

EMERGENCY MEDICAL SERVICES AUTHORITY

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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".*

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 | |
|--|--------------------------|---|
| Approved | Approved | |
| A. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u> |
| C. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u> |
| D. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u> |

Ambulance Zones

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

- | | | |
|--|--------------------------|--|
| E. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u> |
| F. <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |

EMS Data - California EMS Information System (CEMSIS)

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

Statewide, 28 Local EMS Agencies are submitting EMS data. Our records indicate San Diego County is not submitting EMS

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. ☒ ☐ Disaster Medical Response

IV. Conclusion:

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

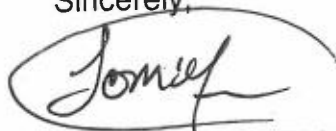
Pursuant to HSC § 1797.105(b):

"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

2017 San Diego EMS Transportation Plan
Approved

ZONE	EXCLUSIVITY			TYPE			LEVEL										
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All ALS Ambulance Services (includes emergency and IFT)	All CCT/ALS Ambulance Services	BLS IFT	BLS Non-Emergency	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
Borrego Springs		X	Non-Competitive	X				X		X							
City of Carlsbad		X	Non-Competitive	X				X		X							
City of Chula Vista		X	Non-Competitive	X				X		X							
City of Coronado		X	Non-Competitive	X				X		X							
City of El Cajon		X	Non-Competitive	X				X		X							
City of Escondido		X	Non-Competitive	X				X		X							
Grossmont Hospital District Zone 1 - Suburban		X	Non-Competitive	X				X		X							
Grossmont Hospital District Zone 2 – Rural and Otay Mesa		X	Competitive	X				X		X							
Julian-Cuyamaca		X	Competitive	X				X		X							
National City	X																
North County FPD		X	Non-Competitive	X				X		X							
Ramona Municipal Water District		X	Non-Competitive	X				X									
City of Oceanside		X	Non-Competitive	X				X		X							
Octotillo Wells (formerly Desert)	X																
City of Poway		X	Non-Competitive	X				X		X							
City of San Diego		X	Competitive	X				X		X							
City of San Marcos		X	Competitive	X				X		X							
Valley Center		X	Competitive	X				X		X							
City of Vista		X	Non-Competitive	X				X		X							
CSA #17		X	Competitive	X				X		X							
CSA #69		X	Non-Competitive	X				X		X							

2017 San Diego EMS Transportation Plan
Approved

[illegible]



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
EMERGENCY MEDICAL SERVICES
6255 MISSION GORGE ROAD, MAIL STOP S-555
SAN DIEGO, CA 92120-3599
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NICK YPHANTIDES, MD, MPH
CHIEF MEDICAL OFFICER

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 LEMSAs. 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 LEMSAs well-positioned to meet the current and future EMS needs of the San Diego region.

Technology

During the period of this plan, our LEMSAs' 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 LEMSAs have 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

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director		X			
Planning 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		X			
Regulatory Activities:						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
System Finances:						
1.16	Funding Mechanism		X			
Medical Direction:						
1.17	Medical Direction		X			
1.18	QA/QI		X			
1.19	Policies, Procedures, Protocols		X			

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X			
1.25	On-Line Medical Direction		X			
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:						
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		X			
Dispatchers:						
2.04	Dispatch Training		X			
First Responders (non-transporting):						
2.05	First Responder Training		X			
2.06	Response		X			
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT-I Training		X			
Hospital:						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
Enhanced Level: Advanced Life Support:						
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
Communications Equipment:						
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		X			
Public Access:						
3.07	9-1-1 Planning/ Coordination		X			
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X			
3.10	Integrated Dispatch		X			

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01 Service Area Boundaries		X			
4.02 Monitoring		X			
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		X			
4.13 Intercounty Response		X			
4.14 Incident Command System		X			
4.15 MCI Plans		X			
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		X			
4.17 ALS Equipment		X			
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X			
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X			
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X			
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		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X			
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
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
Universal 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		X			
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X			
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X			

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X			
7.02	Injury Control		X			
7.03	Disaster Preparedness		X			
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
Universal 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			
Enhanced Level: Advanced Life Support:					
8.17 ALS Policies		X			
Enhanced Level: Specialty Care Systems:					
8.18 Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19 Waiving Exclusivity		X			

LEMSA: County of San Diego

FY: 2016-2017

[illegible]

Reporting Year: FY 2016-2017

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

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

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

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

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

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ 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	_____
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
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)	_____
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)	_____
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.)

7. Fee structure

_____ We do not charge any fees

 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	_____
AEMT certification	17
AEMT recertification	17
EMT-P accreditation	17
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	17
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	
Type: _____	
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
Other: Advanced Life Support inspection	125
Other: Critical Care Transport	125
Other: Continuing Education Provider Approval	400

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 Analyst II	2	35.39	68.73%	
Administrative Assistant	Administrative Analyst III	2	39.12		
Administrative Manager	Agency Ops & Program Manager	1	44.18		
ALS Coordinator	Coordinator, EMS	1	36.59	68.73%	
Field Coordinator	EMS Specialist	1	36.82		
Training Coordinator	N/A				
Program Coordinator/Field Liaison (Non-clinical)	Health Planning & Program Specialist	1	46.39	68.73%	
	EMS Specialist	1			
Trauma Coordinator	N/A				
Medical Director	EMS Medical Director	1	124.83	68.73%	
Other MD/Medical Consult/Training	N/A				
Medical Director	N/A				
Disaster Medical Planner	N/A				
Dispatch Supervisor	N/A				
Medical Planner	N/A				
Data Evaluator/Analyst	Epidemiologist II	5	42.68	68.73%	
	Senior Epidemiologist	1	47.01		
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	1	22.67	68.73%	
	Medical Record Technician	1	19.44		
	Office Assistant	2	18.40		
	Office Support Specialist	1	20.08		
	Senior Office Assistant	1	19.97		
Data Entry Clerk	N/A				
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

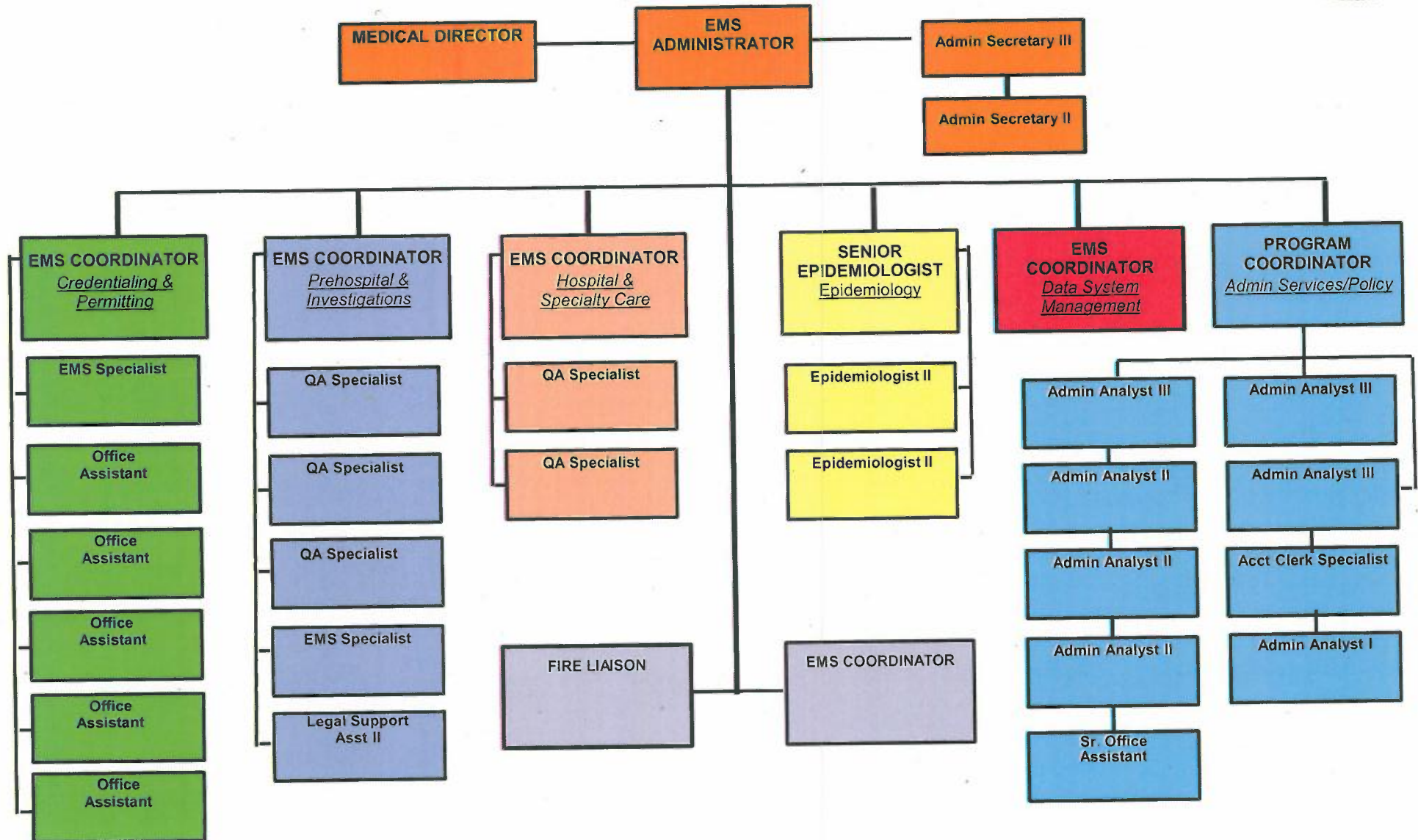


TABLE 3: STAFFING/TRAINING

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
Number of certification reviews 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
f) denials of renewal	0	0		0
g) no action taken	8	0		0

1. Early defibrillation:

- a) Number of EMT-I (defib) authorized to use AEDs
b) Number of public safety (defib) certified (non-EMT-I)

3119
0

2. Do you have an EMR training program

☐ yes ☒ no

TABLE 4: COMMUNICATIONS

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

County: San Diego

Reporting Year: FY 2016-2017

- | | |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>18</u> |
| 2. Number of secondary PSAPs | <u>8</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>9</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>9</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<i>There are multiple agencies; no central point of dispatch. We utilize individual dispatch agencies.</i> | |
| 7. Who is your primary dispatch agency for a disaster?
<i>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.</i> | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>San Diego County – Imperial County Regional Communications System (800 MHz Trunked)</u> | |
| b. Other methods <u>800 MHz Conventional Channels, ARES, iQCS, WebEOC, CAHAN</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? <i>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.</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? <i>EMS and Hospitals utilize Amateur Radio Emergency Service (ARES), County OES utilizes San Diego RACES</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 5: RESPONSE/TRANSPORTATION

Reporting 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

Reporting Year: FY 2016-2017

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>12,464</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>8,762</u>
3. Number of major trauma patients transferred to a trauma center	<u>1,775</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>n/a</u>

Emergency Departments

Total number of emergency departments	<u>21</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>1</u>
3. Number of basic emergency services	<u>19</u>
4. Number of comprehensive emergency services	<u>1</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>0</u>
2. Number of base hospitals with written agreements	<u>7</u>

TABLE 7: DISASTER MEDICAL

Reporting Year: FY 2016-2017

County: San Diego 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
Do you have a CISD provider with 24 hour capability? ☐ Yes ☒ No
Local agencies/providers have contracts/agreements with a CISD provider
3. Medical Response Team
 - a. Do you have any team medical response capability? ☒ Yes ☐ No
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? ☒ Yes ☐ No
 - d. Are they part of a formal out-of-state response system? ☒ Yes ☐ No
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
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 19
3. Have you tested your MCI Plan this year in a:
 - a. real event? ☒ Yes ☐ No
 - b. exercise? ☒ Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

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 Medical & Health Disaster Assistance within Cal-OES / EMSA and CDPH Regional Disaster Medical Health Coordinator (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? ☒ Yes ☐ No
(Through HPP grant)
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
Region VI - Regional Disaster Medical Health Coordinator (RDMHC) Program
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report?
County of San Diego Health and Human Services Agency (HHSA) -
Public Health Services (PHS); Local Health Officer & Emergency Medical Services (EMS)-
Administrator.
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

Table 8: Resource DirectoryReporting Year: FY 2016-2017**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: SAN DIEGO COUNTY Provider: ADVANTAGE AMBULANCE Response Zone: SAN DIEGO COUNTYAddress: 2400 E. 4TH ST
NATIONAL CITY, CA 91950-3941Number of Ambulance Vehicles in Fleet: 6Phone Number: 866-962-3826Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 2

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

4630 Total number of responses
2 Number of emergency responses
4628 Number of non-emergency responses

4529 Total number of transports
2 Number of emergency transports
4527 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY **Provider:** Aircare International Ground Transport **Response Zone:** SAN DIEGO COUNTY

Address: 2105 Camino Vida Roble, Suite E **Number of Ambulance Vehicles in Fleet:** 16
CARLSBAD, CA 92011

Phone Number: (760) 579-0240 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

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

10579 Total number of responses
0 Number of emergency responses
10579 Number of non-emergency responses

10558 Total number of transports
3 Number of emergency transports
10555 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY

Provider: Alpine Fire Protection District

Response Zone: Alpine Fire Protection District

Address: 1834 ALPINE BOULEVARD
ALPINE, CA 91901

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (619) 445-2635

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

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

Transporting Agencies

1749 Total number of responses
1576 Number of emergency responses
173 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY

Provider: American Medical Response – San Diego

Response Zone: Zone1, Chula Vista, National City, Imperial Bch, County Service Area 17

Address: 8808 BALBOA AVENUE, #150
SAN DIEGO, CA 92123

Number of Ambulance Vehicles in Fleet: 187

Phone Number: (858) 492-8111

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 101

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

283011 Total number of responses
198221 Number of emergency responses
84790 Number of non-emergency responses

187416 Total number of transports
132235 Number of emergency transports
55181 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: Balboa Ambulance Incorporated Response Zone: SAN DIEGO COUNTY

Address: 6430 RIVERDALE Number of Ambulance Vehicles in Fleet: 23
SAN DIEGO, CA 92120

Phone Number: (619) 295-1942 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 17

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

26224 Total number of responses
28 Number of emergency responses
26196 Number of non-emergency responses

24432 Total number of transports
27 Number of emergency transports
24405 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: BARONA FIRE DEPARTMENT Response Zone: Barona Indian Reservation

Address: 1112 BARONA ROAD Number of Ambulance Vehicles in Fleet: 2
LAKESIDE, CA 92040

Phone Number: (619) 390-2794 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY

Provider: Bonita-Sunnyside Fire Department

Response Zone: Bonita-Sunnyside Fire Department

Address: 4900 BONITA ROAD
BONITA, CA 91902-1725

Number of Ambulance Vehicles in Fleet: 0

Phone
Number: _____

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

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

Transporting Agencies

1273 Total number of responses
1273 Number of emergency responses
0 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY **Provider:** Borrego Springs Fire Department **Response Zone:** Borrego Springs Fire Protection District

Address: 2324 STIRRUP ROAD **Number of Ambulance Vehicles in Fleet:** 3
BORREGO SPRINGS, CA 92004-0898

Phone Number: (760) 767-5436 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

Transporting Agencies

607 Total number of responses
576 Number of emergency responses
31 Number of non-emergency responses

350 Total number of transports
77 Number of emergency transports
273 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource DirectoryReporting Year: FY 2016-2017**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: SAN DIEGO COUNTY Provider: Cal Fire Response Zone: MultipleAddress: 2249 JAMACHA RD Number of Ambulance Vehicles in Fleet: 0
EL CAJON, CA 92019Phone Number: 619-590-3100 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

<u>18855</u>	Total number of responses	<u>0</u>	Total number of transports
<u>18855</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY **Provider:** Camp Pendleton Fire Department **Response Zone:** Marine Corps Base Camp Pendleton

Address: BOX 555211 **Number of Ambulance Vehicles in Fleet:** 5
CAMP PENDLETON, CA 92055-5211

Phone Number: (760) 763-2702 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

Transporting Agencies

2067 Total number of responses
2059 Number of emergency responses
8 Number of non-emergency responses

1072 Total number of transports
1064 Number of emergency transports
8 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY **Provider:** Campo Reservation Fire Department **Response Zone:** Campo Indian Reservation

Address: 36210 CHURCH ROAD **Number of Ambulance Vehicles in Fleet:** 0
CAMPO, CA 91906

Phone Number: (619) 478-2371 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

Transporting Agencies

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

Air Ambulance Services

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

Table 8: Resource DirectoryReporting Year: FY 2016-2017**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: SAN DIEGO COUNTY Provider: Care Medical Transportation Response Zone: SAN DIEGO COUNTYAddress: 9770 CANDIDA STREET Number of Ambulance Vehicles in Fleet: 28
SAN DIEGO, CA 92126Phone Number: (858) 653-4520 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 11

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

24209 Total number of responses
27 Number of emergency responses
24182 Number of non-emergency responses

23739 Total number of transports
27 Number of emergency transports
23712 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource DirectoryReporting Year: FY 2016-2017**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY **Provider:** Carlsbad Fire Department **Response Zone:** CITY OF CARLSBAD

Address: 2560 ORION WAY **Number of Ambulance Vehicles in Fleet:** 5
CARLSBAD, CA 92008

Phone Number: (760) 931-2141 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

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

Transporting Agencies

6752 Total number of responses
6752 Number of emergency responses
0 Number of non-emergency responses

4733 Total number of transports
4733 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: Chula Vista Fire Department Response Zone: CITY OF CHULA VISTA

Address: 447 F STREET
CHULA VISTA, CA 91910

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (619) 691-5055

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

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

<u>20507</u>	Total number of responses	<u>0</u>	Total number of transports
<u>13665</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>6842</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: Coronado Fire Department Response Zone: CITY OF CORONADO

Address: 1001 6TH STREET Number of Ambulance Vehicles in Fleet: 3
CORONADO, CA 92118

Phone Number: (619) 522-7374 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

<u>1031</u>	Total number of responses	<u>899</u>	Total number of transports
<u>1031</u>	Number of emergency responses	<u>899</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: Del Mar Fire Department Response Zone: County Service Area 17

Address: 2200 JIMMY DURANTE BLVD Number of Ambulance Vehicles in Fleet: 0
DEL MAR, CA 92014-2216
 Phone Number: (858) 755-1522 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

<u>2417</u> Total number of responses	<u>0</u> Total number of transports
<u>1374</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>1043</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: El Cajon Fire Department Response Zone: CITY OF EL CAJON

Address: 100 EAST LEXINGTON Number of Ambulance Vehicles in Fleet: 0
EL CAJON, CA 92020-4517
 Phone Number: (619) 441-1608 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

Transporting Agencies

<u>11070</u>	Total number of responses	<u>0</u>	Total number of transports
<u>11070</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource DirectoryReporting Year: FY 2016-2017**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: SAN DIEGO COUNTY Provider: ENCINITAS FIRE DEPARTMENT Response Zone: County Service Area 17Address: 505 SOUTH VULCAN AVENUE
ENCINITAS, CA 92024-3633Number of Ambulance Vehicles in Fleet: 0Phone Number: (760) 633-2800Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 0

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

Transporting Agencies

<u>12055</u>	Total number of responses
<u>6712</u>	Number of emergency responses
<u>5343</u>	Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource DirectoryReporting Year: FY 2016-2017**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: SAN DIEGO COUNTY Provider: ESCONDIDO FIRE DEPARTMENT Response Zone: CITY OF ESCONDIDOAddress: 201 NORTH BROADWAY
ESCONDIDO, CA 92025-2762Number of Ambulance Vehicles in Fleet: 5Phone Number: (760) 839-5400Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 5

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

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

<u>12638</u>	Total number of responses
<u>12592</u>	Number of emergency responses
<u>46</u>	Number of non-emergency responses

<u>10934</u>	Total number of transports
<u>793</u>	Number of emergency transports
<u>10141</u>	Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource DirectoryReporting Year: FY 2016-2017**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: SAN DIEGO COUNTY Provider: Express Transport Ambulance Response Zone: SAN DIEGO COUNTYAddress: 4400 PALM AVENUE, SUITE C Number of Ambulance Vehicles in Fleet: 16
LA MESA, CA 91941Phone Number: (619) 589-0022 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 12

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies
3300 Total number of responses
300 Number of emergency responses
3000 Number of non-emergency responses

3290 Total number of transports
290 Number of emergency transports
3000 Number of non-emergency transports
Air Ambulance Services
 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY

Provider: FEDERAL FIRE DEPARTMENT

Response Zone: San Diego Marine Corps Recruiting Depot and Naval Base San Diego

Address: P.O. BOX 81226
SAN DIEGO, CA 92138-1226

Number of Ambulance Vehicles in Fleet: 4

Phone Number: (619) 556-7001

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

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

1078 Total number of responses
1078 Number of emergency responses
0 Number of non-emergency responses

1032 Total number of transports
1032 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: Imperial Beach Fire Department Response Zone: City of Imperial Beach

Address: 865 IMPERIAL BEACH BLVD Number of Ambulance Vehicles in Fleet: 0
IMPERIAL BEACH, CA 91932-2795

Phone Number: (619) 423-8223 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY **Provider:** JULIAN FIRE DEPARTMENT **Response Zone:** Julian Cuyamaca Fire Protection District

Address: 2645 FARMER ROAD **Number of Ambulance Vehicles in Fleet:** 2
JULIAN, CA 92036-0033

Phone Number: (760) 765-1510 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

Transporting Agencies

641 Total number of responses
632 Number of emergency responses
9 Number of non-emergency responses

380 Total number of transports
77 Number of emergency transports
303 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource DirectoryReporting Year: FY 2016-2017**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: SAN DIEGO COUNTY Provider: LAKESIDE FIRE DEPARTMENT Response Zone: County Service Area 69Address: 12365 PARKSIDE STREET
LAKESIDE, CA 92040Number of Ambulance Vehicles in Fleet: 2Phone Number: (619) 390-2350Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 2

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

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies
6369 Total number of responses
6369 Number of emergency responses
0 Number of non-emergency responses

4588 Total number of transports
4588 Number of emergency transports
0 Number of non-emergency transports
Air Ambulance Services
 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: LA MESA FIRE DEPARTMENT Response Zone: CITY OF LA MESA

Address: 8054 ALLISON AVENUE
LA MESA, CA 91941-5001

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (619) 667-1355

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

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

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

5474 Total number of responses
5474 Number of emergency responses
0 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: Lemon Grove Fire Department Response Zone: City of Lemon Grove

Address: 7853 CENTRAL AVENUE Number of Ambulance Vehicles in Fleet: 0
LEMON GROVE, CA 91945

Phone Number: (619) 825-3835 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

Transporting Agencies

<u>3332</u>	Total number of responses	<u>0</u>	Total number of transports
<u>3332</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: MAXCARE AMBULANCE Response Zone: SAN DIEGO COUNTY

Address: 7614 LEMON AVENUE Number of Ambulance Vehicles in Fleet: 19
LEMON GROVE, CA 91945
 Phone Number: (619) 303-6705 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 12

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

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

<u>17827</u> Total number of responses	<u>17605</u> Total number of transports
<u>113</u> Number of emergency responses	<u>4</u> Number of emergency transports
<u>17714</u> Number of non-emergency responses	<u>17601</u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: MERCY AIR AMBULANCE Response Zone: SAN DIEGO COUNTY

Address: 9745 PROSPECT AVE, SUITE 204 Number of Ambulance Vehicles in Fleet: 5

SANTEE, CA 92071

Phone Number: (619) 448-3457 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY **Provider:** Mercy Medical Transport, INC. **Response Zone:** Valley Center FPD and Zone 2

Address: 2537 OLD SAN PASCUAL ROAD **Number of Ambulance Vehicles in Fleet:** 23
ESCONDIDO, CA 92027

Phone Number: (760) 739-8026 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 12

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

12163 Total number of responses
12163 Number of emergency responses
0 Number of non-emergency responses

8373 Total number of transports
8373 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: National City Fire Department Response Zone: City of National City

Address: 333 EAST 16TH STREET
NATIONAL CITY, CA 91950-4596

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (619) 336-4551

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

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

7724 Total number of responses
7724 Number of emergency responses
0 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY **Provider:** North County Fire Department **Response Zone:** North County Fire Protection District

Address: 320 SOUTH MAIN AVE **Number of Ambulance Vehicles in Fleet:** 3
FALLBROOK, CA 92028-2198

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

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

Transporting Agencies

<u>5719</u>	Total number of responses	<u>3469</u>	Total number of transports
<u>3427</u>	Number of emergency responses	<u>2121</u>	Number of emergency transports
<u>2292</u>	Number of non-emergency responses	<u>1348</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: OCEANSIDE FIRE DEPARTMENT Response Zone: CITY OF OCEANSIDE

Address: 300 NORTH COAST HIGHWAY Number of Ambulance Vehicles in Fleet: 5
OCEANSIDE, CA 92054
 Phone Number: (760) 435-4100 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

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

Transporting Agencies

<u>17967</u>	Total number of responses	<u>9114</u>	Total number of transports
<u>17215</u>	Number of emergency responses	<u>8863</u>	Number of emergency transports
<u>752</u>	Number of non-emergency responses	<u>251</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: PALA FIRE DEPARTMENT Response Zone: Pala Indian Reservation

Address: 11800 PALA MISSION ROAD
PALA, CA 92059-0043

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (760) 742-1632

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

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource DirectoryReporting Year: FY 2016-2017**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: SAN DIEGO COUNTY Provider: POWAY FIRE DEPARTMENT Response Zone: CITY OF POWAYAddress: 13050 COMMUNITY ROAD Number of Ambulance Vehicles in Fleet: 4
POWAY, CA 92064-5702Phone Number: (858) 668-4461/4466 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

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

<u>3079</u>	Total number of responses
<u>3079</u>	Number of emergency responses
<u>0</u>	Number of non-emergency responses

<u>2097</u>	Total number of transports
<u>2097</u>	Number of emergency transports
<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 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.

County: SAN DIEGO COUNTY Provider: RAMONA FIRE DEPARTMENT Response Zone: Ramona District Municipal Water

Address: 105 WEST EARLHAM STREET Number of Ambulance Vehicles in Fleet: 2
RAMONA, CA 92065-1558

Phone Number: (760) 789-1330 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

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

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

2976 Total number of responses
2976 Number of emergency responses
0 Number of non-emergency responses

1063 Total number of transports
1063 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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 Response Zone: County Service Area 17

Address: 16936 EL FUEGO Number of Ambulance Vehicles in Fleet: 0
RANCHO SANTA FE, CA 92067-0410

Phone Number: (858) 756-5971 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

<u>4014</u> Total number of responses	<u>0</u> Total number of transports
<u>3562</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>452</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: REACH AIR Response Zone: SAN DIEGO COUNTY

Address: 1111 AIRPORT ROAD Number of Ambulance Vehicles in Fleet: 4
IMPERIAL, CA 92251
 Phone Number: (760) 550-4369 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: SAN DIEGO FIRE AND RESCUE Response Zone: CITY OF SAN DIEGO

Address: 1010 SECOND AVE, SUITE 400 Number of Ambulance Vehicles in Fleet: 0
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: 0

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

Transporting Agencies

<u>139470</u>	Total number of responses	<u>0</u>	Total number of transports
<u>126643</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>12827</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource DirectoryReporting Year: FY 2016-2017**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: SAN DIEGO COUNTY Provider: San Marcos Fire Department Response Zone: City of San Marcos

Address: 1 CIVIC CENTER DRIVE Number of Ambulance Vehicles in Fleet: 9
SAN MARCOS, CA 92069-2949

Phone Number: (760) 744-1050 x3403 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

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

Transporting Agencies

<u>9308</u>	Total number of responses	<u>6279</u>	Total number of transports
<u>9308</u>	Number of emergency responses	<u>6279</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY **Provider:** San Miguel Fire Department **Response Zone:** San Miguel Consolidated Fire Protection District

Address: 2850 VIA ORANGE WAY **Number of Ambulance Vehicles in Fleet:** 0
SPRING VALLEY, CA 91978-1746

Phone Number: (619) 670-0500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

Transporting Agencies

<u>9422</u>	Total number of responses	<u>0</u>	Total number of transports
<u>9422</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: SANTEE FIRE DEPARTMENT Response Zone: County Service Area 69

Address: 10601 MAGNOLIA AVE Number of Ambulance Vehicles in Fleet: 2
SANTEE, CA 92071-6514

Phone Number: (619) 258-4100 x207 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

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

Transporting Agencies

6370 Total number of responses
6370 Number of emergency responses
0 Number of non-emergency responses

4588 Total number of transports
4588 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY **Provider:** Schaefer Ambulance Service **Response Zone:** SAN DIEGO COUNTY

Address: 7257 UNIVERSITY AVE **Number of Ambulance Vehicles in Fleet:** 5
LA MESA, CA 91941
Phone Number: (619) 583-0454 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

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

1125 Total number of responses
0 Number of emergency responses
1125 Number of non-emergency responses

1050 Total number of transports
0 Number of emergency transports
1050 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: Solana Beach Fire Department Response Zone: County Service Area 17

Address: 500 LOMAS SANTA FE DRIVE

Number of Ambulance Vehicles in Fleet: 0

SOLANA BEACH, CA 92075

Phone Number: (858) 720-2410

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

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

3326 Total number of responses
1883 Number of emergency responses
1443 Number of non-emergency responses

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: Sycuan Fire Department Response Zone: Sycuan Indian Reservation

Address: 5449 DEHESA ROAD Number of Ambulance Vehicles in Fleet: 2
EL CAJON, CA 92019

Phone Number: (619) 445-2893 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

<u>331</u>	Total number of responses	<u>153</u>	Total number of transports
<u>331</u>	Number of emergency responses	<u>153</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: SYMONS AMBULANCE Response Zone: County of San Diego

Address: 18592 CAJON BLVD Number of Ambulance Vehicles in Fleet: 4
SAN BERNANDINO, CA 92407
 Phone Number: (909) 880-2979 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

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

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

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: UNITED AMBULANCE Response Zone: SAN DIEGO COUNTY

Address: 7579 CONVOY COURT Number of Ambulance Vehicles in Fleet: 7
SAN DIEGO, CA 92111

Phone Number: (858) 277-0300 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

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

Transporting Agencies

<u>1217</u>	Total number of responses	<u>864</u>	Total number of transports
<u>7</u>	Number of emergency responses	<u>5</u>	Number of emergency transports
<u>1210</u>	Number of non-emergency responses	<u>859</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: Valley Center Fire Department Response Zone: Valley Center Fire Protection District

Address: 28234 LILAC ROAD Number of Ambulance Vehicles in Fleet: 0
VALLEY CENTER, CA 92082-5718

Phone Number: (760) 751-7600 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

<u>2289</u> Total number of responses	<u>0</u> Total number of transports
<u>1874</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>415</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: Viejas Reservation Fire Department Response Zone: SAN DIEGO COUNTY

Address: 1 VIEJAS GRADE ROAD Number of Ambulance Vehicles in Fleet: 2
ALPINE, CA 91901
 Phone Number: (619) 659-2376 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

<u>543</u> Total number of responses	<u>314</u> Total number of transports
<u>543</u> Number of emergency responses	<u>314</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: FY 2016-2017

Response/Transportation/Providers

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

County: SAN DIEGO COUNTY Provider: Vista Fire Department Response Zone: CITY OF VISTA

Address: 175 NORTH MELROSE DRIVE Number of Ambulance Vehicles in Fleet: 4
VISTA, CA 92083-5718

Phone Number: (760) 726-2144 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

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

Transporting Agencies

<u>10466</u>	Total number of responses	<u>6386</u>	Total number of transports
<u>10466</u>	Number of emergency responses	<u>6386</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

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

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

San Diego County

Area or Subarea (Zone) Name or Title:

Borrego Springs

Name of Current Provider(s):

Borrego Springs Fire Protection District

Area or Subarea (Zone) Geographic Description:

Borrego Springs 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 Borrego Springs 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 Borrego Springs Fire Protection District has a history of uninterrupted ambulance transportation service since prior to 1980.

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

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.

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

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.

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: 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: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

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.

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

San Diego County

Area or Subarea (Zone) Name or Title:

County Service Area # 69

Name of Current Provider(s):

Santee Fire Department and Lakeside Fire Protection District

Area or Subarea (Zone) Geographic Description:

City of Santee, Lakeside Fire Protection District, and the Bostonia area of the San Miguel 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 members of CSA 69. Approved and authorized by the Board of Supervisors on 12/18/74.

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 12/18/74.

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

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.

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

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.

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

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.

Date: FY 16-17

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

San Diego County

Area or Subarea (Zone) Name or Title:

Grossmont Hospital District, Zone 2 – Rural and Otay Mesa

Name of Current Provider(s):

Mercy Medical Transportation, Inc. (April 1, 2015 - June 30, 2018)

Area or Subarea (Zone) Geographic Description:

Unincorporated east and southern 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 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):

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.

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: San Diego County
Area or Subarea (Zone) Name or 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.

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: 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: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

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.

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

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: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: 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):

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

San Diego County

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

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

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.

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

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.

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: 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

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

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.

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

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: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

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 incorporated its ALS service into the San Diego County EMS system through agreement with the County on August 1, 1997.

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

Exempt

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

Exempt

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

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.

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

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 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

Date: FY 16-17

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

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

County: San Diego FY 2016-2017

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

Facility: ALVARADO HOSPITAL

Telephone Number: (619) 287-3270

Address: 6655 ALVARADO ROAD

SAN DIEGO, CA 92120

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2016-2017

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

Facility: KAISER SAN DIEGO MEDICAL CENTER

Telephone Number: (858) 266-5000

Address: 9455 CLAIREMONT MESA BLVD

SAN DIEGO, CA 92123

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency </div> <div> <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency </div> </div>	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> </div>	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div>
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2016-2017

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

Facility: KAISER ZION MEDICAL CENTER

Telephone Number: (619) 528-5000

Address: 4647 ZION AVENUE

SAN DIEGO, CA 92120

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency </div> <div> <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency </div> </div>	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div>	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div>
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2016-2017

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

Facility: NAVAL MEDICAL CENTER SAN DIEGO

Telephone Number: (619) 532-6400

Address: 34800 BOB WILSON DRIVE

SAN DIEGO, CA 92134

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2016-2017

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

Facility: PALOMAR MEDICAL CENTER ESCONDIDO

Telephone Number: (760) 281-5000

Address: 2185 CITRACADO PARKWAY

ESCONDIDO, CA 92029

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2016-2017

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

Facility: PALOMAR MEDICAL CENTER POWAY

Telephone Number: (858) 613-4000

Address: 15615 POMERADO ROAD

POWAY, CA 92064

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency </div> <div> <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency </div> </div>	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div>	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div>
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2016-2017

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

Facility: PARADISE VALLEY HOSPITAL Telephone Number: (619) 470-4321
 Address: 2400 EAST FOURTH STREET
NATIONAL CITY, CA 91950

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency </div> <div> <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency </div> </div>	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div>	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div>
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2016-2017

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

Facility: RADY CHILDREN'S HOSPITAL SAN DIEGO

Telephone Number: (858) 576-1700

Address: 3020 CHILDREN'S WAY

SAN DIEGO, CA 92123

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency </div> <div> <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency </div> </div>	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div>
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

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 Reporting Year: FY 2016-2017

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

Facility: SCRIPPS GREEN HOSPITAL
 Address: 10666 NORTH TORREY PINES ROAD
LA JOLLA, CA 92037

Telephone Number: (858) 455-9100

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency NOTE: Has an urgent care center	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2016-2017

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

Facility: SCRIPPS MEMORIAL HOSPITAL – ENCINITAS
 Address: 354 SANTA FE DRIVE
ENCINITAS, CA 92024

Telephone Number: (760) 633-6501

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2016-2017

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

Facility: SCRIPPS MEMORIAL HOSPITAL – LA JOLLA
 Address: 9888 GENESEE AVE.
LA JOLLA, CA 92037

Telephone Number: (858) 626-4123

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency </div> <div> <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency </div> </div>	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div>	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div>
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2016-2017

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

Facility: SCRIPPS MERCY HOSPITAL – CHULA VISTA
 Address: 435 H STREET
CHULA VISTA, CA 91910

Telephone Number: (619) 691-7000

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2016-2017

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

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

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency </div> <div> <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency </div> </div>	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div>	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div>
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2016-2017

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

Facility: SHARP CHULA VISTA MEDICAL CENTER

Telephone Number: (619) 502-5800

Address: 751 MEDICAL CENTER COURT

CHULA VISTA, CA 91911

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

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2016-2017

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

Facility: SHARP CORONADO HOSPITAL

Telephone Number: (619) 522-3600

Address: 250 PROSPECT PLACE

CORONADO, CA 92118

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

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2016-2017

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

Facility: SHARP GROSSMONT HOSPITAL
 Address: 5555 GROSSMONT CENTER DRIVE
LA MESA, CA 91942

Telephone Number: (619) 740-6000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego **Reporting Year:** FY 2016-2017

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

Facility: SHARP MEMORIAL HOSPITAL

Telephone Number: (858) 939-3400

Address: 7901 FROST STREET

SAN DIEGO, CA 92123

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2016-2017

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

Facility: TRI-CITY MEDICAL CENTER

Telephone Number: (760) 724-8411

Address: 4002 VISTA WAY

OCEANSIDE, CA 92056

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2016-2017

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

Facility: UCSD MEDICAL CENTER

Telephone Number: (619) 543-6222

Address: 200 WEST ARBOR DR.

SAN DIEGO, CA 92103

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2016-2017

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

Facility: UCSD THORNTON HOSPITAL

Telephone Number: (858) 657-7000

Address: 9300 CAMPUS POINT DRIVE

LA JOLLA, CA 92037

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency </div> <div> <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency </div> </div>	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div>
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

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 Reporting Year: FY 2016-2017

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

Facility: U.S. NAVAL HOSPITAL - CAMP PENDLETON
 Address: 200 MERCY CIRCLE
CAMP PENDLETON, CA 92058

Telephone Number: (760) 725-1288

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

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

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: San Diego Reporting Year: FY 2016-2017

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

Facility: VETERANS AFFAIRS SAN DIEGO HEALTHCARE SYSTEM

Telephone Number: (858) 552-8585

Address: 3350 LA JOLLA VILLAGE DRIVE
SAN DIEGO, CA 92161

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency </p> <p> <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency </p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹</p> <p>EDAP²</p> <p>PICU³</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </p> <p> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: APPROVED TRAINING PROGRAMS

County: San Diego

Reporting Year: FY 2016-2017

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

Training Institution: <u>EMSTA College</u>		Telephone Number: <u>619-593-6782</u>	
Address: <u>11489 Woodside Avenue</u>			
<u>Santee, CA 92071</u>			
Student Eligibility*: <u>Open to general public</u>	**Program Level <u>EMT-P</u>		
Cost of Program:	Number of students completing training per year:		
Basic: <u>11500</u>	Initial training:	<u>32</u>	
Refresher: <u>N/A</u>	Refresher:	<u>0</u>	
	Continuing Education:	<u>0</u>	
	Expiration Date:	<u>11/30/19</u>	
	Number of courses:		
	Initial training:	<u>3</u>	
	Refresher:	<u>0</u>	
	Continuing Education:	<u>0</u>	

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

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

Training Institution: <u>EMSTA College</u>		Telephone Number: <u>619-593-6782</u>	
Address: <u>11489 Woodside Avenue</u>			
<u>Santee, CA 92071</u>			
Student Eligibility*: <u>Open to general public</u>	**Program Level <u>EMT-1</u>		
Cost of Program:	Number of students completing training per year:		
Basic: <u>1000</u>	Initial training:	<u>401</u>	
Refresher: <u>150</u>	Refresher:	<u>152</u>	
	Continuing Education:	<u>0</u>	
	Expiration Date:	<u>5/31/19</u>	
	Number of courses:		
	Initial training:	<u>15</u>	
	Refresher:	<u>6</u>	
	Continuing Education:	<u>0</u>	

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

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: San Diego

Reporting Year: FY 2016-2017

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

Grossmont Health Occupations		619-956-4300
Training Institution: _____		Telephone Number: _____
Address: <u>9368 Oakbourne Rd</u>		
<u>Santee, CA 92071</u>		
Student Eligibility*: <u>Open to general public</u>	**Program Level <u>EMT-1</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>375</u>	Initial training:	<u>61</u>
Refresher: <u>100</u>	Refresher:	<u>9</u>
	Continuing Education:	<u>0</u>
	Expiration Date:	<u>5/31/19</u>
	Number of courses:	
	Initial training:	<u>4</u>
	Refresher:	<u>1</u>
	Continuing Education:	<u>0</u>

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

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

Healthcare Academy of California		760-232-4050
Training Institution: _____		Telephone Number: _____
Address: <u>2420 Vista Way #215</u>		
<u>Oceanside, CA 92054</u>		
Student Eligibility*: <u>Open to general public</u>	**Program Level <u>EMT-1</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>1200</u>	Initial training:	<u>67</u>
Refresher: <u>250</u>	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>
	Expiration Date:	<u>6/30/20</u>
	Number of courses:	
	Initial training:	<u>7</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>

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

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: San Diego

Reporting Year: FY 2016-2017

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

Miramar Community College		Telephone Number: <u>619-388-7968</u>
Training Institution: _____		
Address: <u>10440 Black Mountain Road</u>		
<u>San Diego, CA 92126</u>		
Student Eligibility*: <u>Open to general public</u>	**Program Level <u>EMT-1</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>322</u>	Initial training: <u>860</u>	
Refresher: <u>46</u>	Refresher: <u>78</u>	
	Continuing Education: <u>910</u>	
	Expiration Date: <u>5/31/19</u>	
	Number of courses:	
	Initial training: <u>24</u>	
	Refresher: <u>2</u>	
	Continuing Education: <u>39</u>	

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

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

National University Polytechnic Institute		Telephone Number: <u>858-309-3514</u>
Training Institution: _____		
Address: <u>3570 Aero Court</u>		
<u>San Diego, CA 92123</u>		
Student Eligibility*: <u>Open to general public</u>	**Program Level <u>EMT-1</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>1067</u>	Initial training: <u>111</u>	
Refresher: <u>200</u>	Refresher: <u>25</u>	
	Continuing Education: <u>0</u>	
	Expiration Date: <u>5/31/19</u>	
	Number of courses:	
	Initial training: <u>8</u>	
	Refresher: <u>2</u>	
	Continuing Education: <u>0</u>	

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

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: San Diego

Reporting Year: FY 2016-2017

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

Training Institution: <u>Palomar Community College</u>		Telephone Number: <u>760-744-1150</u>
Address: <u>1951 East Valley Parkway</u>		
<u>Escondido, CA 92027</u>		
Student Eligibility*: <u>Open to general public</u>	**Program Level <u>EMT-1</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>600</u>	Initial training:	<u>425</u>
Refresher: <u>169</u>	Refresher:	<u>35</u>
	Continuing Education:	<u>0</u>
	Expiration Date:	<u>5/31/19</u>
	Number of courses:	
	Initial training:	<u>16</u>
	Refresher:	<u>2</u>
	Continuing Education:	<u>0</u>

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

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

Training Institution: <u>Palomar Community College</u>		Telephone Number: <u>760-744-1150</u>
Address: <u>1951 Easy Valley Parkway</u>		
<u>Escondido, CA 92027</u>		
Student Eligibility*: <u>Open to general public</u>	**Program Level <u>EMT-P</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>4699</u>	Initial training:	<u>63</u>
Refresher: <u>N/A</u>	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>
	Expiration Date:	<u>5/31/19</u>
	Number of courses:	
	Initial training:	<u>2</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>

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

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: San Diego

Reporting Year: FY 2016-2017

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

Southwestern Community College		619-216-6760
Training Institution: _____		Telephone Number: _____
Address: <u>8100 Gigantic St.</u>		
<u>San Diego, CA 92154</u>		
Student Eligibility*: <u>Open to general public</u>	**Program Level <u>EMT-1</u>	
Cost of Program:		
Basic: <u>800</u>	Number of students completing training per year:	
Refresher: <u>65</u>	Initial training:	<u>79</u>
	Refresher:	<u>27</u>
	Continuing Education:	<u>0</u>
	Expiration Date:	<u>5/31/19</u>
	Number of courses:	
	Initial training:	<u>6</u>
	Refresher:	<u>2</u>
	Continuing Education:	<u>0</u>

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

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

Southwestern Community College		619-216-6760
Training Institution: _____		Telephone Number: _____
Address: <u>8100 Gigantic St.</u>		
<u>San Diego, CA 92154</u>		
Student Eligibility*: <u>Open to general public</u>	**Program Level <u>EMT-P</u>	
Cost of Program:		
Basic: <u>3800</u>	Number of students completing training per year:	
Refresher: <u>N/A</u>	Initial training:	<u>19</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>
	Expiration Date:	<u>10/31/17</u>
	Number of courses:	
	Initial training:	<u>1</u>
	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>

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

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

TABLE 11: DISPATCH AGENCY

County: SAN DIEGO

Reporting Year: FY 2016-2017

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

Name:	<u>ADVANTAGE AMBULANCE INC.</u>		Primary Contact:	
Address:	<u>2400 E. 4TH ST</u>			
	<u>NATIONAL CITY, CA 91950-3941</u>			
Telephone Number:	<u>866-962-3826</u>			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>3</u> EMD Training	<u> </u> EMT-D
			<u>2</u> BLS	<u> </u> LALS
				<u>1</u> ALS
				<u> </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire		
		<input type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain: _____		

Name:	<u>AIRCARE INTERNATIONAL GROUND TRANSPORT</u>		Primary Contact:	<u>GREG SOTTEK</u>
Address:	<u>2105 CAMINO VIDA ROBLE, SUITE E</u>			
	<u>CARLSBAD, CA 92011</u>			
Telephone Number:	<u>760-579-0240</u>			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training	<u> </u> EMT-D
			<u>2</u> BLS	<u> </u> LALS
				<u>5</u> ALS
				<u> </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire		
		<input type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain: _____		

TABLE 11: DISPATCH AGENCY

County: SAN DIEGO

Reporting Year: FY 2016-2017

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

Name:	<u>AMERICAN MEDICAL RESPONSE</u>		Primary Contact:	<u>MIKE RICE</u>	
Address:	<u>8808 BALBOA AVE, #150</u>				
	<u>SAN DIEGO, CA 92123</u>				
Telephone Number:	<u>858-492-8111</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>48</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u>6</u> BLS	<u> </u> LALS	<u>10</u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire			
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: <u> </u>			

Name:	<u>BALBOA AMBULANCE INC.</u>		Primary Contact:	<u>CARLA POWELL</u>	
Address:	<u>6340 RIVERDALE</u>				
	<u>SAN DIEGO, CA 92120</u>				
Telephone Number:	<u>619-295-1942</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u>2</u> BLS	<u> </u> LALS	<u>6</u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire			
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: <u> </u>			

TABLE 11: DISPATCH AGENCY

County: SAN DIEGO

Reporting Year: FY 2016-2017

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

Name:	<u>CAL FIRE/ MONTE VISTA ECC</u>		Primary Contact: <u>AUSTIN BROWNE</u>
Address:	<u>2249 JAMACHA ROAD</u>		
	<u>EL CAJON, CA 92019</u>		
Telephone Number:	<u>619-590-3109</u>		
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>19</u> EMD Training <u> </u> EMT-D <u>1</u> ALS
			<u>7</u> BLS <u> </u> LALS <u> </u> Other
Ownership:		If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		<input type="checkbox"/> Law	
		<input type="checkbox"/> Other	
		Explain: <u> </u>	

Name:	<u>CARE MEDICAL TRANSPORT</u>		Primary Contact: <u>DANIEL GRAHAM</u>
Address:	<u>9770 CANDIDA ST.</u>		
	<u>SAN DIEGO, CA 92126</u>		
Telephone Number:	<u>858-653-4500</u>		
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training <u> </u> EMT-D <u> </u> ALS
			<u>2</u> BLS <u> </u> LALS <u>9</u> Other
Ownership:		If Public:	
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		<input type="checkbox"/> Law	
		<input type="checkbox"/> Other	
		Explain: <u> </u>	

TABLE 11: DISPATCH AGENCY

County: SAN DIEGO

Reporting Year: FY 2016-2017

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

Name:	<u>ESCONDIDO POLICE DEPARTMENT</u>		Primary Contact:	<u>MARTHA ELLIS</u>	
Address:	<u>700 WEST GRAND AVE</u>				
	<u>ESCONDIDO, CA 92092</u>				
Telephone Number:	<u>760-839-4622</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>24</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire				
	<input checked="" type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u> </u>				

Name:	<u>EXPRESS TRANSPORT AMBULANCE</u>		Primary Contact:	<u>THAMER T DAOUD</u>	
Address:	<u>4400 PALM AVE, SUITE C</u>				
	<u>LA MESA, CA 91941</u>				
Telephone Number:	<u>619-589-0022</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u>2</u> BLS	<u> </u> LALS	<u>1</u> Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire				
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u> </u>				

TABLE 11: DISPATCH AGENCY

County: SAN DIEGO

Reporting Year: FY 2016-2017

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

Name:	<u>HEARTLAND DISPATCH JPA</u>		Primary Contact:	<u>CARLOS CASTILLO</u>	
Address:	<u>100 EAST LEXINGTON</u>				
	<u>EL CAJON, CA 92092</u>				
Telephone Number:	<u>619-441-1621</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>14</u> EMD Training	<u> </u> EMT-D	<u>1</u> ALS
			<u>1</u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire			
		<input type="checkbox"/> Law			
		<input checked="" type="checkbox"/> Other			
		Explain: <u>City/ Fire District JPA</u>			

Name:	<u>MAXCARE AMBULANCE</u>		Primary Contact:	<u>MAX LAUFER</u>	
Address:	<u>7614 LEMON AVE</u>				
	<u>LEMON GROVE, CA 91945</u>				
Telephone Number:	<u>619-303-6705</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u>4</u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire			
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: <u> </u>			

TABLE 11: DISPATCH AGENCY

County: SAN DIEGO

Reporting Year: FY 2016-2017

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

Name:	<u>NORTH COUNTY DISPATCH JPA</u>		Primary Contact:	<u>LESLI WILSON</u>	
Address:	<u>PO BOX 410</u>				
	<u>RANCHO SANTA FE, CA 92067</u>				
Telephone Number:	<u>858-756-1126</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>26</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire				
	<input type="checkbox"/> Law				
	<input checked="" type="checkbox"/> Other				
	Explain: <u>City/Fire District JPA</u>				

Name:	<u>SAN DIEGO FIRE AND RESCUE</u>		Primary Contact:	<u>ROGER FISHER</u>	
Address:	<u>3750 KEARNY VILLA RD</u>				
	<u>SAN DIEGO, CA 92123</u>				
Telephone Number:	<u>858-573-1301</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>42</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input checked="" type="checkbox"/> Fire				
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u> </u>				

TABLE 11: DISPATCH AGENCY

County: SAN DIEGO

Reporting Year: FY 2016-2017

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

Name:	<u>SCHAEFER AMBULANCE SERVICE</u>		Primary Contact:	<u>RICK LARSON</u>	
Address:	<u>7257 UNIVERSITY AVE</u>				
	<u>LA MESA, CA 91941</u>				
Telephone Number:	<u>619-583-0454</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>1</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire				
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u> </u>				

Name:	<u>SYMONS AMBULANCE</u>		Primary Contact:	<u>JEFF GRANGE</u>	
Address:	<u>18592 CAJON BLVD</u>				
	<u>SAN BERNARDINO, CA 92407</u>				
Telephone Number:	<u>909-880-2979</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>7</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u>7</u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire				
	<input type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: <u> </u>				

TABLE 11: DISPATCH AGENCY

County: SAN DIEGO

Reporting Year: FY 2016-2017

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

Name: UNITED AMBULANCE Primary Contact: JOHN GOODWIN
Address: 7579 CONVOY COURT
SAN DIEGO, CA 92111
Telephone Number: 858-277-0300

Written Contract: ☐ Yes ☒ No Medical Director: ☒ Yes ☐ No ☒ Day-to-Day ☐ Disaster
Number of Personnel Providing Services:
1 EMD Training EMT-D ALS
 BLS LALS 4 Other

Ownership: ☐ Public ☒ Private If Public: ☐ Fire ☐ Law ☐ Other
If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal
Explain: _____

Name: _____ Primary Contact: _____
Address: _____
Telephone Number: _____

Written Contract: _____ Medical Director: ☐ Day-to-Day _____ Number of Personnel Providing Services: _____
☐ Yes ☐ No ☐ Yes ☐ No ☐ Disaster _____ EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

Ownership: _____ If Public: _____
☐ Public ☐ Private ☐ Fire _____
☐ Law _____
☐ Other _____
Explain: _____

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