S	SAN DIEGO	COUNTY	Provider: Coronado Fire Dep	artment Resp	onse Zone:	CITY OF CORONADO
Address: 1001 6 TH STREET CORONADO, CA 92118			_	nce Vehicles in Fleet:	3	
Phone Number:	(619) 522-	7374	Average Number o At 12:00 p.m. (noo	f Ambulances on Duty n) on Any Given Day:	1	
Written C	ontract:	Medical Director:	System Available 24 Hours:		Level of Ser	vice:
⊠ Yes □ No		⊠ Yes □ No	⊠ Yes □ No	⊠ Transport □ Non-Transport	⊠ ALS □ BLS □ LALS	⋈ 9-1-1⋈ Ground⋈ 7-Digit⋈ Air⋈ CCT⋈ Water⋈ IFT
Owne	rship:	If Public:	If Public:	<u>If Air:</u>		Air Classification:
	ublic ivate	☑ Fire☐ Law☐ OtherExplain:	□ County □ State □ Fire District □ Federal	☐ Rotary ☐ Fixed Wing		Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
			Transporting Agencie	<u>es</u>		2.5
1031	Number of e	r of responses mergency responses on-emergency responses	899 899 0		y transports	ports
			Air Ambulance Service	ees		
	Number of e	r of responses mergency responses on-emergency responses		Total number of trans Number of emergence Number of non-emer	cy transports	

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	completed t	for each provider by cou	unty. Make copies as n	eede	d.		
County: _	SAN DIEGO	COUNTY	Provider:	Del Mar Fire Departme	ent Respo	onse	Zone:	County Ser	vice Area 17
Address: 2200 JIMMY DURANTE BLVD DEL MAR, CA 92014-2216 Phone (858) 755-1522		, CA 92014-2216	Number of Ambulance Vehicles in Fleet: Average Number of Ambulances on Duty		0	- 1			
Number:			At 12:00 p.m. (noon) on Any Given Day:						
Written C	Contract:	Medical Director:	System /	Available 24 Hours:	ļ	Level	of Serv	/ice:	
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No	☐ Transport ☑ Non-Transport		ALS BLS _ALS	□ 9-1-1□ 7-Digit□ CCT□ IFT	☑ Ground☑ Air☑ Water
			I		If Alm			Air Classific	nation:
Owne	rship:	If Public:	<u>If</u>	Public:	<u>lf Air:</u>		13		#1
	ublic ivate	☑ Fire☐ Law☐ OtherExplain:	⊠ City ☐ State ☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		0000		ince le
		17	Tr	ansporting Agencies					
1374	Number of e	r of responses mergency responses on-emergency responses		0 0 0	Total number of trans Number of emergency Number of non-emerg	y trans		orts	
			<u>Air</u>	Ambulance Services					
	Number of e	r of responses mergency responses on-emergency responses			Total number of trans Number of emergenc Number of non-emergence	y tran		orts	

Reporting Year: FY 2016-2017

Note: Table 8 is to be completed for each provider by county. Make copies as needed.								
County: S	AN DIEGO	COUNTY	Provider: El C	Cajon Fire Departme	ent Respo	onse Zon	e: CITY OF EL CAJO	NC
Address: 100 EAST LEXINGTON EL CAJON, CA 92020-4517			Num	ber of Ambulance	Vehicles in Fleet:	0		
Phone Number:	(619) 441-		Avei At 12	rage Number of Ar 2:00 p.m. (noon) o	mbulances on Duty on Any Given Day:	0		
Written Co	ontract:	Medical Director:	System Avail	able 24 Hours:	<u></u>	_evel of S	Service:	
⊠ Yes 〔	□ No	⊠ Yes □ No	⊠ Yes □ N	No	☑ Transport☑ Non-Transport	⊠ ALS □ BLS □ LAL	☐ 7-Digit ☐ Ai	ir
<u>Owner</u>	ship:	If Public:	<u>If Publ</u>	<u>lic</u> :	If Air:		Air Classification:	
⊠ Pul □ Priv	blic vate	☑ Fire☐ Law☐ OtherExplain:	☐ City ☐ State ☐ Federal		☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue	
			Transp	orting Agencies				
11070 N	Number of er	of responses mergency responses on-emergency responses		0 0 0	Total number of trans Number of emergency Number of non-emerg	y transpo		
			Air Aml	oulance Services				
	Number of e	r of responses mergency responses on-emergency responses			Total number of trans Number of emergenc Number of non-emergence	y transpo		

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	completed for each provider by co	unty. Make copies as neede	ed.
County: S	AN DIEGO	COUNTY	Provider: ENCINITAS FIRE DE	PARTMENT Response	Zone: County Service Area 17
Address:	-	H VULCAN AVENUE S, CA 92024-3633	Number of Ambulance		
Phone Number:	(760) 633-	2800	Average Number of At 12:00 p.m. (noon)	on Any Given Day:	
Written Co	ontract:	Medical Director:	System Available 24 Hours:	Leve	I of Service:
⊠ Yes □	⊒ No	⊠ Yes □ No	⊠ Yes □ No		ALS
Owner	ship:	If Public:	If Public:	If Air:	Air Classification:
⊠ Pul □ Priv	blic vate	☑ Fire☐ Law☐ OtherExplain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
			Transporting Agencies	i	
6712 N	Number of e	r of responses mergency responses on-emergency responses	0 0 0	Total number of transports Number of emergency transports Number of non-emergency	nsports
			Air Ambulance Services	<u>3</u>	
	Number of e	r of responses mergency responses on-emergency responses		Total number of transports Number of emergency tra Number of non-emergence	nsports

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	completed t	for each provider by cou	unty. Make copies as n	eede	d.
County: _S	SAN DIEGO	COUNTY	Provider:	ESCONDIDO FIRE D	EPARTMENT Respo	onse	Zone: CITY OF ESCONDIDO
Address:		TH BROADWAY DO, CA 92025-2762		Number of Ambulanc	e Vehicles in Fleet:	5	
Phone Number:	(760) 839-	-5400		Average Number of A At 12:00 p.m. (noon)		5	
Written C	ontract:	Medical Director:	System /	Available 24 Hours:		_evel	of Service:
✓ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No	⊠ Transport □ Non-Transport		ALS ⊠ 9-1-1 ⊠ Ground BLS □ 7-Digit □ Air LALS □ CCT □ Water □ IFT
Owne	rship:	If Public:	<u>If</u>	Public:	If Air:		Air Classification:
	ublic ivate	☑ Fire☐ Law☐ OtherExplain:	⊠ City □ State □ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
			Tra	ansporting Agencies			
12592	Number of e	r of responses mergency responses on-emergency responses		10934 793 10141	Total number of trans Number of emergenc Number of non-emergence	y tran	
			Air	Ambulance Services			
	Number of e	er of responses mergency responses on-emergency responses			Total number of trans Number of emergence Number of non-emergence	y trar	sports

Reporting Year: FY 2016-2017

	Note: Table 8 is to be	completed for each provider by cou	unty. Make copies as neede	ed.
County: SAN DIEGO	COUNTY	Provider: Express Transport Am	bulance Response	Zone: SAN DIEGO COUNTY
	M AVENUE, SUITE C	Number of Ambulanc	e Vehicles in Fleet: 16	
Phone (619) 589 Number:		Average Number of A At 12:00 p.m. (noon) o	mbulances on Duty 12 on Any Given Day:	
Written Contract:	Medical Director:	System Available 24 Hours:	Leve	of Service:
☐ Yes ⊠ No	⊠ Yes □ No	⊠ Yes □ No	☐ Non-Transport ⊠	ALS ☐ 9-1-1 ☒ Ground BLS ☒ 7-Digit ☐ Air LALS ☒ CCT ☐ Water ☒ IFT
Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
☐ Public ⊠ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
		Transporting Agencies		
300 Number of e	er of responses emergency responses non-emergency responses	3290 290 3000	Total number of transports Number of emergency transports Number of non-emergency	nsports
		Air Ambulance Services		
Number of	er of responses emergency responses non-emergency responses		Total number of transports Number of emergency tra Number of non-emergence	nsports

Reporting Year: FY 2016-2017

38		Note: Table 8 is to be	completed	for each provider by cou	inty. Make copies as	neede	d.	
County:	SAN DIEGO	COUNTY	Provider:	FEDERAL FIRE DEPA	ARTMENT Res	oonse	Zone:	San Diego Marine Corps Recruiting Depot and Naval Base San Diego
Address:		GO, CA 92138-1226		Number of Ambulance		4		
Phone Number:	(619) 556	-7001		Average Number of A At 12:00 p.m. (noon) o	on Any Given Day:	_		
Written	Contract:	Medical Director:	System	Available 24 Hours:		Level	of Serv	vice:
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No		\boxtimes	ALS BLS LALS	□ 9-1-1□ Ground□ Air□ CCT□ Water□ IFT
Own	ership:	If Public:		Public:	If Air:			Air Classification:
	Public Private	☑ Fire☐ Law☐ OtherExplain:	☐ City ☐ State ☑ Feder	☐ County ☑ Fire District	☐ Rotary ☐ Fixed Wing			
			<u>Tı</u>	ansporting Agencies				
1078 1078 0	Number of e	er of responses emergency responses non-emergency responses		1032 1032 0	Total number of tran Number of emergen Number of non-eme	cy tran	sports	orts
			<u>Ai</u>	r Ambulance Services				
	Number of e	er of responses emergency responses non-emergency responses	177		Total number of trar Number of emerger Number of non-eme	cy trar	sports	orts

Table 8: Resource	Directory
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Reporting Year: FY 2016-2017

		Note: Table 8 is to be	e completed for each provider by cou	unty. Make copies as ne	eeded.	
County:	SAN DIEGO	COUNTY	Provider: Imperial Beach Fire De	epartment Respo	nse Zone	: City of Imperial Beach
Address:	865 IMPE	RIAL BEACH BLVD L BEACH, CA 91932-2795	Number of Ambulanc	e Vehicles in Fleet:	0	
Phone Number:	(619) 423		Average Number of A At 12:00 p.m. (noon) o	mbulances on Duty on Any Given Day:	0	
Written	Contract:	Medical Director:	System Available 24 Hours:	<u>L</u>	evel of Se	ervice:
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes □ No	☐ Transport ☑ Non-Transport	□ ALS□ BLS□ LALS	⋈ 9-1-1⋈ Ground⋈ 7-Digit⋈ Air⋈ CCT⋈ Water⋈ IFT
Owne	ership:	If Public:	If Public:	<u>lf Air:</u>		Air Classification:
	ublic rivate	☑ Fire☐ Law☐ OtherExplain:	□ County □ State □ Fire District □ Federal	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
			Transporting Agencies			
0 0 0	Number of e	er of responses emergency responses non-emergency responses	0 0 0	Total number of transp Number of emergency Number of non-emerg	transports	
			Air Ambulance Services			
	Number of	er of responses emergency responses non-emergency responses		Total number of transplants of trans	transport	

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	completed	for each provider by cou	unty. Make copies as r	neede	d.		
County:	SAN DIEGO	COUNTY	Provider:	JULIAN FIRE DEPAR	TMENT Resp	onse	Zone:	Julian Cuy Protection D	amaca Fire District
Address:		RMER ROAD		Number of Ambulanc	e Vehicles in Fleet:	_2			
Phone Number:	(760) 765	CA 92036-0033 -1510		Average Number of At 12:00 p.m. (noon)		1			
Written	Contract:	Medical Director:	System	Available 24 Hours:		Level	of Ser	vice:	
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No	☑ Transport☑ Non-Transport	\boxtimes	ALS BLS LALS	□ 9-1-1□ 7-Digit□ CCT□ IFT	☑ Ground☑ Air☑ Water
					If Aim			Air Classific	eation:
⊠ F	ership: Public Private	If Public: ☑ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	☐ County ☑ Fire District	If Air: ☐ Rotary ☐ Fixed Wing			Auxiliary Ro Air Ambula ALS Rescu	escue nce le
L			Tr	ansporting Agencies			1		
641 632 9	Number of e	er of responses emergency responses non-emergency responses		380 77 303	Total number of trans Number of emergence Number of non-emer	y tran		orts	
			Ai	r Ambulance Services					
	Number of e	er of responses emergency responses non-emergency responses			Total number of trans Number of emergence Number of non-emer	y tran	sports	orts	

Reporting Year: FY 2016-2017

	Note: Table 8 is to be	completed for each provider by cou	inty. Make copies as neede	ed.
County: SAN DIEGO	COUNTY	Provider: _LAKESIDE FIRE DEP	ARTMENT Response	Zone: County Service Area 69
	RKSIDE STREET E, CA 92040	Number of Ambulanc		
Phone (619) 390- Number:	2350	Average Number of A At 12:00 p.m. (noon) o	mbulances on Duty 2 on Any Given Day:	
Written Contract:	Medical Director:	System Available 24 Hours:	Leve	l of Service:
⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Non-Transport ☐	ALS S 9-1-1 Ground BLS 7-Digit Air LALS CCT Water IFT
				-
Ownership:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
⊠ Public □ Private	☑ Fire☐ Law☐ OtherExplain:	□ County □ State □ Fire District □ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
		Transporting Agencies		
6369 Number of e	r of responses mergency responses on-emergency responses	4588 4588 0	Total number of transports Number of emergency transports Number of non-emergence	nsports
		Air Ambulance Services		
Number of e	r of responses mergency responses on-emergency responses		Total number of transports Number of emergency tra Number of non-emergence	nsports

Reporting Year: FY 2016-2017

County: _	SAN DIEGO		completed for each provider by course Provider: LA MESA FIRE DEPA			: CITY OF LA MESA
Address:		ISON AVENUE , CA 91941-5001	Number of Ambulanc	e Vehicles in Fleet:	0	
Phone Number:	(619) 667		Average Number of A At 12:00 p.m. (noon)		0	
Written C	ontract:	Medical Director:	System Available 24 Hours:	<u>L</u>	evel of Se	rvice:
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes □ No	☐ Transport ☑ Non-Transport	⊠ ALS □ BLS □ LALS	☑ 9-1-1☑ Ground☑ 7-Digit☑ Air☑ CCT☑ Water☑ IFT
Owne	rship:	If Public:	If Public:	<u>If Air:</u>		Air Classification:
⊠ Pt	ublic ivate	☑ Fire☐ Law☐ OtherExplain:	□ County □ State □ Fire District □ Federal	☐ Rotary ☐ Fixed Wing	1	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
			Transporting Agencies			
5474	Number of e	r of responses mergency responses on-emergency responses	0 0 0	Total number of transp Number of emergency Number of non-emerge	transports	
			Air Ambulance Services	6		
	Number of e	er of responses emergency responses non-emergency responses		Total number of transp Number of emergency Number of non-emergency	transports	

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	completed for each provider by co	unty. Make copies as r	leeded.	
County: S	AN DIEGO	COUNTY	Provider: Lemon Grove Fire De	epartment Resp	onse Zone:	City of Lemon Grove
Address: 7853 CENTRAL AVENUE LEMON GROVE, CA 91945			Number of Ambulance	ce Vehicles in Fleet:	0	
Phone Number:	(619) 825-	3835	Average Number of A At 12:00 p.m. (noon)	Ambulances on Duty on Any Given Day:	0	
Written Co	ontract:	Medical Director:	System Available 24 Hours:		Level of Ser	rvice:
⊠ Yes □	l No	⊠ Yes □ No	⊠ Yes □ No	☐ Transport ☑ Non-Transport	⊠ ALS □ BLS □ LALS	□ 9-1-1□ Ground□ 7-Digit□ Air□ CCT□ Water□ IFT
	- AU					
Owner	ship:	If Public:	<u>If Public</u> :	If Air:		Air Classification:
⊠ Pul □ Priv	olic ⁄ate	☑ Fire☐ Law☐ OtherExplain:	☐ City ☐ County ☐ State ☒ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	0 0	Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
			Transporting Agencies			
3332 N	lumber of e	r of responses mergency responses on-emergency responses	0 0 0	Total number of trans Number of emergence Number of non-emergence	y transports	
			Air Ambulance Services	<u> </u>		
N	lumber of e	r of responses mergency responses on-emergency responses		Total number of trans Number of emergence Number of non-emer	y transports	

Reporting Year:	FY 2016-2017
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		Note: Table 8 is to be	completed for each provider by cou	inty. Make copies as need	ed.
County:	SAN DIEGO	COUNTY	Provider: _MAXCARE AMBULAN	ICE Response	Zone: SAN DIEGO COUNTY
Address:		ON AVENUE ROVE, CA 91945	Number of Ambulance	e Vehicles in Fleet: 19	
Phone Number:	(619) 303-		Average Number of A At 12:00 p.m. (noon) o		2
Written (Contract:	Medical Director:	System Available 24 Hours:	Leve	of Service:
□ Yes	⊠ No	⊠ Yes □ No	⊠ Yes □ No	☐ Non-Transport ⊠	ALS □ 9-1-1 ⋈ Ground BLS ⋈ 7-Digit □ Air LALS ⋈ CCT □ Water ⋈ IFT
Owne	ership:	If Public:	If Public:	<u>lf Air:</u>	Air Classification:
	ublic rivate	☐ Fire☐ Law☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
	1 1		Transporting Agencies		
	Number of e	r of responses mergency responses on-emergency responses	17605 4 17601	Total number of transports Number of emergency tra Number of non-emergence	nsports
			Air Ambulance Services		
	Number of e	r of responses mergency responses on-emergency responses		Total number of transport Number of emergency tra Number of non-emergence	nsports

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	completed for each provider by c	ounty. Make copies as r	neede	d.
County:	SAN DIEGO	COUNTY	Provider: MERCY AIR AMBU	_ANCE Resp	onse	Zone: SAN DIEGO COUNTY
Address:	9745 PRO	SPECT AVE, SUITE 204 CA 92071	Number of Ambular	nce Vehicles in Fleet:	_5	
Phone (619) 448-3457 Number:		3457	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:		2	
Written	Contract:	Medical Director:	System Available 24 Hours:		Level	of Service:
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes □ No			ALS ☐ 9-1-1 ☐ Ground BLS ☒ 7-Digit ☒ Air LALS ☒ CCT ☐ Water ☒ IFT
						A) O) (()
Own	ership:	If Public:	If Public:	<u>If Air:</u>		Air Classification:
	ublic Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	⊠ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue ☑ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
			Transporting Agencies	5		
	Number of e	r of responses mergency responses on-emergency responses		Total number of trans Number of emergence Number of non-emer	y tran	
			Air Ambulance Service	<u>es</u>		
691 691 0	Number of e	r of responses mergency responses on-emergency responses	691 691 0	Total number of trans Number of emergence Number of non-emer	y tran	sports

Reporting Year: FY 2016-2017

County:	SAN DIEGO	COUNTY	Provider:	Mercy Medical Transp	ort, INC. Resp	onse Z		Valley Center FPD and Zone 2
Address:		SAN PASCUAL ROAD IDO, CA 92027		Number of Ambulanc	e Vehicles in Fleet:	_23		
Phone Number:	(760) 739			Average Number of A At 12:00 p.m. (noon) o	mbulances on Duty on Any Given Day:	12		
Written	Contract:	Medical Director:	System	Available 24 Hours:		Level o	of Servi	ice:
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No		⊠ Al □ Bl □ LA	LS	⋈ 9-1-1⋈ Ground⋈ 7-Digit⋈ Air⋈ CCT⋈ Water⋈ IFT
		-						
Own	ership:	If Public:	<u>If</u>	Public:	<u>lf Air:</u>		Ē	Air Classification:
	Public Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing			Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
			Tr	ansporting Agencies	*			
12163 12163 0	Number of e	er of responses emergency responses non-emergency responses		8373 8373 0	Total number of trans Number of emergence Number of non-emer	y transp		rts
			Air	Ambulance Services				
	Number of e	er of responses emergency responses non-emergency responses			Total number of trans Number of emergence Number of non-emer	y transp		rts

Reporting Year: FY 2016-2017

	*	Note: Table 8 is to be	completed	for each provider by co	ounty. Make copies as r	needec	d.		
County: _	SAN DIEGO	COUNTY	Provider:	National City Fire De	partment Resp	onse 2	Zone:	City of Nati	onal City
Address:		16 TH STREET L CITY, CA 91950-4596			ce Vehicles in Fleet:	_0_		9	
Phone Number:	(619) 336-	4551		Average Number of At 12:00 p.m. (noon)	Ambulances on Duty on Any Given Day:	0			
Written C	ontract:	Medical Director:	System	Available 24 Hours:	N4	Level	of Serv	rice:	
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No	☐ Transport ☑ Non-Transport		ALS BLS _ALS	□ 9-1-1□ 7-Digit□ CCT□ IFT	☑ Ground☑ Air☑ Water
Owne	rship:	If Public:	_If	Public:	If Air:	¥74-		Air Classifi	cation:
	ublic ivate	☑ Fire☐ Law☐ OtherExplain:	⊠ City □ State □ Feder	☐ County ☐ Fire District	□ Rotary □ Fixed Wing		0	Auxiliary F Air Ambula ALS Resc BLS Resc	ance ue
			Tr	ansporting Agencies	<u>.</u>				
7724	Number of e	r of responses mergency responses on-emergency responses	Δi	0 0 0	Total number of trans Number of emergence Number of non-emer	y trans		orts	
	Number of e	er of responses emergency responses non-emergency responses	~		Total number of trans Number of emergence Number of non-emer	y tran		orts	

Reporting Year: FY 2016-2017

Note: Table 8 is to be completed for each provider by county. Make copies as needed.						
County: SAN DIEGO	COUNTY	Provider: North County Fire Dep	partment Response	Zone: North County Fire Protection District		
	TH MAIN AVE DOK, CA 92028-2198	Average Number of A At 12:00 p.m. (noon)	Ambulances on Duty 3			
Written Contract:	Medical Director:	System Available 24 Hours:	Level	of Service:		
⊠ Yes □ No	⊠ Yes □ No	⊠ Yes □ No	☐ Non-Transport ☐	ALS ⊠ 9-1-1 ⊠ Ground BLS □ 7-Digit □ Air LALS □ CCT □ Water □ IFT		
Ownership:	If Public:	If Public:	If Air:	Air Classification:		
⊠ Public □ Private	☑ Fire☐ Law☐ OtherExplain:	☐ City ☐ County ☐ State ☒ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue		
Transporting Agencies						
3427 Number of e	er of responses emergency responses non-emergency responses	3469 2121 1348 Air Ambulance Services	Total number of transports Number of emergency tran Number of non-emergency	nsports		
Number of	er of responses emergency responses non-emergency responses		Total number of transports Number of emergency tran Number of non-emergency	nsports		

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	completed for each provider by cou	unty. Make copies as n	eeded.	
County: SAN	N DIEGO	COUNTY	Provider: OCEANSIDE FIRE DI	EPARTMENT Respo	onse Zone:	CITY OF OCEANSIDE
		H COAST HIGHWAY	Number of Ambulanc	e Vehicles in Fleet:	5	
OCEANSIDE, CA 92054 Phone (760) 435-4100 Number:			Average Number of A At 12:00 p.m. (noon)	Ambulances on Duty on Any Given Day:	5	
Written Con	33	Medical Director:	System Available 24 Hours:	<u>I</u> ⊠ Transport	Level of Se	rvice:
⊠ Yes □	No	⊠ Yes □ No	⊠ Yes □ No	□ Non-Transport	□ BLS □ LALS	☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownersh	nip:	If Public:	If Public:	If Air:		Air Classification:
⊠ Public □ Privat	1	☑ Fire☐ Law☐ OtherExplain:	□ County □ State □ Fire District □ Federal	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue☐ BLS Rescue
		4	Transporting Agencies			
17215 Nur	mber of e	r of responses mergency responses on-emergency responses	91.14 8863 251	Total number of trans Number of emergenc Number of non-emerg	y transports	
			Air Ambulance Services			
Nui	mber of e	er of responses mergency responses on-emergency responses		Total number of trans Number of emergence Number of non-emer	y transports	

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	e completed :	for each provider by co	ounty. Make copies as i	neede	ea.		
County: _S	AN DIEGO	COUNTY	_ Provider:	PALA FIRE DEPART	TMENT Resp	onse	Zone:	Pala Indian	Reservation
Address:	11800 PA	LA MISSION ROAD	0.	Number of Ambulan	ce Vehicles in Fleet:	_1			
PALA, CA 92059-0043 Phone (760) 742-1632 Number:		Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:		1					
Written C	ontract:	Medical Director:	System	Available 24 Hours:		Level	of Servi	ice:	
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No			ALS BLS LALS	⋈ 9-1-1□ 7-Digit□ CCT□ IFT	☑ Ground □ Air □ Water
					1,				
	rship: Iblic vate	If Public: ☑ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Feder	Public: County Fire District	If Air: ☐ Rotary ☐ Fixed Wing			Air Classific Auxiliary R Air Ambula ALS Rescu BLS Rescu	escue Ince Jue
			Tr	ansporting Agencies					
804	Number of e	er of responses emergency responses non-emergency responses	Δi	522 522 0 • Ambulance Service	Total number of trans Number of emergence Number of non-emer	y tran	nsports	rts	
Total number of responses Number of emergency responses Number of non-emergency responses		<u>an</u>		Total number of trans Number of emergence Number of non-emergence	cy trar	nsports	rts		

Reporting Year: FY 2016-2017

	Note: Table 8 is to be completed for each provider by county. Make copies as needed.						
County: S	SAN DIEGO	COUNTY	Provider: POWAY FIRE DEPAR	RTMENT Respon	nse Zone:	CITY OF POWAY	
Address: 13050 COMMUNITY ROAD			Number of Ambulanc	e Vehicles in Fleet:	4		
POWAY, CA 92064-5702 Phone Number: (858) 668-4461/4466			Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:		2		
Written C	ontract:	Medical Director:	System Available 24 Hours:	<u>L</u> e	evel of Ser	vice:	
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes □ No		□ ALS□ BLS□ LALS	⋈ 9-1-1⋈ Ground⋈ 7-Digit⋈ Air⋈ CCT⋈ Water⋈ IFT	
Owne	rship:	If Public:	If Public:	If Air:		Air Classification:	
	iblic vate	☑ Fire☐ Law☐ OtherExplain:	□ County □ State □ Fire District □ Federal	☐ Rotary ☐ Fixed Wing			
			Transporting Agencies		5).		
3079	Number of e	r of responses mergency responses on-emergency responses	2097 2097 0	Total number of transp Number of emergency Number of non-emerge	transports	orts	
		ž()	Air Ambulance Services				
	Number of e	er of responses emergency responses non-emergency responses	4.	Total number of transp Number of emergency Number of non-emerge	transports	ports	

Reporting Year: FY 2016-2017

Response/Transportation/Providers

FY 2016-2017 Note: Table 8 is to be completed for each provider by county. Make copies as needed. Municipal Water Response Zone: Ramona Provider: RAMONA FIRE DEPARTMENT County: SAN DIEGO COUNTY District Number of Ambulance Vehicles in Fleet: 2 105 WEST EARLHAM STREET Address: RAMONA, CA 92065-1558 Average Number of Ambulances on Duty 2 (760) 789-1330 Phone At 12:00 p.m. (noon) on Any Given Day: Number: Level of Service: System Available 24 Hours: **Medical Director:** Written Contract: ⊠ 9-1-1 ⋈ ALS ☐ 7-Digit ☐ Air □ Non-Transport T BLS ☐ CCT □ Water ☐ LALS □ IFT Air Classification: If Air: If Public: If Public: Ownership: Auxiliary Rescue Rotary ☐ City County ⊠ Fire □ Public ☐ Air Ambulance **Fixed Wing** ☐ State ☐ Fire District ☐ Law ☐ Private □ ALS Rescue ☐ Other ☐ Federal ☐ BLS Rescue Explain: **Transporting Agencies** Total number of transports 1063 Total number of responses 2976 Number of emergency transports 1063 Number of emergency responses 2976 Number of non-emergency transports Number of non-emergency responses Air Ambulance Services Total number of transports Total number of responses Number of emergency transports Number of emergency responses Number of non-emergency transports Number of non-emergency responses

Reporting Year: FY 2016-2017

	Note: Table 8 is to be completed for each provider by county. Make copies as needed.								
County: _	SAN DIEGO	COUNTY	Provider:	Rancho Santa Fe Fire	Department Respo	onse	Zone:	County Servi	ce Area 17
Address:	16936 EL RANCHO	FUEGO SANTA FE, CA 92067-0410	<u></u> -	Number of Ambulance	e Vehicles in Fleet:	0			
Phone Number:	(858) 756-			Average Number of A At 12:00 p.m. (noon) of		0	74		
Written C	ontract:	Medical Director:	System	Available 24 Hours:	1	_evel	of Serv	vice:	
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes	□ No	☐ Transport ⊠ Non-Transport		ALS BLS LALS	□ 9-1-1□ 7-Digit□ CCT□ IFT	☑ Ground☑ Air☑ Water
							1		
Owne	rship:	If Public:	<u></u>	Public:	<u>lf Air:</u>			Air Classific	ation:
	ublic ivate	☑ Fire☐ Law☐ OtherExplain:	☐ City ☐ State ☐ Federa	☐ County ☑ Fire District	☐ Rotary ☐ Fixed Wing		000	Auxiliary R Air Ambula ALS Rescu BLS Rescu	nce ie
			Tr	ansporting Agencies					
3562	Number of e	r of responses mergency responses on-emergency responses		0 0 0	Total number of trans Number of emergency Number of non-emerg	y tran	•	orts	
			Air	Ambulance Services					
	Number of e	r of responses mergency responses on-emergency responses			Total number of trans Number of emergence Number of non-emergence	y tran	sports	orts	

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	e completed for each provider by co	ounty. Make copies as nee	eded.	
County: _	SAN DIEGO	COUNTY	Provider: REACH AIR	Respor	se Zone:	SAN DIEGO COUNTY
Address:	1111 AIR	PORT ROAD	Number of Ambulan	ce Vehicles in Fleet:	4	
	IMPERIAL, CA 92251					
Phone (760) 550-4369 Number:		-4369	Average Number of Ambulances on Duty 2 At 12:00 p.m. (noon) on Any Given Day:		2	i i
Written C	ontract:	Medical Director:	System Available 24 Hours:	Le	vel of Ser	vice:
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes □ No	□ Non-Transport	⊠ ALS □ BLS □ LALS	☐ 9-1-1 ☐ Ground ☑ 7-Digit ☑ Air ☐ CCT ☐ Water ☑ IFT
Owne	rship:	If Public:	If Public:	<u>lf Air:</u>		Air Classification:
	iblic ivate	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	⊠ Rotary ☐ Fixed Wing		
			Transporting Agencies			
	Number of e	r of responses mergency responses on-emergency responses		Total number of transport Number of emergency to Number of non-emerge	ransports	orts
			Air Ambulance Services	3		
793	Number of e	er of responses emergency responses non-emergency responses	484 484 0	Total number of transport Number of emergency of Number of non-emergency	transports	orts

Table	8:	Resource	Directory

TODOTHING TOUR. I I ZOTO ZOT.	Reporting Year:_	FY 2016-2017
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	Note: Table 8 is to be	e completed for each provider by cou	nty. Make copies as need	ed.
County: SAN DIEGO	COUNTY	Provider: SAN DIEGO FIRE ANI	D RESCUE Response	e Zone: CITY OF SAN DIEGO
Address: 1010 SECOND AVE, SUITE 400 SAN DIEGO, CA 92101-4101 Phone Number: (619) 533-4308		Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:		
Written Contract:	Medical Director:	System Available 24 Hours:	Leve	el of Service:
⊠ Yes □ No	⊠ Yes ☐ No	⊠ Yes □ No	⊠ Non-Transport □	ALS ⊠ 9-1-1 ⊠ Ground BLS □ 7-Digit ⊠ Air LALS □ CCT □ Water □ IFT
	*			
Ownership:	If Public:	If Public:	If Air:	Air Classification:
⊠ Public □ Private	☑ Fire☐ Law☐ OtherExplain:	□ County □ State □ Fire District □ Federal		☐ Auxiliary Rescue☐ Air Ambulance☑ ALS Rescue☐ BLS Rescue
9		Transporting Agencies		
126643 Number of e	er of responses mergency responses non-emergency responses	0 0	Total number of transport Number of emergency tra Number of non-emergence	ansports
		Air Ambulance Services		
Total number of responses Number of emergency responses Number of non-emergency responses			Total number of transpor Number of emergency tra Number of non-emergen	ansports

Table	8:	Resource	Directory
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2016-2017

Note: Table 8 is to be completed for each provider by county. Make copies as needed.									
County: S	AN DIEGO	COUNTY	Provider:	San Marcos Fire Depa	rtment Resp	onse	Zone: _	City of San	Marcos
Address: 1 CIVIC CENTER DRIVE			Number of Ambulance Vehicles in Fleet: 9			9			72
Phone Number:		COS, CA 92069-2949 1050 x3403		Average Number of A At 12:00 p.m. (noon) o	mbulances on Duty on Any Given Day:	5			
Written Contract: Medical Director:			System Available 24 Hours:			Level of Service:			
⊠ Yes □ No		⊠ Yes	□ No	□ Transport □ Non-Transport		ALS BLS LALS	□ 9-1-1□ 7-Digit□ CCT□ IFT	☑ Ground☑ Air☑ Water	
Ownership: If Public:		If Public:	If Public:		<u>lf Air:</u>		Air Classification:		
☑ Public☑ Private☑ Law☑ OtherExplain:		⊠ City □ State □ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescu☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue		nce ie		
			Tr	ansporting Agencies	,	-			
9308 Total number of responses 9308 Number of emergency responses Number of non-emergency responses				6279 6279 0	Number of emergency transports				
		530	Air	r 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				

Reporting Year: FY 2016-2017

Note: Table 8 is to be County: SAN DIEGO COUNTY				San Miguel Fire Depar			Zone:	San Miguel Co Protection Dis	onsolidated Fire
Address:	ess: 2850 VIA ORANGE WAY SPRING VALLEY, CA 91978-1746			Number of Ambulance Vehicles in Fleet:					
Phone (619) 670-0500 Number:				Average Number of A At 12:00 p.m. (noon) o	mbulances on Duty on Any Given Day:	0			
Written Contract: ✓ Yes ☐ No ✓ Yes ☐ No		System Available 24 Hours:			Level of Service:				
		⊠ Yes □ No	⊠ Yes	□ No	☐ Transport☒ Non-Transport		ALS BLS LALS	□ 9-1-1□ 7-Digit□ CCT□ IFT	☑ Ground☑ Air☑ Water
Own	Ownership: If Public:		_11	Public:	<u>lf Air:</u>			Air Classific	ation:
☑ Public☑ Private☑ Law☑ OtherExplain:		□ Law □ Other	☐ City☐ State☐ Feder	☐ County ☑ Fire District	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue		nce ie
L			Ţ	ansporting Agencies					
9422 Total number of responses 9422 Number of emergency responses Number of non-emergency responses				0 0	Total number of trans Number of emergenc Number of non-emergence	y tran	sports	orts	20 F
			Ai	r Ambulance Services					
	Number of e	er of responses emergency responses non-emergency responses			Total number of trans Number of emergence Number of non-emer	y trar	sports	orts	

Reporting Year: FY 2016-2017

Note: Table 8 is to be completed for each provider by county. Make copies as needed.									
County: SAN DIEGO COUNTY		COUNTY	Provider: SANTEE FIRE DEPA	ARTMENT Respo	onse Zone:	County Service Area 69			
Address: 10601 MAGNOLIA AVE SANTEE, CA 92071-6514 Phone (619) 258-4100 x207 Number:			Number of Ambulan	2					
			Average Number of At 12:00 p.m. (noon)	Ambulances on Duty on Any Given Day:	2				
Written Contract: Medical Director:		Medical Director:	System Available 24 Hours:		Level of Service:				
⊠ Yes □ No ⊠ Yes □ No		⊠ Yes □ No	⊠ Yes □ No		⊠ ALS □ BLS □ LALS	☑ 9-1-1☑ Ground☑ 7-Digit☑ Air☑ CCT☑ Water☑ IFT			
0 10									
Ownership: If Public:		If Public:	If Public:	<u>If Air:</u>		Air Classification:			
☐ Private ☐ Law ☐ Other Explain:		☐ Law ☐ Other	☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue			
			Transporting Agencies						
6370 Total number of responses Number of emergency responses Number of non-emergency responses			4588 4588 0						
			Air Ambulance Services	<u>s</u>					
Total number of responses Number of emergency responses Number of non-emergency responses				Number of emergence	otal number of transports lumber of emergency transports lumber of non-emergency transports				

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	completed for each provid	der by coul	nty. Make copies as n	ieeaea.	
County: SAN DIEGO COUNTY		Provider: Schaefer Am	nbulance S	Service Respo	onse Zone	SAN DIEGO COUNTY	
Address: 7257 UNIVERSITY AVE		Number of A	mbulance	Vehicles in Fleet:	5		
	LA MESA	A, CA 91941					
Phone Number:	(619) 583		Average Nur At 12:00 p.m	2			
Written C	contract:	Medical Director:	System Available 24 h	lours:	Į.	Level of S	ervice:
☐ Yes	⊠ No	⊠ Yes □ No	⊠ Yes □ No			☐ ALS ☑ BLS ☐ LALS	☐ 9-1-1 ⊠ Ground ⊠ 7-Digit ☐ Air ⊠ CCT ☐ Water ⊠ IFT
			If Dublies		If Air:		Air Classification:
Ownership: If Public:		If Public:		II AII I			
☐ Public ☐ Fire ☐ Law ☐ Other Explain:		☐ City ☐ County☐ State ☐ Fire Di☐ Federal		☐ Fixed Wing ☐ Air A☐ ALS		☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue	
			Transporting A	gencies			
0	Number of	er of responses emergency responses non-emergency responses		1050 0 1050	Total number of trans Number of emergenc Number of non-emergence	y transport	
			Air Ambulance	Services			
Total number of responses Number of emergency responses Number of non-emergency responses					Total number of trans Number of emergence Number of non-emer	y transpor	

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	completed for each provider by cou	unty. Make copies as need	ed.
County: _	SAN DIEGO	COUNTY	Provider: Solana Beach Fire De	partment Response	e Zone: County Service Area 17
Address:		AS SANTA FE DRIVE BEACH, CA 92075	Number of Ambulanc	e Vehicles in Fleet: 0	a 2 4
Phone (858) 720-2410 Number:			Average Number of A At 12:00 p.m. (noon)	on Any Given Day:	
Written C	Contract:	Medical Director:	System Available 24 Hours:	Leve	el of Service:
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes □ No	⊠ Non-Transport □	ALS □ 9-1-1 □ Ground BLS □ 7-Digit □ Air LALS □ CCT □ Water □ IFT
Owne	rship:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
1	ublic ivate	☑ Fire☐ Law☐ OtherExplain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
	*		Transporting Agencies		
1883	Number of e	r of responses mergency responses on-emergency responses	0 0 0	Total number of transport Number of emergency tra Number of non-emergence	nsports
			Air Ambulance Services		
	Number of e	er of responses mergency responses non-emergency responses		Total number of transport Number of emergency tra Number of non-emergence	ansports

Reporting Year: FY 2016-201

Note: Table 8 is to be completed for each provider by county. Make copies as needed.							
County: SAN DIEGO	COUNTY	Provider:	Sycuan Fire Departme	nt Respo	onse Zor	ne: Sycuan Indian Reservation	
Address: 5449 DEHESA ROAD EL CAJON, CA 92019		Number of Ambulance Vehicles in Fl			_21		
Phone (619) 445- Number:	·2893	Average Number of Ambulances on Duty 1 At 12:00 p.m. (noon) on Any Given Day:					
Written Contract:	Medical Director:	System	Available 24 Hours:]	_evel of	Service:	
⊠ Yes □ No	⊠ Yes □ No	⊠ Yes	□ No	☑ Transport☑ Non-Transport	⊠ ALS	S 🔲 7-Digit 🖫 Air	
Ownership:	If Public:	<u>If</u>	Public:	If Air:	100	Air Classification:	
□ Public □ Private	☑ Fire☐ Law☐ OtherExplain:	☐ City☐ State☐ Feder	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue	
		Tr	ansporting Agencies				
331 Number of e	r of responses mergency responses on-emergency responses		153 153 0	Total number of trans Number of emergenc Number of non-emerg	y transpo		
		Air	Ambulance Services				
Number of e	er of responses mergency responses con-emergency responses			Total number of trans Number of emergence Number of non-emergence	y transpo		

Table 8: Resource D	Directory
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Reporting Year:	FY 2016-2017

		Note: Table 8 is to be	completed	for each provider by cou	<i>inty.</i> Make copies as n	neede	d.		5
County: _S	SAN DIEGO	COUNTY	Provider:	SYMONS AMBULANC	CE Resp	onse	Zone:	County of S	an Diego
Address: 18592 CAJON BLVD SAN BERNANDINO, CA 92407			Number of Ambulance Vehicles in Fleet:		4				
Phone (909) 880-2979 Number:		-2979		Average Number of A At 12:00 p.m. (noon) o		4			
Written C	ontract:	Medical Director:	System /	Available 24 Hours:	<u>!</u>	Level	of Serv	vice:	
☐ Yes	⊠ No	⊠ Yes □ No	⊠ Yes	□ No		\boxtimes	ALS BLS LALS	□ 9-1-1 ⊠ 7-Digit ⊠ CCT ⊠ IFT	☑ Ground☑ Air☑ Water
Owne	rship:	If Public:	If	Public:	If Air:			Air Classific	ation:
Ownership: ☐ Public ☐ Fire ☐ Law ☐ Other Explain:		☐ City ☐ County ☐ Rotary ☐ State ☐ Fire District ☐ Fixed Wing ☐ Federal			☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue				
			Tr	ansporting Agencies					
0 1	Number of e	r of responses mergency responses on-emergency responses		72 0 72	Total number of trans Number of emergency Number of non-emergency	y tran	sports	orts	
			Air	Ambulance Services					
Total number of responses Number of emergency responses Number of non-emergency responses					Total number of trans Number of emergenc Number of non-emergence	y tran	sports	orts	

Reporting Year:	FY 2016-2017

	Note: Table 8 is to be	completed for each provider by cou	inty. Make copies as nee	ded.		
County: SAN DIEGO	COUNTY	Provider: UNITED AMBULANCE Response		se Zone: SAN DIEGO COUNTY		
Address: 7579 CONVOY COURT SAN DIEGO, CA 92111		Number of Ambulance Vehicles in Fleet:		5		
Phone (858) 277 Number:	'-0300 	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:				
Written Contract: Medical Director:		System Available 24 Hours:	Lev	rel of Service:		
☐ Yes ⊠ No	⊠ Yes □ No	⊠ Yes □ No	☐ Non-Transport □	☐ ALS ☐ 9-1-1 ☐ Ground ☐ BLS ☐ 7-Digit ☐ Air ☐ LALS ☐ CCT ☐ Water		
	8			⊠ IFT		
Ownership:	If Public:	If Public:	If Air:	Air Classification:		
☐ Public ⊠ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	□ Rotary □ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue		
	•	Transporting Agencies				
7 Number of	er of responses emergency responses non-emergency responses	864 5 859	Total number of transpo Number of emergency to Number of non-emerger	ransports		
		Air Ambulance Services				
Number of	er of responses emergency responses non-emergency responses		Total number of transpo Number of emergency t Number of non-emerge	ransports		

Reporting Year: FY 2016-2017	Reporting Year:	FY 2016-2017
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		Note: Table 8 is to be	e completed	for each provider by cou	inty. Make copies as n	eeded.		
County: S	SAN DIEGO	COUNTY	Provider:	Valley Center Fire Dep	partment Resp	onse Zo	Valley Cente	r Fire Protection
Address: 28234 LILAC ROAD VALLEY CENTER, CA 92082-5718 Phone (760) 751-7600 Number:		Average Number of An At 12:00 p.m. (noon) or		mbulances on Duty	0			
Written C		Medical Director: ⊠ Yes □ No	System ⊠ Yes	Available 24 Hours: ☐ No	☐ Transport ☑ Non-Transport	Level of AL BL	LS 🗆 7-Digit	⊠ Ground t □ Air □ Water
							O IFT	
⊠ Pı	ership: ublic rivate	If Public: ☑ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	Public: ☐ County ☑ Fire District	If Air: ☐ Rotary ☐ Fixed Wing		Air Classifi Auxiliary F Air Ambul ALS Reso	Rescue ance cue
1874	Number of e	r of responses mergency responses on-emergency responses		ransporting Agencies 0 0 0 0 r Ambulance Services		y transp gency tr		
	Number of e	er of responses emergency responses non-emergency responses			Total number of trans Number of emergence Number of non-emer	y transp		52 64

Reporting	Year:	FY	201	6-2017

		Note: Table 8 is to be	completed for each provider by cou	unty. Make copies as nee	eded.
County: SAN DIEGO COUNTY Address: 1 VIEJAS GRADE ROAD ALPINE, CA 91901		Provider: Viejas Reservation Fir	re Department Respon	se Zone: SAN DIEGO COUNTY	
			Number of Ambulance Vehicles in Fleet: 2		2
Phone (619) 659-2376 Number:		2376	Average Number of Ambulances on Duty 1 At 12:00 p.m. (noon) on Any Given Day:		1
Written Contract: Medical Director:		Medical Director:	System Available 24 Hours:	Level of Service:	
⊠ Yes	□ No	⊠ Yes □ No	⊠ Yes □ No	☐ Non-Transport	 ✓ ALS ✓ 9-1-1 ✓ Ground ✓ Air ✓ CCT ✓ Water ✓ IFT
Owne	rship:	If Public:	If Public:	<u>If Air:</u>	Air Classification:
☑ Public☑ Private☑ Law☑ OtherExplain:		☐ Law ☐ Other	☐ City ☐ County ☐ State ☐ Fire District ☑ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
			Transporting Agencies		
 543 Total number of responses 543 Number of emergency responses Number of non-emergency responses 		mergency responses	314 314 0	Total number of transport Number of emergency to the Number of non-emergency to the Number of transport t	transports
			Air Ambulance Services		
Total number of responses Number of emergency responses Number of non-emergency responses				Total number of transport Number of emergency Number of non-emerge	transports

Reporting Year: FY 2016-2017

		Note: Table 8 is to be	completed	for each provider by cou	nty. Make copies as n	eeded.	
County: SA	AN DIEGO	COUNTY	Provider:	Vista Fire Department	Respo	onse Zone	: CITY OF VISTA
Address: 175 NORTH MELROSE DRIVE			Number of Ambulance	e Vehicles in Fleet:	4		
Phone Number:			Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:		4		
Written Co	ntract:	Medical Director:	System Available 24 Hours:		Level of Service:		
⊠ Yes □ No ⊠ Yes □ No		⊠ Yes	□ No	☑ Transport ☑ Non-Transport	⊠ ALS □ BLS □ LALS	⋈ 9-1-1⋈ Ground⋈ 7-Digit⋈ Air⋈ CCT⋈ Water⋈ IFT	
				I D. I.I'.	If Air:		Air Classification:
Owners Pub	olic	If Public: ☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Feder	Fublic: County Fire District	☐ Rotary ☐ Fixed Wing		☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue
			Tı	ransporting Agencies			
10466 Total number of responses 10466 Number of emergency responses Number of non-emergency responses				6386 6386 0	Number of emergency transports Number of non-emergency transports		
			<u>Ai</u>	r Ambulance Services			
Total number of responses Number of emergency responses Number of non-emergency responses					Total number of trans Number of emergence Number of non-emer	y transpor	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

EMS PLAN AMBULANCE ZONE SUMMARY FORM

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:				
San Diego County				
Area or Subarea (Zone) Name or Title:				
City of Carlsbad				
Name of Current Provider(s):				
Carlsbad Fire Department				
Area or Subarea (Zone) Geographic Description:				
City of Carlsbad				
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):				
Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of Carlsbad. Approved and authorized by the Board of Supervisors on 8/30/77.				
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):				
Emergency Ambulance				
9-1-1 Emergency Response, ALS Ambulance				
Method to achieve exclusivity, if applicable (HS 1797.224):				
Grandfathered - Area has a history of uninterrupted service with no changes to manner and scope of service since 8/30/77.				

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:
San Diego County
Area or Subarea (Zone) Name or Title:
Chula Vista
Name of Current Provider(s):
American Medical Response
Area or Subarea (Zone) Geographic Description:
The jurisdictional limits of the Bonita-Sunnyside Fire Protection District and the Cities of Chula Vista and Imperial Beach
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of Chula Vista. Approved and authorized by the Board of Supervisors on 3/8/77.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Emergency Ambulance
9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224):
Grandfathered - Area has a history of uninterrupted service with no changes to manner and scope of service since 3/8/77.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:
San Diego County
Area or Subarea (Zone) Name or Title:
Coronado
Name of Current Provider(s):
Coronado Fire Department
Area or Subarea (Zone) Geographic Description:
City of Coronado
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of Coronado Fire Department.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Emergency Ambulance
9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224):
Grandfathered - The Coronado Fire Department has a history of uninterrupted ambulance transportation service since prior to 1980.

Date: <u>FY 16-17</u>

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:
San Diego County
Area or Subarea (Zone) Name or Title:
County Service Area # 17
Name of Current Provider(s):
American Medical Response (January 1, 2014 – December 31, 2021)
Area or Subarea (Zone) Geographic Description:
Cities of Encinitas, Solana Beach, Del Mar, designated areas of Rancho Santa Fe Fire Protection District, and the communities of Del Mar Heights, Del Mar Terrace, and areas of Elfin Forest
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the members of CSA 17. ALS ambulance agreement with private contractor since 7/25/75.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Emergency Ambulance
9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224):
Provider is competitively determined.

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.

and/or nonexclusive an	ibulance 2011e.
Local EMS Agency o	r County Name:
San Diego County	
Area or Subarea (Zo	ne) Name or Title:
County Service Area	¥ 69
Name of Current Pro	ovider(s):
Santee Fire Departme	ent and Lakeside Fire Protection District
Area or Subarea (Zo	ne) Geographic Description:
City of Santee, Lakes Fire Protection Distric	side Fire Protection District, and the Bostonia area of the San Miguel of
Statement of Exclus	sivity (Exclusive or Non-Exclusive [HS 1797.6]):
Exclusive - Exclusivit Diego and the memb Supervisors on 12/18	y granted by contractual agreement between the County of San ers of CSA 69. Approved and authorized by the Board of 8/74.
Type of Exclusivity	("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Emergency Ambulan	ice
9-1-1 Emergency Re	esponse, ALS Ambulance
Method to achieve	exclusivity, if applicable (HS 1797.224):
Grandfathered - Are	a has a history of uninterrupted service with no changes to manner

and scope of service since 12/18/74.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:
San Diego County
Area or Subarea (Zone) Name or Title:
El Cajon
Name of Current Provider(s):
American Medical Response
Area or Subarea (Zone) Geographic Description:
City of El Cajon
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of El Cajon. Approved and authorized by the Board of Supervisors on 3/11/80.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Emergency Ambulance
9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224):
Grandfathered - Area has a history of uninterrupted service with no changes to manner and scope of service since 3/11/80.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:
San Diego County
Area or Subarea (Zone) Name or Title:
Escondido
Name of Current Provider(s):
Escondido Fire Department
Area or Subarea (Zone) Geographic Description:
City of Escondido and the unincorporated areas of the Rincon Del Diablo Municipal Water District identified as Improvement District E
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of Escondido. Approved and authorized by the Board of Supervisors on 8/30/77.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Emergency Ambulance
9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224):
Grandfathered - Area has a history of uninterrupted service with no changes to manner and scope of service since 8/30/77.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:
San Diego County
Area or Subarea (Zone) Name or Title:
Grossmont Hospital District, Zone 1- Suburban
Name of Current Provider(s):
American Medical Response
Area or Subarea (Zone) Geographic Description:
Cities of La Mesa and Lemon Grove, San Miguel Fire Protection District excluding areas of Bostonia and Crest (pre-2008 district boundary)
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the Grossmont Hospital District. Approved and authorized by the Board of Supervisors on 5/15/79.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Emergency Ambulance
9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224):
Grandfathered - Area has a history of uninterrupted service with no changes to manner and scope since 5/15/79.

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.

ocal EMS Agency or Co	unty Name:
San Diego County	
Area or Subarea (Zone) N	lame or Title:
Grossmont Hospital Distric	t, Zone 2 – Rural and Otay Mesa
Name of Current Provide	r(s):
Mercy Medical Transportat	tion, Inc. (April 1, 2015 - June 30, 2018)
Area or Subarea (Zone) (Geographic Description:
Unincorporated east and s	southern County areas
Statement of Exclusivity	(Exclusive or Non-Exclusive [HS 1797.6]):
Exclusive - Exclusivity grandlego and the Grossmont Supervisors on 5/15/79.	nted by contractual agreement between the County of San Hospital District. Approved and authorized by the Board of
Type of Exclusivity ("Em	nergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Emergency Ambulance	
9-1-1 Emergency Respon	se, ALS Ambulance

Provider is competitively determined. Although the Hospital District has had the exclusive zone since 1979, this portion of the District did not have ALS services until July 1994 and therefore was established through a competitive process.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:				
San Diego County				
Area or Subarea (Zone) Name or Title:				
Alea of Subarea (Lotte) Harrie of Title.				
Julian-Cuyamaca				
Name of Current Provider(s):				
Julian-Cuyamaca Fire Protection District (April 1, 2014 through June 30, 2018)				
Area or Subarea (Zone) Geographic Description:				
Julian-Cuyamaca Fire Protection District, unincorporated east and central County areas				
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):				
Exclusivity granted by contractual agreement between the County of San Diego and the Julian-Cuyamaca Fire Protection District. Approved and authorized by the Board of Supervisors on 11/10/2000.				
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):				
Emergency Ambulance				
9-1-1 Emergency Response, ALS Ambulance				
Method to achieve exclusivity, if applicable (HS 1797.224):				
Provider is competitively determined.				

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:
Local EMS Agency of Sounty Hamo.
San Diego County
Area or Subarea (Zone) Name or Title:
National City
Name of Current Provider(s):
American Medical Response
Area or Subarea (Zone) Geographic Description:
City of National City and Lower Sweetwater Fire Protection District
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Non-Exclusive
Method to achieve exclusivity, if applicable (HS 1797.224):
Non-Exclusive (LEMSA competitive process planned for FY 2018-2019.)

Date: <u>FY 16-17</u>

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:
San Diego County
Area or Subarea (Zone) Name or Title:
North County Fire Protection District
Name of Current Provider(s):
North County Fire Protection District
Area or Subarea (Zone) Geographic Description:
North County Fire Protection District
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the North County Fire Protection District.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Emergency Ambulance
9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224):
Grandfathered - The North County Fire Protection District has a history of uninterrupted ambulance transportation service since prior to 1980.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:		
San Diego County		
Area or Subarea (Zone) Name or Title:		
Oceanside		
Name of Current Provider(s):		
Oceanside Fire Department		
Area or Subarea (Zone) Geographic Description:		
City of Oceanside		
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):		
Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of Oceanside. Approved and authorized by the Board of Supervisors on 3/29/77.		
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):		
Emergency Ambulance		
9-1-1 Emergency Response, ALS Ambulance		
Method to achieve exclusivity, if applicable (HS 1797.224):		
Grandfathered. Area has a history of uninterrupted service with no changes to manner and scope of service since 3/29/77.		

Date: <u>FY 16-17</u>

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:
San Diego County
Area or Subarea (Zone) Name or Title:
Ocotillo Wells (formerly known as Desert)
Name of Current Provider(s):
Borrego Springs Fire Protection District
Area or Subarea (Zone) Geographic Description:
Unincorporated areas of Ocotillo Wells, portions of Anza-Borrego State Park, and surrounding desert communities
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Method to achieve exclusivity, if applicable (HS 1797.224):

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:
San Diego County
A C. L (Zone) Name or Title:
Area or Subarea (Zone) Name or Title:
Pala Indian Reservation
Name of Current Provider(s):
Pala Fire Department
Area or Subarea (Zone) Geographic Description:
Pala Indian Reservation
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Exempt – Pala Band of Mission Indians
Although a sovereign nation, the Pala Band of Mission Indians voluntarily incorporated its ALS service into the San Diego County EMS system through agreement with the County on August 1, 2006.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Exempt
Method to achieve exclusivity, if applicable (HS 1797.224):
Exempt

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:
San Diego County
Area or Subarea (Zone) Name or Title:
Poway
Name of Current Provider(s):
Poway Fire Department
Area or Subarea (Zone) Geographic Description:
City of Poway
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of Poway. Approved and authorized by the Board of Supervisors on 12/4/76.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Emergency Ambulance
9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224):
Grandfathered - Area has a history of uninterrupted service with no changes to scope and manner of service since 12/4/76.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:
San Diego County
Area or Subarea (Zone) Name or Title:
Ramona
Name of Current Provider(s):
CAL FIRE
Area or Subarea (Zone) Geographic Description:
Ramona Municipal Water District
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Exclusive - Exclusivity granted by contractual agreement between the county of San Diego and the Ramona Municipal Water District. Approved and Authorized by the Board of Supervisors on 10/11/88.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Emergency Ambulance
9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224):
The RMWD has been providing or contracting for emergency ambulance transportation prior to January 1, 1981, and has an agreement with the County to be integrated into the EMS system, and is therefore eligible for exclusivity without a competitive process since there has been no change in manner and scope.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:
San Diego County
Area or Subarea (Zone) Name or Title:
Rincon Indian Reservation
Name of Current Provider(s):
Rincon Fire Department
Area or Subarea (Zone) Geographic Description:
Rincon Indian Reservation
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Exempt - Rincon Band of Luiseno Indians
Although a sovereign nation, the Rincon Band of Luiseno Indians voluntarily incorporated its ALS service into the San Diego County EMS system through agreement with the County on March 30, 2010.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Exempt
Method to achieve exclusivity, if applicable (HS 1797.224):
Exempt

FMS 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: San Diego County Area or Subarea (Zone) Name or Title: San Diego Name of Current Provider(s): Rural/Metro (AMR) Area or Subarea (Zone) Geographic Description: City of San Diego, except those areas which are encompassed in a County Service Area Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of San Diego. Approved and authorized by the Board of Supervisors on 5/21/91. Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):

Emergency Ambulance

9-1-1 Emergency Response, ALS Ambulance

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

Grandfathered - The City of San Diego has a history of providing uninterrupted advanced life support ambulance transportation service through subcontracted providers with no changes in scope and manner of service since prior to 1980.

- 1978 to 1984 City of San Diego (subcontract to Medevac Ambulance)
- 1984 to 1993 City of San Diego (subcontract to Hartson Medical Services)
- 1993 to 1996 City of San Diego (subcontract to American Medical Services)
- 1997 to 2008 City of San Diego (subcontract to San Diego Medical Services)
- 2009 to 2011 City of San Diego (subcontract to San Diego Medical Services)
- 2011* to present City of San Diego (subcontract to Rural/Metro of San Diego)

*In 2011 the Joint Venture with San Diego Fire and Rescue and Rural/Metro dissolved; Rural/Metro bought the City of San Diego's interest in San Diego Medical Services.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:
San Diego County
Area or Subarea (Zone) Name or Title:
San Marcos
Name of Current Provider(s):
San Marcos Fire Department (September 14, 2009 – September 14, 2019)
Area or Subarea (Zone) Geographic Description:
City of San Marcos and San Marcos Fire Protection District
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of San Marcos. Approved and authorized by the Board of Supervisors on 12/1/87.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Emergency Ambulance
9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224):
Provider is competitively determined. (LEMSA competitive process planned for FY 2018-2019.)

Date: <u>FY 16-17</u>

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:	
San Diego County	
Area or Subarea (Zone) Name or Title:	
Sycuan Indian Reservation	•
Name of Current Provider(s):	
Sycuan Fire Department	
Area or Subarea (Zone) Geographic Description:	
Sycuan Indian Reservation	, =
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):	
Exempt - Sycuan Band of the Kumeyaay Nation	
Although a sovereign nation, the Sycuan Tribal Council voluntarily incorposervice into the San Diego County EMS system through agreement with August 1, 1997.	oorated its ALS the County on
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [H	S 1797.85]):
Exempt	
Method to achieve exclusivity, if applicable (HS 1797.224):	
Exempt	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:
San Diego County
Area or Subarea (Zone) Name or Title:
Valley Center
Name of Current Provider(s):
Mercy Medical Transportation, Inc. (July 1, 2015 – June 30, 2019)
Area or Subarea (Zone) Geographic Description:
Valley Center Fire Protection District, unincorporated east and northern County areas
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the Valley Center Fire Protection District. Approved and authorized by the Board of Supervisors on 7/01/2001.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Emergency Ambulance
9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224):
Provider is competitively determined.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

EMS PLAN AMBULANCE ZONE SUMMARY FORM

Local EMS Agency or County Name:
San Diego County
Area or Subarea (Zone) Name or Title:
Vista
Name of Current Provider(s):
Vista Fire Department
Area or Subarea (Zone) Geographic Description:
City of Vista and Vista Fire Protection District
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):
Exclusive - Exclusivity granted by contractual agreement between the County of San Diego and the City of Vista. Approved and authorized by the Board of Supervisors on 8/30/77.
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):
Emergency Ambulance
9-1-1 Emergency Response, ALS Ambulance
Method to achieve exclusivity, if applicable (HS 1797.224):
Grandfathered - Area has a history of uninterrupted service with no changes to scope and manner of service since 8/30/77.

TABLE 9: FACILITIES FY 2016-2017 County: ___San Diego ____ Note: Complete information for each facility by county. Make copies as needed. Telephone Number: (619) 287-3270 ALVARADO HOSPITAL Facility: 6655 ALVARADO ROAD Address: SAN DIEGO, CA 92120 **Burn Center:** Base Hospital: Service: **Written Contract:** ☐ Yes ⊠ No ☐ Yes ⊠ No Standby Emergency Referral Emergency ☐ Yes ⊠ No Comprehensive Emergency **Basic Emergency** If Trauma Center what level: Trauma Center: Pediatric Critical Care Center¹ No

 \boxtimes

No

☐ Yes ⊠ No

☐ Level II

☐ Level IV

☐ Level I

☐ Level III

STEMI Center:	Stroke Center:			
⊠ Yes □ No	⊠ Yes □ No			

EDAP²

PICU³

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County:San Dieg	0	Reporting Ye	ar: FY 2016-2017				
Note: Complete informati	on for each facility by co	unty. Make copies	s as needed.			8	
	DIEGO MEDICAL CENTE	R T	elephone Number:	(858) 266-5000			
, taa. 000.	ONT MESA BLVD	w .					
SAN DIEGO, C	A 92123	-					
Written Contract:		Service:		В	ase Hospital:	Burn Center:	
☐ Yes ⊠ No	☐ Referral Emerge	gency 🗆 :	Standby Emergency Comprehensive Eme	ergency	Yes ⊠ No	□ Yes ⊠ No	
Pediatric Critical Care Center ¹ ☐ Yes ☒		es ⊠ No	Trauma Center: If Trauma		If Trauma Cente	Center what level:	
EDAP ² PICU ³	□ Y	es ⊠ No ′es ⊠ No	□ Yes ⊠ N		☐ Level II	□ Level II □ Level IV	
STEMI Cente	r: Stro	ke Center:	1				
☐ Yes ⊠ I	No 🛭 🖂 Ye	es 🗆 No					

TABLE 9: FACILITIES

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Reporting Year: FY 2016-2017 County: San Diego Note: Complete information for each facility by county. Make copies as needed. Telephone Number: (619) 528-5000 KAISER ZION MEDICAL CENTER Facility: 4647 ZION AVENUE Address: SAN DIEGO, CA 92120 **Burn Center:** Base Hospital: Service: **Written Contract:** ☐ Yes ☒ No ☐ Yes ☒ No. Standby Emergency Referral Emergency ☐ Yes ☒ No Comprehensive Emergency Basic Emergency If Trauma Center what level: Trauma Center: Pediatric Critical Care Center¹ No EDAP² ☐ Level II ☐ Level I Yes
No

☐ Level IV

☐ Level III

 \boxtimes

No

STEMI Center:	Stroke Center:
☐ Yes ⊠ No	⊠ Yes □ No

TABLE 9: FACILITIES

PICU³

Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES Reporting Year: FY 2016-2017 County: San Diego Note: Complete information for each facility by county. Make copies as needed. (619) 532-6400 Telephone Number: NAVAL MEDICAL CENTER SAN DIEGO Facility: 34800 BOB WILSON DRIVE Address: SAN DIEGO, CA 92134 Base Hospital: **Burn Center:** Service: **Written Contract:** ☐ Yes ⊠ No Standby Emergency □ Yes Referral Emergency ☐ Yes ☒ No Comprehensive Emergency **Basic Emergency** If Trauma Center what level: Trauma Center: Pediatric Critical Care Center¹ No EDAP² No ☐ Level II ☐ Levell ☐ Yes ⊠ No PICU³ Yes \boxtimes No ☐ Level IV ☐ Level III **Stroke Center: STEMI Center:**

Yes □ No □ Yes ☒ No

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES				ā	
County:San Dieg	0	Reporting \	Year: FY 2016-2017		
Note: Complete informati					
Address: PALOMAR ME 2185 CITRACA ESCONDIDO, C		ONDIDO	Telephone Number: (760) 281	I-5000	
Written Contract:		Service	<u>e:</u>	Base Hospital:	Burn Center:
⊠ Yes □ No	☐ Referral Er 図 Basic Eme			⊠ Yes □ No	□ Yes ⊠ No
Pediatric Critical Care	Center ¹ □	Yes ⊠ No	Trauma Center:	If Trauma Cent	er what level:
EDAP ² PICU ³		Yes ⊠ No Yes ⊠ No	⊠ Yes □ No	☐ Level III	□ Level II □ Level IV
STEMI Center	<u>r:</u>	Stroke Center:			

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Note: Complete informa	tion for each facility by county. N EDICAL CENTER POWAY ADO ROAD	porting Year: FY 2016-2017 lake copies as needed. Telephone Number: (858) 613-	4000	
Written Contract: ☐ Yes ☒ No	☐ Referral Emergency ☑ Basic Emergency	Service: Standby Emergency Comprehensive Emergency	Base Hospital: ☐ Yes ☒ No	Burn Center: ☐ Yes ⊠ No
Pediatric Critical Card EDAP ² PICU ³	e Center ¹	No No No	☐ Level III	Level IV
STEMI Cente	er: Stroke Cer No ⊠ Yes □	nter: No		

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County:San Dieg	o Repor	ting Year: FY 2016-2017		
Note: Complete information	on for each facility by county. Make	e copies as needed.		
Address: PARADISE VAI 2400 EAST FOU NATIONAL CIT		Telephone Number: (619) 47	0-4321	
Written Contract:	Se	ervice:	Base Hospital:	Burn Center:
☐ Yes ⊠ No	☐ Referral Emergency☑ Basic Emergency	Standby EmergencyComprehensive Emergency	☐ Yes ⊠ No	☐ Yes ⊠ No
Pediatric Critical Care	Center¹ □ Yes ⊠ N	lo <u>Trauma Center:</u>	If Trauma Cent	er what level:
EDAP ² PICU ³	☐ Yes ⊠ N	lo □ Yes ⊠ No	Level III	☐ Level II☐ Level IV
STEMI Center	Stroke Cente	er:		

☐ Yes ☒ No

TABLE 9: FACILITIES

☐ Yes ⊠ No

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County:	San Dieg	0	Reporting Y	'ear: FY 2016-2017		
Note: Comp	lete informati	on for each fa	acility by county. Make copi	es as needed.		
Address: 3	RADY CHILDR 6020 CHILDRE SAN DIEGO, C	N'S WAY	AL SAN DIEGO	Telephone Number: (858) 576	6-1700	
Written C	ontract:		Service	9;	Base Hospital:	Burn Center:
⊠ Yes	□ No		erral Emergency	Standby Emergency Comprehensive Emergency	☐ Yes ⊠ No	☐ Yes ⊠ No
Pediatric C	ritical Care	Center ¹	⊠ Yes □ No	Trauma Center:	If Trauma Cent	ter what level:
EDAP ² PICU ³	Titloui Guio		✓ Yes □ No✓ Yes □ No	⊠ Yes □ No	Level III	□ Level II □ Level IV
S	TEMI Cente	r:	Stroke Center:			
	.0	No	☐ Yes ⊠ No		*:	

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County: _	San Diego	Reporting	Year: FY 2016-2017		
Facility:	plete information for each SCRIPPS GREEN HOSPITA 10666 NORTH TORREY PIN		pies as needed. Telephone Number: (858) 45	5-9100	
	LA JOLLA, CA 92037	LOTIOND			
7			,		9
Written (Contract:	Servio	ce:	Base Hospital:	Burn Center:
□ Yes	□ Ba	erral Emergency sic Emergency Has an urgent care cer	Comprehensive Emergency	☐ Yes ⊠ No	☐ Yes ⊠ No
	Critical Care Center ¹	☐ Yes ⊠ No	Trauma Center:	If Trauma Cent	er what level:
EDAP ² PICU ³		□ Yes ⊠ No □ Yes ⊠ No	☐ Yes ⊠ No	☐ Level II	☐ Level II☐ Level IV
<u>s</u>	TEMI Center:	Stroke Center:			*
	Yes ⊠ No	☐ Yes ⊠ No			

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County: San Diego Reporting Year: FY 2016-2017 Note: Complete information for each facility by county. Make copies as needed. SCRIPPS MEMORIAL HOSPITAL - ENCINITAS Telephone Number: (760) 633-6501 Facility: Address: 354 SANTA FE DRIVE ENCINITAS, CA 92024 Base Hospital: **Burn Center: Written Contract:** Service: ☐ Yes ☒ No ☐ Yes ☒ No Standby Emergency Referral Emergency Yes ⊠ No Comprehensive Emergency **Basic Emergency**

X

 \boxtimes

Yes

Yes

Yes

No

No

No

Trauma Center:

Yes 🛛 No

If Trauma Center what level:

☐ Level II

☐ Level IV

☐ Levell

☐ Level III

STEMI Center:	Stroke Center:
⊠ Yes □ No	⊠ Yes □ No

TABLE 9: FACILITIES

Pediatric Critical Care Center¹

EDAP²

PICU³

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES	NATE OF THE PROPERTY OF THE PR			
County:San Diego	o Reporting Y on for each facility by county. Make copie	ear: FY 2016-2017 es as needed.		
	ORIAL HOSPITAL - LA JOLLA AVE.	Telephone Number: (858) 62	26-4123	ů.
Written Contract: ⊠ Yes □ No	Service ☐ Referral Emergency ☐ ☑ Basic Emergency ☐	Standby Emergency Comprehensive Emergency	Base Hospital:	Burn Center: ☐ Yes ⊠ No
Pediatric Critical Care EDAP ² PICU ³	Center¹ ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No	Trauma Center: ⊠ Yes □ No	If Trauma Cent Level I Level III	er what level: Level Level
STEMI Cente	r: Stroke Center:		0 0	

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

0. \$1		180		
County:San Dieg	go Reporting Ye	ear: FY 2016-2017		
		s as needed. Telephone Number: (619) 69	1-7000	× ×
Written Contract: ☐ Yes ☒ No	Service: ☐ Referral Emergency ☐ ☐ Basic Emergency ☐	Standby Emergency Comprehensive Emergency	Base Hospital: ☐ Yes ⊠ No	Burn Center: ☐ Yes ⊠ No
Pediatric Critical Care EDAP ² PICU ³	Center¹ ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No	Trauma Center: ☐ Yes ⊠ No	If Trauma Cent Level I Level III	er what level: Level II Level IV
STEMI Cente	r: Stroke Center:			

TABLE 9: FACILITIES

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 Reporting Year: FY 2016-2017 County: ___San Diego ___ Note: Complete information for each facility by county. Make copies as needed.

Telephone Number: (619) 294-8111 SCRIPPS MERCY HOSPITAL Facility: 4077 FIFTH AVENUE Address: SAN DIEGO, CA 92103

Written Contract:	9	Service:	Base Hospital:	Burn Center:
⊠ Yes □ No	□ Referral Emergency☑ Basic Emergency	Standby EmergencyComprehensive Emergency	⊠ Yes □ No	☐ Yes ⊠ No

Pediatric Critical Care Center ¹	☐ Yes ⊠ No	Trauma Center:	If Trauma Cent	er what level:
EDAP ² PICU ³	☐ Yes ⊠ No ☐ Yes ⊠ No	⊠ Yes □ No	□ Level III	☐ Level IV

STEMI Center:	Stroke Center:
⊠ Yes □ No	⊠ Yes □ No

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

		8	*	
County:San Diego	Reporting Ye	ear: FY 2016-2017		
Note: Complete information for e	ach facility by county. Make copies	s as needed.		
Facility: SHARP CHULA VISTA	· · · · · · · · · · · · · · · · · · ·	Telephone Number: (619) 502	2-5800	
Address: 751 MEDICAL CENTER CHULA VISTA, CA 91				
5.132.1 1.5.11, 5/1 0.1				
Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☒ No ☐ ☒		Standby Emergency Comprehensive Emergency	□ Yes ⊠ No	☐ Yes ⊠ No
Pediatric Critical Care Center	.¹ □ Yes ⊠ No	Trauma Center:	If Trauma Cent	er what level:
EDAP ² PICU ³	☐ Yes ⊠ No ☐ Yes ⊠ No	☐ Yes ⊠ No	☐ Level III	☐ Level IV
STEMI Center:	Stroke Center:			
⊠ Yes □ No				

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

TABLE 9: FACILITIES				
County:San Diego	Rep	porting Year: FY 2016-2017	# 51 5	
	IADO HOSPITAL PLACE	Telephone Number: (619) 522	2-3600	
Written Contract: ☐ Yes ☒ No	□ Referral Emergency □ Basic Emergency	Service: Standby Emergency Comprehensive Emergency	Base Hospital: ☐ Yes ☒ No	Burn Center: ☐ Yes ⊠ No
Pediatric Critical Care (EDAP ² PICU ³	Center¹ □ Yes ⊠ □ Yes ⊠ □ Yes ⊠	No <u>Trauma Center:</u> No □ Yes ☒ No	If Trauma Cent ☐ Level I ☐ Level III	er what level: Level II Level IV
STEMI Center	Stroke Cen	iter:		

STEMI Center:	Stroke Center:
☐ Yes ⊠ No	⊠ Yes □ No

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Reporting Year: FY 2016-2017 San Diego County: Note: Complete information for each facility by county. Make copies as needed. SHARP GROSSMONT HOSPITAL Telephone Number: (619) 740-6000 Facility: 5555 GROSSMONT CENTER DRIVE Address: LA MESA, CA 91942 **Burn Center:** Base Hospital: Service: **Written Contract:** ☐ Yes ⊠ No Standby Emergency Yes

No Referral Emergency Yes

No Comprehensive Emergency **Basic Emergency** If Trauma Center what level: Trauma Center: Pediatric Critical Care Center¹ No EDAP² No ☐ LevelⅡ ☐ Yes ☒ No Level I PICU³ ⊠ No ☐ Level IV ☐ Level III

STEMI Center:	Stroke Center:
⊠ Yes □ No	⊠ Yes □ No

TABLE 9: FACILITIES

Meets EMSA Pediatric Critical Care Center (PCCC) Standards

Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County:San Diego Note: Complete information for	Reporting r each facility by county. Make co	g Year: FY 2016-2017 opies as needed.		
Facility: SHARP MEMORIAL Address: 7901 FROST STREET SAN DIEGO, CA 92		Telephone Number: (858) 93	9-3400	
Written Contract:	Servi	ice:	Base Hospital:	Burn Center:
	9	□ Standby Emergency □ Comprehensive Emergency	⊠ Yes □ No	☐ Yes ⊠ No
Pediatric Critical Care Cen	ter¹ □ Yes ⊠ No	Trauma Center:	If Trauma Cent	ter what level:
EDAP ² PICU ³	□ Yes ⊠ No □ Yes ⊠ No	⊠ Yes □ No	☐ Level III	
STEMI Center: ☑ Yes □ No	Stroke Center:			

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

	on for each facility by county. Make		24-8411	3
Written Contract: ⊠ Yes □ No	□ Referral Emergency □ Basic Emergency	rvice: ☐ Standby Emergency ☐ Comprehensive Emergency	Base Hospital: ⊠ Yes □ No	Burn Center: ☐ Yes ⊠ No
Pediatric Critical Care EDAP ² PICU ³	Center ¹ ☐ Yes ☒ No ☐ Yes ☒ No ☐ Yes ☒ No	O Voc M No	If Trauma Center ☐ Level III	er what level: Level II Level IV
STEMI Center ☑ Yes □ N	<u>Stroke Center</u> No ⊠ Yes □ No			

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

TABLE 9:	FACILITIES
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o Reporting Yea	ar: FY 2016-2017	a^{C}	. 2
on for each facility by county. Make copies	as needed.		
OR DR.	elephone Number:	(619) 543-6222	
			7.3
Service:	*	Base Hospital:	Burn Center:
_ , , , ,		gency ⊠ Yes □ No	⊠ Yes □ No
Center¹ ☐ Yes ☒ No	Trauma Center:	If Trauma Cent	er what level:
□ Yes ⊠ No □ Yes ⊠ No	⊠ Yes □ No	D	☐ Level II☐ Level IV
r: Stroke Center:			
No ⊠ Yes □ No			
	Service: Referral Emergency Basic Emergency Yes No Yes No Yes No Yes No	Telephone Number: Service: Referral Emergency Basic Emergency Yes No Stroke Center:	Telephone Number:

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9:	FACILITIES							
	San Dieg mplete information UCSD THORN 9300 CAMPUS LA JOLLA, CA	on for each fa TON HOSPITA POINT DRIVE	acility by coui			ear: FY 2016-2017 es as needed. Telephone Number: (858) 65	7-7000	
	a Contract:		erral Emerg sic Emergen	ency	rvice	Standby Emergency Comprehensive Emergency	Base Hospital: ☐ Yes ⊠ No	Burn Center: ☐ Yes ☒ No
Pediatric EDAP ² PICU ³	: Critical Care	Center ¹	□ Y€	es 🗵 N	o	Trauma Center: ☐ Yes ☒ No	If Trauma Cent Level I Level III	er what level: Level II Level IV
	STEMI Cente	<u>r:</u>	Strok	ce Center	<u>r:</u>			

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Facility: U.S. NAVAL H Address: 200 MERCY CII	on for each facility by county. M OSPITAL - CAMP PENDLETON		0) 725-1288	
Written Contract: ☐ Yes ⊠ No	□ Referral Emergency⊠ Basic Emergency	Service: Standby Emergency Comprehensive Emergen	Base Hospital: ☐ Yes ☒ No	Burn Center: ☐ Yes ☒ No
Pediatric Critical Care EDAP ² PICU ³	Center¹ ☐ Yes ☒ ☐ Yes ☒ ☐ Yes ☒	No Vos M No	If Trauma Cent ☐ Level I ☐ Level III	ter what level: Level II Level IV
STEMI Cente ☐ Yes ⊠ I	r: Stroke Cer	nter: No		

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9:	FACILITIES							
		oon for each facility by			ear: FY 2016-2017 s as needed.			
Facility:	SYSTEM	FAIRS SAN DIEGO HE	ALTHCARE	_	Telephone Number:	(858) 552-8	585	
Address:		VILLAGE DRIVE						
	SAN DIEGO, C	A 92161						
Written	Contract:		Se	rvice	1		Base Hospital:	Burn Center:
□ Ye:	s 🛭 No	☐ Referral Em ☑ Basic Emer	•		Standby Emergency Comprehensive Eme	ergency	□ Yes ⊠ No	☐ Yes ⊠ No
	-			****				
Pediatric	Critical Care	Center ¹	Yes ⊠ N		Trauma Cente	er:	If Trauma Cent	er what level:
EDAP ² PICU ³	兹		Yes ⊠ N Yes ⊠ N		□ Yes ⊠ N	No	☐ Level II	☐ Level IV
-					7			

STEMI Center:	Stroke Center:
☐ Yes ⊠ No	□ Yes ⊠ No

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TAR	LE	10.	APPROVED	TRAINING	PROGRAMS
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NOTE: Ta			College	-				619-593-6782
roining In	etitution:	LIVIOIA	College				Telephone Number:	
raining In	Stitution.	11/180 \	Voodside Av	venue	-			
ddress:			CA 92071	VOITAG	10		1.	
tudent	Open to		0/102071		**Program Level EMT-	Р	-	
igibility*:	public	general	Cost of Prog	ıram:		-		
gibility .	public		Basic:	11500	Number of students comple	eting training per yea	ar:	
			Refresher:	N/A	Initial training:		32	
	*:				Refresher:		_0	<u> </u>
					Continuing Education	:	0	
					Expiration Date:		11/30/19	9
					Number of courses:			
					Initial training:		3 0	
					Refresher:			
Open to ge	eneral public	or restricte	d to certain pe	ersonnel c	Continuing Education		0	nation for each level
Indicate v	whether EM	EMSTA	College	I, or EMR;	Continuing Education		0	nation for each level. 619-593-6782
Indicate v	eneral public whether EMT	EMSTA	EMT-P, MICN A College Woodside A	I, or EMR;	Continuing Education		0 one level complete all inform	
' Indicate v raining Ir	whether EM	EMSTA	EMT-P, MICN A College	I, or EMR;	Continuing Education nly. if there is a training program t	hat offers more than o	0 one level complete all inform	
* Indicate v Training Ir Address:	whether EMT	EMSTA 11489 \ Santee	EMT-P, MICN A College Woodside A , CA 92071	venue	Continuing Education	hat offers more than o	0 one level complete all inform	
* Indicate v Fraining Ir Address:	whether EMT	EMSTA 11489 \ Santee	Cost of Prog	venue gram:	Continuing Education nly. if there is a training program t **Program Level EMT	hat offers more than o	one level complete all information. Telephone Number:	
raining Ir address:	whether EMT	EMSTA 11489 \ Santee	Cost of Prog Basic:	venue gram: 1000	Continuing Education nly. if there is a training program t **Program LevelEMT Number of students comple	hat offers more than o	one level complete all inform Telephone Number:	
raining Ir address:	whether EMT	EMSTA 11489 \ Santee	Cost of Prog	venue gram:	Continuing Education nly. if there is a training program t **Program LevelEMT Number of students comple Initial training:	hat offers more than o	nne level complete all inform Telephone Number:	
raining Ir ddress:	whether EMT	EMSTA 11489 \ Santee	Cost of Prog Basic:	venue gram: 1000	continuing Education nly. if there is a training program t **Program LevelEMT Number of students comple Initial training: Refresher:	that offers more than of the control	one level complete all inform Telephone Number:	
raining Ir address:	whether EMT	EMSTA 11489 \ Santee	Cost of Prog Basic:	venue gram: 1000	**Program Level EMT Number of students completed initial training: Refresher: Continuing Educations	that offers more than of the control	Telephone Number: T: 401 152 0	
* Indicate v Training Ir Address:	whether EMT	EMSTA 11489 \ Santee	Cost of Prog Basic:	venue gram: 1000	**Program Level EMT Number of students completed initial training: Refresher: Continuing Education: Expiration Date:	that offers more than of the control	Telephone Number: T: 401 152	
* Indicate v Fraining Ir Address:	whether EMT	EMSTA 11489 \ Santee	Cost of Prog Basic:	venue gram: 1000	**Program Level EMT Number of students completed Initial training: Refresher: Continuing Education: Expiration Date: Number of courses:	that offers more than of the control	Telephone Number: r: 401 152 0 5/31/19	
* Indicate v	whether EMT	EMSTA 11489 \ Santee	Cost of Prog Basic:	venue gram: 1000	**Program Level EMT Number of students completed initial training: Refresher: Continuing Education: Expiration Date:	that offers more than of the control	Telephone Number: T: 401 152 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.

TARIF 10.	APPROVED	TRAINING	PROGRAMS
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County: _	San Di	ego			Repo	orting Year:FY 2	016-2017		
NOTE: Tab	ole 10 is to	be comp	oleted by cou	unty. Ma	ke copies to add pages a	as needed.			
Training Ins	stitution:	Grossm	ont Health (Occupati	ons		Telephone Number:	619-956-4300	-
Address:			akbourne Ro , CA 92071	d					
Student Eligibility*:	Open to g		Cost of Prog	ram:	**Program Level EM1	T-1			
		****	Basic: Refresher:	375 100	Number of students comp Initial training:	pleting training per year:	61	3	
					Refresher: Continuing Educatio Expiration Date:	on:	0 5/31/19		
1					Number of courses: Initial training:		4	-	
-					Refresher: Continuing Education	on:	0	-	
*On an to gon	oral public	or roctricto	d to certain ne	ersonnel o	nly	*		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

^{*}Open to general public or restricted to certain personnel only.

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

		Health	care Academ	y of Cal	lifornia				760-232-4050	
Fraining Inst	itution:							Telephone Number:		
Address:		2420 \	√ista Way #2	15						
		Ocean	side, CA 920	54						
Student	Open to	general			**Program Level	EMT-1				
	public		Cost of Prog	ram:						
_			Basic:	1200	Number of students	s completing tra	aining per year:			
			Refresher:	250	Initial training:			67	Q =	
					Refresher:			0		
					Continuing Ed	ucation:		0	5	
			A.C.		Expiration Dat			6/30/20		
					Number of courses	:		_		
					Initial training:			7		
					Refresher:			0	-	
					Continuing Ed	lucation:		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.

TARLE 10.	APPROVED	TRAINING	PROGR	AMS
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		Miramar Communi	ity Colleg	le	Talambana Nimakan	619-388-7968
Training In	stitution: _				Telephone Number:	
Address:		10440 Black Moun		d		
		San Diego, CA 92	126			
Student	Open to ge			**Program Level EMT-1		
Eligibility*:	public	Cost of Pro				
		Basic:	322	Number of students completing training per	year: 860	
		Refresher:	46	Initial training:	78	_
				Refresher:	910	_
				Continuing Education:	5/31/19	_
				Expiration Date:	3/01/12	_
				Number of courses:	24	
				Initial training: Refresher:	2	_
				Refresher.		
Open to ge	eneral public or	restricted to certain p	personnel	Only.	39	rmation for each level
*Open to ge ** Indicate v	vhether EMT-I,	restricted to certain p AEMT, EMT-P, MIC National University	N, or EMR	only. k; if there is a training program that offers more that	an one level complete all info	rmation for each level
** Indicate v	vhether EMT-I,	AEMT, EMT-P, MIC	N, or EMR	only. k; if there is a training program that offers more that		
** Indicate v Training Ir	vhether EMT-I,	AEMT, EMT-P, MIC	N, or EMR	only. k; if there is a training program that offers more that	an one level complete all info	
** Indicate v Training Ir	vhether EMT-I, nstitution:	AEMT, EMT-P, MIC	N, or EMR y Polytec	only. c, if there is a training program that offers more that hnic Institute	an one level complete all info	
** Indicate v Training Ir Address:	vhether EMT-I, 	AEMT, EMT-P, MIC National University 3570 Aero Court San Diego, CA 92	N, or EMR y Polytec	only. k; if there is a training program that offers more that	an one level complete all info	
** Indicate v Training Ir Address:	vhether EMT-I, nstitution:	AEMT, EMT-P, MIC National University 3570 Aero Court San Diego, CA 92	N, or EMR y Polytec	only. R; if there is a training program that offers more that has a training program tha	an one level complete all info Telephone Number:	
** Indicate v Training Ir Address:	vhether EMT-I,	AEMT, EMT-P, MIC National University 3570 Aero Court San Diego, CA 92 eneral	y Polytec 123 ogram: 1067	only. R; if there is a training program that offers more that the shrinc Institute **Program LevelEMT-1 Number of students completing training per y	an one level complete all info Telephone Number:	
** Indicate v Training Ir Address: Student	vhether EMT-I,	AEMT, EMT-P, MICE National University 3570 Aero Court San Diego, CA 92 eneral Cost of Pro	y Polytec 123 ogram: 1067	only. R; if there is a training program that offers more that the shrinc Institute **Program Level <u>EMT-1</u> Number of students completing training per younger in the students.	an one level complete all info Telephone Number: year:	
** Indicate v Training Ir Address: Student	vhether EMT-I,	AEMT, EMT-P, MICE National University 3570 Aero Court San Diego, CA 92 eneral Cost of Pro Basic:	y Polytec 123 ogram: 1067	only. R; if there is a training program that offers more that the shrinc Institute **Program LevelEMT-1 Number of students completing training per you initial training: Refresher:	an one level complete all info Telephone Number: year: 111 25	
** Indicate v Training Ir Address: Student	vhether EMT-I,	AEMT, EMT-P, MICE National University 3570 Aero Court San Diego, CA 92 eneral Cost of Pro Basic:	y Polytec 123 ogram: 1067	only. R; if there is a training program that offers more that the chnic Institute **Program LevelEMT-1 Number of students completing training per your initial training: Refresher: Continuing Education:	an one level complete all info Telephone Number: year: 111 25 0	858-309-3514
** Indicate v Training Ir Address:	vhether EMT-I,	AEMT, EMT-P, MICE National University 3570 Aero Court San Diego, CA 92 eneral Cost of Pro Basic:	y Polytec 123 ogram: 1067	only. R; if there is a training program that offers more that the chnic Institute **Program LevelEMT-1 Number of students completing training per younger in the continuing: Refresher: Continuing Education: Expiration Date:	an one level complete all info Telephone Number: year: 111 25	858-309-3514
** Indicate v Training Ir Address:	vhether EMT-I,	AEMT, EMT-P, MICE National University 3570 Aero Court San Diego, CA 92 eneral Cost of Pro Basic:	y Polytec 123 ogram: 1067	only. R; if there is a training program that offers more that the shrinc Institute **Program LevelEMT-1 Number of students completing training per your initial training: Refresher: Continuing Education: Expiration Date: Number of courses:	an one level complete all info Telephone Number: year: 111 25 0	858-309-3514
** Indicate v Training Ir Address: Student	vhether EMT-I,	AEMT, EMT-P, MICE National University 3570 Aero Court San Diego, CA 92 eneral Cost of Pro Basic:	y Polytec 123 ogram: 1067	only. R; if there is a training program that offers more that the shrinc Institute **Program Level <u>EMT-1</u> Number of students completing training per you initial training: Refresher: Continuing Education: Expiration Date: Number of courses: Initial training:	rear: Telephone Number: year: 111 25 0 5/31/19	858-309-3514
** Indicate v Training Ir Address: Student	vhether EMT-I,	AEMT, EMT-P, MICE National University 3570 Aero Court San Diego, CA 92 eneral Cost of Pro Basic:	y Polytec 123 ogram: 1067	only. R; if there is a training program that offers more that the shrinc Institute **Program LevelEMT-1 Number of students completing training per your initial training: Refresher: Continuing Education: Expiration Date: Number of courses:	an one level complete all info Telephone Number: year: 111 25 0	858-309-3514

^{*}Open to general public or restricted to certain personnel only.

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

TABLE 10:	APPROVED	TRAINING	PROGRAMS
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Training In	etitution:	Palomar Commun	ity Colleg	e	Telephone Number:	760-744-1150
Address:	Stitution.	1951 East Valley F	Parkway		• • • • • • • • • • • • • • • • • • • •	
Audi Coo.		Escondido, CA 92				
Student	Open to		<u> </u>	**Program Level EMT-1		
Eligibility*:	public	Cost of Pro	gram:			
igibility .	равно	Basic:	600	Number of students completing training per yea	r:	
		Refresher:	169	Initial training:	425	<u>-</u>
		1,011,001,011		Refresher:	35	<u></u>
				Continuing Education:	_0	_
				Expiration Date:	5/31/19	
				Number of courses:		
				Initial training:	_16	_
				Refresher:	2	_
				Continuing Education:	0	_
Onen to de	neral public	or restricted to certain	personnel	only.		
** Indicate v	whether EM	or restricted to certain progression of the cert	N, or EMF	; if there is a training program that offers more than o		760-744-1150
** Indicate v	whether EM	Palomar Commun	N, or EMF	ge	ne level complete all infor Telephone Number:	
** Indicate v	whether EM	Palomar Commun 1951 Easy Valley	N, or EMF ity Collect Parkway	ge		
** Indicate v	whether EM	Palomar Commun 1951 Easy Valley Escondido, CA 92	N, or EMF ity Collect Parkway	ge		
Training In Address:	whether EM ⁻	Palomar Commun 1951 Easy Valley Escondido, CA 92 general	N, or EMF ity Colles Parkway 027	ge		
** Indicate v Training II Address: Student	whether EM	Palomar Commun 1951 Easy Valley Escondido, CA 92 general Cost of Pro	N, or EMF ity Collect Parkway 027 ogram:	t; if there is a training program that offers more than o	Telephone Number:	
Training In Address:	whether EM ⁻	Palomar Commun 1951 Easy Valley Escondido, CA 92 general Cost of Pro Basic:	N, or EMF ity Collect Parkway 027 ogram: 4699	t; if there is a training program that offers more than offers. **Program LevelEMT-P Number of students completing training per year	Telephone Number:	
Training In Address:	whether EM ⁻	Palomar Commun 1951 Easy Valley Escondido, CA 92 general Cost of Pro	N, or EMF ity Collect Parkway 027 ogram: 4699	t; if there is a training program that offers more than offer ge **Program LevelEMT-P Number of students completing training per year Initial training:	Telephone Number:	
Training In Address:	whether EM ⁻	Palomar Commun 1951 Easy Valley Escondido, CA 92 general Cost of Pro Basic:	N, or EMF ity Collect Parkway 027 ogram: 4699	t; if there is a training program that offers more than offer ge **Program LevelEMT-P Number of students completing training per year Initial training: Refresher:	Telephone Number:	
Training In Address:	whether EM ⁻	Palomar Commun 1951 Easy Valley Escondido, CA 92 general Cost of Pro Basic:	N, or EMF ity Collect Parkway 027 ogram: 4699	t; if there is a training program that offers more than offer ge **Program LevelEMT-P Number of students completing training per year Initial training: Refresher: Continuing Education:	Telephone Number: : 63 0 0	760-744-1150
** Indicate v	whether EM ⁻	Palomar Commun 1951 Easy Valley Escondido, CA 92 general Cost of Pro Basic:	N, or EMF ity Collect Parkway 027 ogram: 4699	**Program Level _EMT-P Number of students completing training per year Initial training: Refresher: Continuing Education: Expiration Date:	Telephone Number:	760-744-1150
** Indicate v Training II Address: Student	whether EM ⁻	Palomar Commun 1951 Easy Valley Escondido, CA 92 general Cost of Pro Basic:	N, or EMF ity Collect Parkway 027 ogram: 4699	**Program Level _EMT-P Number of students completing training per year Initial training: Refresher: Continuing Education: Expiration Date: Number of courses:	Telephone Number: 63 0 0 5/31/19	760-744-1150
** Indicate v Training II Address: Student	whether EM ⁻	Palomar Commun 1951 Easy Valley Escondido, CA 92 general Cost of Pro Basic:	N, or EMF ity Collect Parkway 027 ogram: 4699	**Program Level EMT-P Number of students completing training per year Initial training: Refresher: Continuing Education: Expiration Date: Number of courses: Initial training:	Telephone Number: 63 0 0 5/31/19	760-744-1150
** Indicate v Training II Address: Student	whether EM ⁻	Palomar Commun 1951 Easy Valley Escondido, CA 92 general Cost of Pro Basic:	N, or EMF ity Collect Parkway 027 ogram: 4699	**Program Level _EMT-P Number of students completing training per year Initial training: Refresher: Continuing Education: Expiration Date: Number of courses:	Telephone Number: 63 0 0 5/31/19	760-744-1150

^{*}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.

TARIF 10:	APPROVED	TRAINING	PROGRAMS
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Contains Institutions	Southwestern Community College	619-216-6760 Telephone Number:	
Fraining Institution:	8100 Gigantic St.		
Address:	San Diego, CA 92154	-	
tudent Open t		- 8	
tudent Open t ligibility*: public	o general **Program Level <u>EMT-1</u> Cost of Program:		
ilgibility . <u>public</u>	Basic: 800 Number of students completing training per ye	ear:	
	Refresher: 65 Initial training:	79	
	Refresher:	27	
	Continuing Education:	0	
	Expiration Date:	5/31/19	
	Number of courses:		
	Initial training:	6	
	Refresher:	2	
Open to general pub	Continuing Education: lic or restricted to certain personnel only.	one level complete all information for each level.	
* Indicate whether El	lic or restricted to certain personnel only. MT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than Southwestern Community College	one level complete all information for each level. 619-216-6760	
* Indicate whether El	lic or restricted to certain personnel only. MT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than Southwestern Community College :	one level complete all information for each level.	
* Indicate whether El	lic or restricted to certain personnel only. MT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than Southwestern Community College 8100 Gigantic St.	one level complete all information for each level. 619-216-6760	
* Indicate whether El raining Institution Address:	lic or restricted to certain personnel only. MT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than Southwestern Community College 8100 Gigantic St. San Diego, CA 92154	one level complete all information for each level. 619-216-6760	
* Indicate whether El Training Institution Address: Student Open	lic or restricted to certain personnel only. MT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than Southwestern Community College 8100 Gigantic St. San Diego, CA 92154 to general **Program Level EMT-P	one level complete all information for each level. 619-216-6760	
* Indicate whether El Training Institution Address: Student Open	lic or restricted to certain personnel only. MT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than Southwestern Community College 8100 Gigantic St. San Diego, CA 92154 to general **Program Level EMT-P Cost of Program:	one level complete all information for each level. 619-216-6760 Telephone Number:	
raining Institution Address: Student Open	lic or restricted to certain personnel only. MT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than Southwestern Community College 8100 Gigantic St. San Diego, CA 92154 to general Cost of Program: Basic: 3800 Number of students completing training per year	one level complete all information for each level. 619-216-6760 Telephone Number:	
raining Institution address: Student Open	lic or restricted to certain personnel only. MT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than Southwestern Community College 8100 Gigantic St. San Diego, CA 92154 to general **Program Level EMT-P Cost of Program:	one level complete all information for each level. 619-216-6760 Telephone Number:	
raining Institution Address: Student Open	lic or restricted to certain personnel only. MT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than Southwestern Community College 8100 Gigantic St. San Diego, CA 92154 to general Cost of Program: Basic: Basic: N/A Initial training:	one level complete all information for each level. 619-216-6760 Telephone Number: ar:	
* Indicate whether El Training Institution Address: Student Open	lic or restricted to certain personnel only. MT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than Southwestern Community College 8100 Gigantic St. San Diego, CA 92154 to general Cost of Program: Basic: Basic: Refresher: Number of students completing training per year initial training: Refresher: Continuing Education:	one level complete all information for each level. 619-216-6760 Telephone Number: ar:	
* Indicate whether El Fraining Institution Address: Student Open	lic or restricted to certain personnel only. MT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than Southwestern Community College 8100 Gigantic St. San Diego, CA 92154 to general Cost of Program: Basic: Basic: Refresher: Number of students completing training per year initial training: Refresher: Continuing Education: Expiration Date:	one level complete all information for each level. 619-216-6760 Telephone Number: ar: 19 0 0	
* Indicate whether El Fraining Institution Address: Student Open	lic or restricted to certain personnel only. MT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than Southwestern Community College 8100 Gigantic St. San Diego, CA 92154 to general Cost of Program: Basic: 3800 Refresher: N/A Initial training: Refresher: Continuing Education: Expiration Date: Number of courses:	one level complete all information for each level. 619-216-6760 Telephone Number: ar: 19 0 0	
* Indicate whether El Fraining Institution Address: Student Open	lic or restricted to certain personnel only. MT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than Southwestern Community College 8100 Gigantic St. San Diego, CA 92154 to general Cost of Program: Basic: Basic: Refresher: Number of students completing training per year initial training: Refresher: Continuing Education: Expiration Date:	one level complete all information for each level. 619-216-6760 Telephone Number: ar: 19 0 0	

^{*}Open to general public or restricted to certain personnel only.

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

TABLE 11: DISPATCH AGENCY Reporting Year: FY 2016-2017 County: SAN DIEGO NOTE: Make copies to add pages as needed. Complete information for each provider by county. **Primary Contact:** ADVANTAGE AMBULANCE INC. Name: Address: 2400 E. 4TH ST NATIONAL CITY, CA 91950-3941 866-962-3826 Telephone Number: Number of Personnel Providing Services: ☑ Day-to-Day Written Contract: Medical Director: ☐ Disaster ☐ Yes ☒ No ☐ Yes ☒ No EMT-D ALS 3 EMD Training Other 2 BLS If Public: Ownership: If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal ☐ Fire ☐ Public ☑ Private П Law ☐ Other Explain: _____ AIRCARE INTERNATIONAL GROUND TRANSPORT Primary Contact: GREG SOTTEK Name: 2105 CAMINO VIDA ROBLE, SUITE E Address: CARLSBAD, CA 92011 760-579-0240 Telephone Number: Number of Personnel Providing Services: ☑ Day-to-Day Medical Director: Written Contract: □ Disaster ☐ Yes ☒ No ☐ Yes ☒ No ALS **EMD Training** LALS Other If Public: Ownership: If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal ☐ Fire ☐ Public ☑ Private □ Law

☐ Other

Explain:

TABLE 11: DISPATCH AGENCY Reporting Year: FY 2016-2017 County: SAN DIEGO NOTE: Make copies to add pages as needed. Complete information for each provider by county. Primary Contact: MIKE RICE AMERICAN MEDICAL RESPONSE Name: 8808 BALBOA AVE, #150 Address: SAN DIEGO, CA 92123 858-492-8111 Telephone Number: Number of Personnel Providing Services: ☑ Day-to-Day Medical Director: Written Contract: ☑ Disaster ☑ Yes ☐ No ☐ Yes ☒ No ALS EMT-D 48 EMD Training Other BLS LALS If Public: Ownership: If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal ☐ Fire ☐ Public ☑ Private □ Law □ Other Explain:

Name: Address: Telephone Number:	BALBOA AMI 6340 RIVERD SAN DIEGO, 619-295-1942	CA 92120	Primary Contact: CARLA POWELL
Written Contract: ☐ Yes ☒ No	Medical Director: ☑ Yes □ No	⊠ Day-to-Day □ Disaster	Number of Personnel Providing Services:
Ownership: □ Public ⊠ Private	30 30	If Public: Fire Law Other Explain:	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

TABLE 11: DISPATCH AGENCY Reporting Year: FY 2016-2017_ County: SAN DIEGO NOTE: Make copies to add pages as needed. Complete information for each provider by county. Primary Contact: AUSTIN BROWNE CAL FIRE/ MONTE VISTA ECC Name: 2249 JAMACHA ROAD Address: EL CAJON, CA 92019 619-590-3109 Telephone Number: Number of Personnel Providing Services: ☑ Day-to-Day Medical Director: Written Contract: □ Disaster ☐ Yes ☒ No ALS EMD Training EMT-D Other 7 BLS If Public: Ownership: If Public: ☐ City ☐ County 🛛 State ☐ Fire District ☐ Federal 図 Fire □ Public □ Private □ Law ☐ Other Explain: DANIEL GRAHAM Primary Contact: CARE MEDICAL TRANSPORT Name: 9770 CANDIDA ST. Address: SAN DIEGO, CA 92126 858-653-4500 Telephone Number: Number of Personnel Providing Services: ☑ Day-to-Day Medical Director: Written Contract: □ Disaster ☐ Yes ☒ No EMT-D ALS **EMD Training** LALS Other BLS If Public: Ownership: If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal ☐ Fire ☐ Public ☑ Private ☐ Law

☐ Other

Explain:

TABLE 11: DISPATCH AGENCY Reporting Year: FY 2016-2017 County: SAN DIEGO NOTE: Make copies to add pages as needed. Complete information for each provider by county. Primary Contact: MARTHA ELLIS FSCONDIDO POLICE DEPARTMENT Name: 700 WEST GRAND AVE Address: ESCONDDO, CA 92092 760-839-4622 Telephone Number: Number of Personnel Providing Services: ☑ Day-to-Day Written Contract: Medical Director: □ Disaster □ Yes ☒ No ALS 24 EMD Training EMT-D Other BLS If Public: Ownership: If Public: ☑ City ☐ County ☐ State ☐ Fire District ☐ Federal □ Fire ☑ Public ☐ Private XI Law □ Other Explain: ______ Primary Contact: THAMER T DAOUD EXPRESS TRANSPORT AMBULANCE Name: 4400 PALM AVE, SUITE C Address: LA MESA, CA 91941 619-589-0022 Telephone Number: Number of Personnel Providing Services: ☑ Day-to-Day Medical Director: Written Contract: ☐ Disaster ☐ Yes ☒ No ___ EMT-D ALS **EMD** Training LALS Other BLS If Public: Ownership: If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal ☐ Fire ☐ Public ☑ Private □ Law □ Other

Explain:

Reporting Year: FY 2016-2017 County: SAN DIEGO NOTE: Make copies to add pages as needed. Complete information for each provider by county. HEARTLAND DISPATCH JPA Primary Contact: CARLOS CASTILLO Name: 100 EAST LEXINGTON Address: EL CAJON, CA 92092 619-441-1621 Telephone Number: Number of Personnel Providing Services: ☑ Day-to-Day Medical Director: Written Contract: ☐ Disaster ☐ Yes ☒ No _____ EMT-D 14 EMD Training LALS Other BLS If Public: Ownership: If Public: ☑ City ☐ County ☐ State ☐ Fire District ☐ Federal ☐ Fire □ Private □ Law ⊠ Other Explain: City/ Fire District JPA Primary Contact: MAX LAUFER MAXCARE AMBULANCE Name: 7614 LEMON AVE Address: LEMON GROVE, CA 91945 619-303-6705 Telephone Number: Number of Personnel Providing Services: ☑ Day-to-Day Medical Director: Written Contract: ☐ Disaster ☐ Yes ☒ No EMT-D ALS **EMD Training** Other LALS If Public: Ownership: If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal ☐ Fire ☐ Public ☑ Private □ Law ☐ Other Explain: ______

TABLE 11: DISPATCH AGENCY

TABLE 11: DISPATCH AGENCY Reporting Year: FY 2016-2017 County: SAN DIEGO NOTE: Make copies to add pages as needed. Complete information for each provider by county. Primary Contact: LESLI WILSON NORTH COUNTY DISPATCH JPA Name: PO BOX 410 Address: RANCHO SANTA FE, CA 92067 858-756-1126 Telephone Number: Number of Personnel Providing Services: ☑ Day-to-Day Written Contract: Medical Director: ☑ Yes ☐ No □ Disaster ☐ Yes ☒ No EMT-D ALS 26 EMD Training LALS Other BLS If Public: Ownership: If Public: ☑ City ☐ County ☐ State ☐ Fire District ☐ Federal ☑ Public ☐ Private □ Fire □ Law ☑ Other Explain: City/Fire District JPA Primary Contact: ROGER FISHER SAN DIEGO FIRE AND RESCUE Name: 3750 KEARNY VILLA RD Address: SAN DIEGO, CA 92123 858-573-1301 Telephone Number: Number of Personnel Providing Services: ☑ Day-to-Day Written Contract: Medical Director: □ Disaster ☐ Yes ☒ No ALS 42 EMD Training EMT-D LALS Other BLS If Public:

☑ Fire

□ Law ☐ Other

Explain:

If Public: ☑ City ☐ County ☐ State ☐ Fire District ☐ Federal

Ownership:

☑ Public ☐ Private

TABLE 11: DISPATCH AGENCY

NOTE: Make copies to a	add pages as needed	. Complete information	n for each provider by county.
Name: Address: Telephone Number:	SCHAEFER A 7257 UNIVER LA MESA, CA 619-583-0454	91941	Primary Contact: RICK LARSON
Written Contract: ☐ Yes ☒ No Ownership: ☐ Public ☒ Private	Medical Director: ☑ Yes □ No	☑ Day-to-Day☐ DisasterIf Public:☐ Fire☐ Law☐ OtherExplain:	Number of Personnel Providing Services: EMD Training EMT-D ALS BLS LALS Other If Public: □ City □ County □ State □ Fire District □ Federal
Name: Address: Telephone Number:	SYMONS AM 18592 CAJO SAN BERNA 909-880-297	N BLVD ARDINO, CA 92407	Primary Contact: JEFF GRANGE
Written Contract: ☐ Yes ☒ No Ownership: ☐ Public ☒ Private	Medical Director: ☐ Yes ☒ No	☑ Day-to-Day☐ DisasterIf Public:☐ Fire☐ Law☐ OtherExplain:	Number of Personnel Providing Services: This is a service is a serv

TABLE 11: DISPATCH AGENCY

County: SAN DIEGO NOTE: Make copies to	add pages as needed	d. Complete information	Reporting Year: FY 2016-2017 on for each provider by county.		
Name: Address: Telephone Number:	UNITED AMBULANCE 7579 CONVOY COURT SAN DIEGO, CA 92111 858-277-0300		Primary Contact: JOHN GOODWIN		
Written Contract: ☐ Yes ☒ No Ownership: ☐ Public ☒ Private	Medical Director: ☑ Yes □ No	☑ Day-to-Day☐ DisasterIf Public:☐ Fire☐ Law☐ OtherExplain:	Number of Personnel Providing Services: EMD Training EMT-D ALS Other If Public: City County State Fire District Federal		
Name: Address: Telephone Number:					
Written Contract: ☐ Yes ☐ No Ownership: ☐ Public ☐ Private	Medical Director: ☐ Yes ☐ No	☐ Day-to-Day ☐ Disaster If Public: ☐ Fire ☐ Law ☐ Other Explain:	Number of Personnel Providing Services: EMD Training EMT-D ALS Dther If Public: □ City □ County □ State □ Fire District □ Federal		