

EMERGENCY MEDICAL SERVICES AUTHORITY

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



September 29, 2020

Ms. Jackie Lowther, Emergency Medical Services Administrator
Santa Clara County Emergency Medical Services Agency
700 Empey Way
San Jose, CA 95128

Dear Ms. Lowther:

This letter is in response to Santa Clara County's 2019 emergency medical services (EMS) plan submission to the EMS Authority on July 29, 2020. The EMS Authority has reviewed the plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103, and is approved for implementation pursuant to HSC § 1797.105(b).

Based on the documentation provided, the EMS Authority has compiled a list of your Emergency Ambulance Zone areas within your jurisdiction and has enclosed for reference.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before September 29, 2021. If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dave Duncan', written over a circular stamp.

Dave Duncan, MD
Director

Enclosure

dd:lg

Santa Clara County 2019 EMS Plan Ground Exclusive Operating Areas				Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency	Standby Service with Transport Authorization	
ZONE	EXCLUSIVITY			TYPE			LEVEL										NOTES
Santa Clara County	X																
City of Palo Alto		X	Non-Competitive	X						X							

PALO ALTO FIRE DEPARTMENT STRATEGIC PLAN



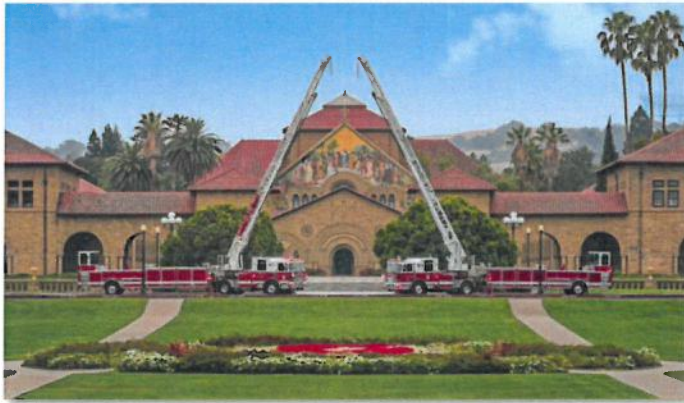
2019-2024

Organizational Background

The City of Palo Alto, California is a landmark known historically in the founding of Stanford University, and in its diverse focus on technology today. The history of the city boasts a heavy Spanish heritage to include its name, which comes from a 1000-year-old coastal redwood tree along San Francisquito Creek. Incorporated as a city on April 16, 1894, Palo Alto has grown and evolved, making its place in the history of the state, as well as nationally and internationally.



Today, Palo Alto is a thriving community of approximately 65,000 residing within approximately 39 square miles. Stanford University provides an approximate additional 16,000 in residence and an additional 13 square miles to which the fire department provides services. As part of and known as the birthplace of Silicon Valley, Palo Alto is home to industry focusing on expanded technology, quality education, and sustainable businesses that feed a robust economy.



Prior to 1920 when the city hired its first professional firefighter, the Palo Alto Fire Department operated as a volunteer fire service organization that served the community. The department, over its existence, has continued to evolve to remain cutting-edge as the community has changed. Because of a growing demand in the industry, the Palo Alto Fire Department

began providing paramedic services in 1975 and also began providing fire-rescue and ambulance services to Stanford University under contract. The Palo Alto Fire Department has continued to keep pace with the industry, as demands changed within the city and as further service offerings were made available for the community.

Today the department provides its services from six fire stations, located strategically throughout the city. Staffed with 96 uniformed and 8 civilian professionals, the department provides its various services and programs, while dedicated to safeguarding and enriching the lives of anyone, anytime, and anywhere. The Palo Alto Fire Department continues to remain mission-focused as evidenced by its international accredited status as well as its commitment to “strategic doing.” The department embraces excellence in all that it does and continues to be dedicated to those it serves.



**County of Santa Clara
Emergency Medical Services System**

Emergency Medical Services Agency

700 Empey Way
San Jose, CA 95126
408.794.0600 voice | www.sccemsagency.org
www.facebook.com/SantaClaraCountyEMS



July 29, 2020

David Duncan, MD
Director
California Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, California 95670

Dear Dr. Duncan,

Attached please find the 2019 Santa Clara County EMS Plan Update. The 2019 annual update provides the required information on the status of our system and progress toward meeting objective goals.

Thank you in advance for your review of this Plan Update. Please do not hesitate to contact me for any further questions at 408-7794-0610 or jackie.lowther@ems.sccgov.org.

Respectfully,

Jackie Lowther RN, MSN, MBA
Director, Emergency Medical Services

Enclosure

cc: Rene Santiago, Deputy County Executive
Ken Miller, MD., EMS Medical Director
Louis J. Bruhnke, Chief Deputy Director
Tom McGinnis, Systems Division Chief



Santa Clara County

EMS Plan

2019

**This plan was prepared for the
California Emergency Medical Services Authority
July 2020**

Plan prepared by:
County of Santa Clara
Emergency Medical Services Agency
700 Empey Way
San Jose, CA 95128
(408)794-0600

Plan reviewed and edited by:
Ken Miller, MD, PhD, EMS Medical Director
Jackie Lowther, RN, MSN, MBA, EMS Director
John Blain, EMS Specialist

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	4
FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY.....	5-13
FORM 2: EMS PLAN SYSTEM ASSESSMENT OF STANDARD.....	14-15
FORM 3: AMBULANCE OPERATING ZONE SUMMARY.....	16-25
TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT.....	26-30
TABLE 2: MANPOWER AND TRAINING.....	31-39
TABLE 3: COMMUNICATIONS.....	40-68
TABLE 4: RESPONSE AND TRANSPORTATION.....	69-121
TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS.....	122-136
TABLE 6: PUBLIC INFORMATION AND EDUCATION.....	137-138
TABLE 7: DISASTER MEDICAL RESPONSE.....	139-141

Executive Summary

Pursuant to California Health and Safety Code §1797.200, the County of Santa Clara elected to develop an emergency medical services program. In accordance with State statute §1797.204, the Santa Clara County Emergency Medical Services Agency (SCCEMSA) is submitting the 2019 EMS Plan.

There have been three operational changes within the SCCEMSA system since the last EMS Plan submission. The SCCEMSA system operates two emergency ambulance zones. Prior to 2019, both zones were exclusive operating areas. As of July 2019, one of the ambulance zones lost its exclusivity. The second change involved the closure of one tenured inter-facility ambulance service. The third operational change occurred when one of the system's two paramedic training programs closed its operations.

The SCCEMSA still maintains three adult trauma centers, two pediatric trauma centers, one burn center, ten primary stroke centers, four comprehensive stroke centers and eight STEMI centers.

Future efforts by SCCEMSA will focus on the development and implementation of the recently enacted Chapter 14 regulations (EMS for Children). SCCEMSA envisions full implementation by the close of fiscal year 2022.

FORM 1:

EMS PLAN SYSTEM ASSESSMENT SUMMARY

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



A. SYSTEM ORGANIZATION AND MANAGEMENT	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
1.01 Organizational Structure	✓		
1.02 EMS Administration Budget	✓		
1.03 Employment of Medical Director	✓		
1.04 Medical Control	✓		
1.05 Expert Consultation	✓		
1.06 Public Input on Plans, Policies, Procedures	✓		
1.07 Establishment of Policies, Procedures, Protocols	✓		
1.08 Availability of Policies, Procedures, Protocols	✓		
B. MANPOWER AND TRAINING	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.01 EMT & AEMT Certification in Central EMT Registry	✓		

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



B. MANPOWER AND TRAINING (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.02 EMT & AEMT Discipline	✓		
2.03 EMT & AEMT Certification Status	✓		
2.04 EMT & AEMT Certification Reporting to National Practitioners Database	✓		
2.05 Paramedic Accreditation	✓		
2.06 RN & MICN Standards	✓		
2.07 EMT, AEMT, Paramedic Training Program Compliance	✓		
2.08 EMT Training Course Challenge	✓		
2.09 EMS Provider Reporting of EMT & AEMT Actions or Omissions	✓		
2.10 Reporting of Paramedic Actions or Omissions	✓		



FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY

B. MANPOWER AND TRAINING (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.11 Suspension of Paramedic License	✓		
2.12 Prophylactic Medical Treatment for Public Safety Personnel, Lifeguards, EMTs, AEMTs, & Paramedics	✓		
2.13 Critical Care Paramedic Training & Accreditation	✓		
2.14 Training Standards for EMTs & Paramedics Managing Complex Patients	✓		
2.15 Procedures for Management of Complex Patients	✓		
C. COMMUNICATIONS	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
3.01 Review and Approval of Medical Dispatch Centers	✓		
3.02 City and Fire District Dispatch	✓		
3.03 Medical Dispatch Center Protocols	✓		

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



C. COMMUNICATIONS (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
3.04 EMD Certification	✓		
3.05 Medical Communication System Plan	✓		
3.06 Emergency System for Inter-hospital Communication	✓		
D. RESPONSE AND TRANSPORTATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
4.01 Primary Response Area	✓		
4.02 Provider Selection	✓		
4.03 Authorization of Advanced EMT & Paramedic Service Providers	✓		
4.04 Advanced Life Support Provider Application	✓		
4.05 Response Time Standards	✓		
4.06 System Status Management	✓		
4.07 Creation of Exclusive Operating Area and Approval	✓		

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



E. ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
5.01 Hospital and Health Facility Designation	✓		
5.02 Acute Care Facility Assessment and Specialty Care System Development		✓	The County does not have a policy or process in place for designating pediatric receiving centers. The County plans to complete the policy and designation processes by 2020/2021.
5.03 Patient Safety and Non-Permit Facility in Rural Area	N/A		
5.04 Critical Care System	✓		
F. DATA COLLECTION AND EVALUATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
6.01 Data Management System Compliance with CEMSIS/NEMSIS	✓		
6.02 Electronic Health Record Data	✓		
6.03 Integrated Data Management System using CEMSIS/NEMSIS	✓		
6.04 Electronic Patient Health Information Exchange	✓		

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



F. DATA COLLECTION AND EVALUATION (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
6.05 Prehospital EMS and Specialty Care Data through CEMSIS/NEMSIS	✓		
6.06 EMS QA/QI Program	✓		
6.07 EMS Service Provider QI Program	✓		
6.08 EMS Quality Core Measures	✓		
6.09 Ambulance Patient Offload Times	✓		
6.10 Data Collection from Specialty Care Centers	✓		
G. PUBLIC INFORMATION AND EDUCATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
7.01 Public Information Improvement	✓		
7.02 Program for Public Awareness of EMS System	✓		
7.03 Public Training on First Aid, Bleeding Control, CPR	✓		

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



G. PUBLIC INFORMATION AND EDUCATION (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
7.04 Public Education on Injury and Illness Prevention	✓		
7.05 Public Training and Education on Disaster Preparedness	✓		
H. DISASTER MEDICAL RESPONSE	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
8.01 Multi-Casualty Response Plans Using ICS/SEMS	✓		
8.02 Medical Response Plans	✓		
8.03 Distribution of Disaster Casualties	✓		
8.04 MHOAC Coordinator	✓		
8.05 Situation Status Reporting & Communication of Emergency Requests	✓		
8.06 Identification of EMS Resources	✓		
8.07 Medical Mutual Aid Agreements	✓		

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



H. DISASTER MEDICAL RESPONSE (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
8.08 Disaster Medical Training of EMTs & Paramedics	✓		
8.9 Integration of Hospitals' Disaster Emergency Plan	✓		
8.10 Development of Medical & Health Disaster Plan	✓		
8.11 Hospital Evacuation	✓		
8.12 Increase in Prehospital EMS Needs	✓		
8.13 Specialty Care Center Role in Disasters	✓		
8.14 Mutual Aid Requests in EOA Areas	✓		

FORM 2:

EMS PLAN SYSTEM ASSESSMENT OF STANDARD



FORM 2: EMS PLAN SYSTEM ASSESSMENT OF STANDARD

MINIMUM STANDARD:

5.02: [Acute Care Facility Assessment and Specialty Care System Development]

Pursuant to Chapter 14 regulations, the local EMS agency may develop and implement an Emergency Medical Services for Children (EMSC) Program.

EMS AGENCY CURRENT STATUS IN MEETING STANDARD:

The Santa Clara County EMS Agency currently has an in-county trauma system that include two pediatric trauma centers. The EMS Agency will begin the process in FY21 to develop an in-county designation of non-trauma pediatric receiving centers. The designation process will follow Chapter 14 regulations.

EMS AGENCY COORDINATION WITH OTHER AGENCIES:

The EMS Agency will coordinate development and implementation with in-county stakeholders and neighboring county stakeholders. Stakeholders include but are not limited to, hospitals, first responder agencies, ground and air transport providers.

TABLE 1:

SYSTEM ORGANIZATION AND MANAGEMENT



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Overview

Local EMS Agency:	<u>County of Santa Clara, Emergency Medical Services Agency</u>
Plan Year:	<u>CY 2019</u>
EMS Director/Administrator:	<u>Jackie Lowther, RN, MSN, MBA</u>
EMS Medical Director:	<u>Ken Miller, MD, PhD</u>
Physical Address:	<u>700 Empey Way</u> <u>San Jose, CA 95128</u>
Type of Agency:	<input checked="" type="checkbox"/> County Health Services Agency <input type="checkbox"/> Public Health Department <input type="checkbox"/> Joint Powers Agency <input type="checkbox"/> Non-Health County Department <input type="checkbox"/> Private Non-Profit Entity
Number of Counties in Local EMS Agency:	<u>1</u>
Counties within Regional Agency:	<u></u>
Population of EMS system:	<u>2.0 million</u>
Local EMS Agency responsibility:	<input type="checkbox"/> Hospital Preparedness Program <input type="checkbox"/> Public Health Emergency Preparedness Program <input type="checkbox"/> Other: <u></u>

EMS Agency Organization

Organizational Charts Attached: ☒ County Structure ☒ EMS Agency

EMS Agency Budget

Fiscal Year: FY 2019

Expenses for EMS agency administration services only:

Expense Category	Total
Salaries and Benefits (not contracted staff)	\$ 3,219,699.62
Contract Services	\$ 160,657.00
Services and Supplies	\$ 609,820.95
Total Expenses*	\$ 3,990,177.57



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Budget (cont.)

Revenue received for EMS agency administration services only:

Revenue Category	Total
County General Fund (local tax funds, county health realignment funds, etc.)	\$ 2,171,195.69
County Health Realignment Funds	\$ 0.00
Maddy EMS Fund (LEMSA discretionary funds only)	\$ 229,923.66
Grant Revenue	\$ 33,635.56
Fees	\$ 1,148,827.63
Other:	\$ 406,595.03
Total Revenue*	\$ 3,990,177.57

Provide brief explanation if totals do not equal: _____

EMS Agency Fee Structure

Effective Date of Fees: July 1, 2019

	Item	Fee	Comment
Certifications	First responder certification	\$ N/A	
	First responder re-certification	\$ N/A	
	EMS dispatcher certification	\$ N/A	
	EMS dispatcher re-certification	\$ N/A	
	EMT certification	\$ 50	
	EMT recertification	\$ 50	
	EMT accreditation	\$ N/A	
	EMT re-accreditation	\$ N/A	
	AEMT certification	\$ N/A	
	AEMT recertification	\$ N/A	
	Paramedic accreditation	\$ 150	
	Paramedic re-accreditation	\$ N/A	
	MICN/ARN certification	\$ N/A	
	MICN/ARN recertification	\$ N/A	
Program Approval	EMR training program approval	\$ N/A	
	EMT training program approval	\$ 1,000	
	AEMT training program approval	\$ N/A	
	Continuing education provider	\$ 1,000	
	Paramedic training program approval	\$ 5,000	
	EMS dispatch program approval	\$ N/A	
	MICN/ARN training program approval	\$ N/A	



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Fee Structure (cont.)

	Item	Fee	Comment
Designation	Base hospital application	\$ N/A	
	Base hospital designation	\$ N/A	
	Emergency receiving center designation	\$ 11,576.25	
	Pediatric facility approval	\$ N/A	
	Pediatric facility designation	\$ N/A	
	STEMI/Cardiac center application	\$ N/A	
	STEMI/Cardiac center designation	\$ 11,576.25	
	Stroke center application	\$ N/A	
	Stroke center designation	\$ 11,576.25	
	Trauma center application	\$ N/A	
	Trauma center designation	\$ 115,762.50	
Other	Ambulance licensure	\$ 6,366.94	BLS ambulance service
	Ambulance vehicle permits	\$ 1,099.75	
	Ambulance franchise fee	\$ N/A	
	Paramedic course tuition	\$ N/A	
	Other: Ambulance licensure	\$ 6,945.75	ALS / CCT ambulance service

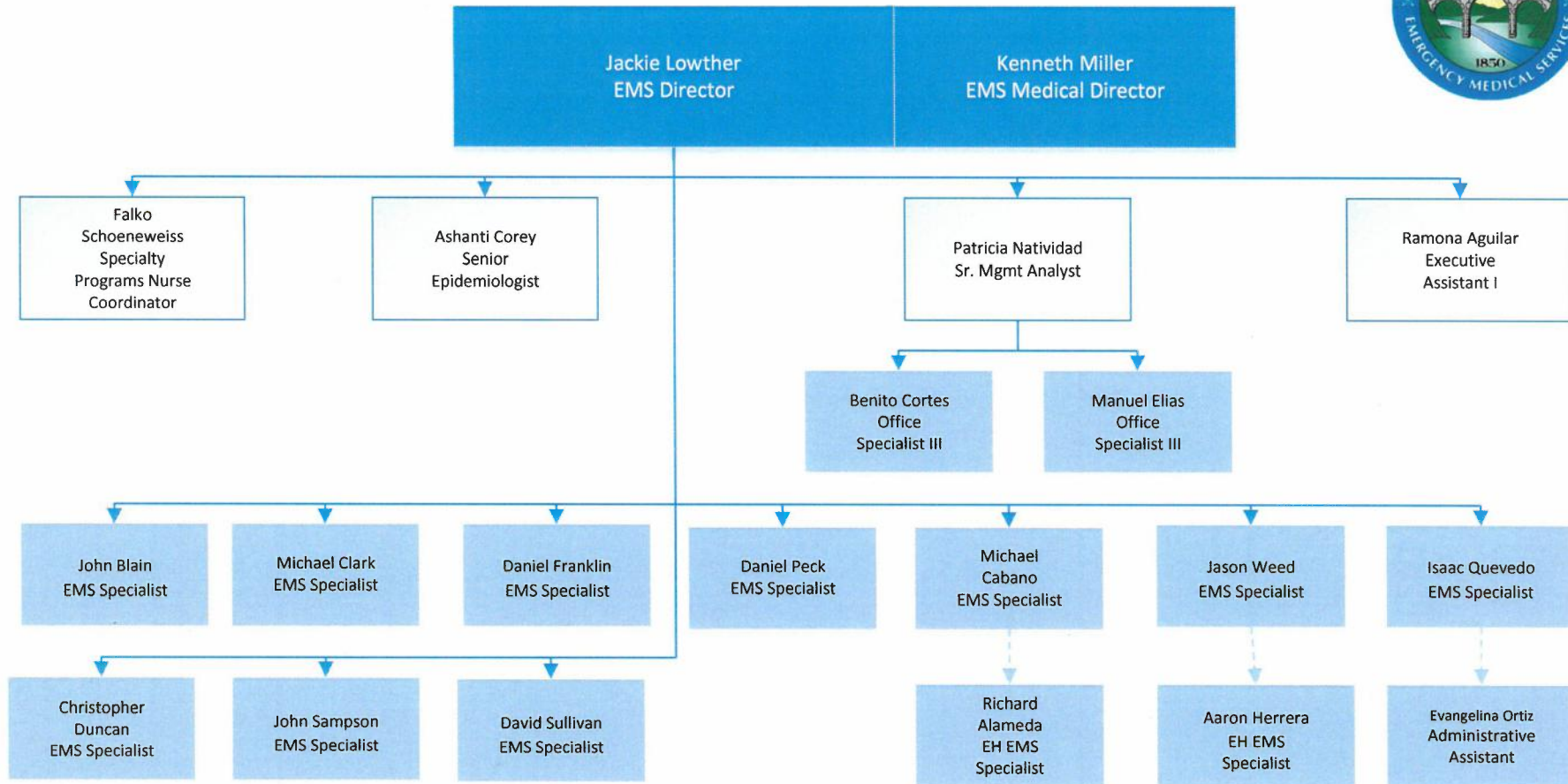
EMS Agency Staffing

Total full-time equivalent (FTE) staff dedicated to EMS administration: 20

Roles	Classification	Contract (Yes/No)	FTE	Annual Salary Range	Actual Annual Salary	Benefits (% of Salary)	Benefits (Cost)
EMS Administrator	EMS Director	No	1	\$ 243,625.98	\$ 243,625.98	47 %	\$ 114,504.21
Asst./Deputy EMS Administrator	N/A	N/A	0	\$ 0	\$ 0	0 %	\$ 0
EMS Medical Director	EMS Medical Director	No	1	\$ 291,892.64	\$ 291,892.64	47 %	\$ 137,189.54
EMS Coordinator	N/A	N/A	0	\$ 0	\$ 0	0 %	\$ 0
EMS Specialist	EMS Specialist	No	11	\$ 131,097.92	\$ 131,097.92	47 %	\$ 61,616.02
CQI Coordinator	N/A	N/A	0	\$ 0	\$ 0	0 %	\$ 0
Trauma Coordinator	Specialty Program Nurse Coordinator	No	1	\$ 171,435.68	\$ 171,435.68	47 %	\$ 80,574.77
EMS Analyst	N/A	N/A	0	\$ 0	\$ 0	0 %	\$ 0
Senior Procedures Analyst (IT)	N/A	N/A	0	\$ 0	\$ 0	0 %	\$ 0
Administrative Assistant	Administrative Assistant	No	1	\$ 63,968.84	\$ 63,968.84	47 %	\$ 30,065.35
Office Assistant III	Office Asssitant III	No	2	\$ 56,408.04	\$ 56,408.04	47 %	\$ 26,511.78
Executive Assistant	Executive Assistant I	No	1	\$ 69,290.52	\$ 69,290.52	47 %	\$ 32,566.54
Sr. Management Analyst	Senior Management Analyst	No	1	\$ 146,057.60	\$ 146,057.60	47 %	\$ 68,647.07
Epidemiologist	Epidemiologist II	No	1	\$ 92,912.04	\$ 92,912.04	47 %	\$ 43,668.66
N/A	N/A	N/A	0	\$ 0	\$ 0	0 %	\$ 0

(09/2019)

Emergency Medical Services (EMS) Agency Organizational Chart



May 15, 2020

TABLE 2:
MANPOWER AND TRAINING



TABLE 2: MANPOWER AND TRAINING

County: Santa Clara

Reporting Year: CY2019

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? ☒ Yes ☐ No

Do you have an EMR Training Program? ☐ Yes ☒ No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT - I (Public Safety)
Total certified	1,189	N/A		34	
Number newly certified this year	335	N/A		0	
Number recertified this year	854	N/A		23	
Total accredited on July 1 of reporting year	1,189	N/A	749	34	
Number of certification reviews resulting in:					
• Formal investigations	19	N/A		0	
• Probation	4	N/A	0	0	
• Suspensions	1	N/A	0	0	
• Revocations	1	N/A		0	
• Denials	3	N/A		0	
• No action taken	14	N/A	0	0	
Number of personnel authorized/certified in:					
• Early defibrillation					Not Documented



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>43-3001 / 43-3006</u>		Expiration Date of Training Program: <u>01/31/2024</u>	
Student Eligibility: <u>Open to general public</u> (Open to general public or restricted)		Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input checked="" type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
		Program Cost: Basic <u>\$250.00-\$750.00</u> Refresher <u>\$250.00</u> Paramedic Program Cost: <u>\$7,000.00</u>	
Training Institution: <u>Foothill Community College</u>		Phone Number: <u>408.745.8000 / 650.949.7777</u>	
Address: <u>1070 Innovation Way</u> <u>Sunnyvale, CA 94089</u>		Contact Name: <u>Tracy Villanueva</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	5	2	0	0	1	0	0	0	0	0	0	0	N/A	18
Number of students completing training	176	18	0	0	30	0	0	0	0	0	0	0	N/A	18



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>43-3005</u>		Expiration Date of Training Program: <u>07/31/2021</u>	
Student Eligibility: <u>Open to general public</u> (Open to general public or restricted)		Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
Program Cost: Basic <u>\$400.00</u> Refresher <u>\$150.00</u>			
Training Institution: <u>Mission College</u>		Phone Number: <u>408.855.5387</u>	
Address: <u>300 Mission College Blvd.</u> <u>Santa Clara, CA 94054</u>		Contact Name: <u>David Rose</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	6	3	0	0	0	0	0	0	0	0	0	0	N/A	0
Number of students completing training	220	45	0	0	0	0	0	0	0	0	0	0	N/A	0



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>43-5002</u>		Expiration Date of Training Program: <u>10/31/2020</u>	
Student Eligibility: <u>Open to general public</u> (Open to general public or restricted)		Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
		Program Cost: Basic <u>\$1,467.00</u> Refresher <u>\$200.00</u>	
Training Institution: <u>National University</u>		Phone Number: <u>408.236.1170</u> <u>800.432.3483</u>	
Address: <u>3031 Tisch Way</u> <u>San Jose, CA 95128</u>		Contact Name: <u>Manuel Medina</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	8	0	0	0	0	0	0	0	0	0	0	0	N/A	0
Number of students completing training	94	0	0	0	0	0	0	0	0	0	0	0	N/A	0



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>43-3004</u>		Expiration Date of Training Program: <u>01/31/2021</u>	
Student Eligibility: <u>Open to general public</u> (Open to general public or restricted)		Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
		Program Cost: Basic <u>\$276.00</u> Refresher <u>\$23.00</u>	
Training Institution: <u>San Jose City College</u>		Phone Number: <u>408.298-2181 ext. 3134</u>	
Address: <u>2100 Moorpark Avenue</u> <u>San Jose, CA 95128</u>		Contact Name: <u>Scott Miller</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	4	1	0	0	0	0	0	0	0	0	0	0	N/A	0
Number of students completing training	52	27	0	0	0	0	0	0	0	0	0	0	N/A	0



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>43-2015</u>		Expiration Date of Training Program: <u>03/31/2022</u>	
Student Eligibility: <u>Open to general public</u> (Open to general public or restricted)		Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
Program Cost: Basic <u>\$2,500.00</u> Refresher <u>\$300.00</u>			
Training Institution: <u>Silicon Valley Ambulance EMT Academy</u>		Phone Number: <u>408.778.4911</u>	
Address: <u>181 Martinvale Lane</u> <u>San Jose, CA 95119</u>		Contact Name: <u>Randy Hooks</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	8	10	0	0	0	0	0	0	0	0	0	0	N/A	6
Number of students completing training	105	22	0	0	0	0	0	0	0	0	0	0	N/A	50



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>43-3009</u>		Expiration Date of Training Program: <u>07/31/2024</u>	
Student Eligibility: <u>Open to general public</u> (Open to general public or restricted)		Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
Program Cost: Basic <u>\$1,325.00</u> Refresher <u>\$140.00</u>			
Training Institution: <u>South Bay Regional Public Safety Training Consortium</u>		Phone Number: <u>408.229.4299</u>	
Address: <u>500 Bailey Avenue</u> <u>San Jose, CA 95141</u>		Contact Name: <u>Glen Thompson</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	2	0	0	0	0	0	0	0	0	0	0	0	N/A	0
Number of students completing training	33	0	0	0	0	0	0	0	0	0	0	0	N/A	0



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>43-3007</u>		Expiration Date of Training Program: <u>02/28/2022</u>	
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)		Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input checked="" type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
Program Cost: Basic <u>Not provided</u> Refresher <u>Not provided</u>			
Training Institution: <u>Stanford University EMT Program</u>		Phone Number: <u>650.723.6576 / 415.323.0367</u>	
Address: <u>900 Welch Road, Suite 350</u> <u>Stanford, CA 94305-2200</u>		Contact Name: <u>Eric Marxmiller</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	1	2	0	0	0	0	2	0	0	0	0	0	N/A	0
Number of students completing training	29	30	0	0	0	0	16	0	0	0	0	0	N/A	0

TABLE 3:
COMMUNICATIONS



TABLE 3: COMMUNICATIONS

County: Santa Clara

Reporting Year: CY2019

EMS Agency Communications Structure

Number of primary Public Service Answering Points (PSAP):	<u>13</u>
Number of secondary PSAPs:	<u>3</u>
Number of dispatch centers directly dispatching ambulances:	<u>15</u>
Number of EMS dispatch agencies utilizing EMD guidelines:	<u>6</u>
Number of designated dispatch centers for EMS aircraft:	<u>3</u>

Who is your primary dispatch agency for day-to day emergencies?

County of Santa Clara, Communications Department

Do you have an operational area disaster communication system? ☒ Yes ☐ No

a) Identify the radio primary frequency: RX 856.4375 / TX 811.4375

b) Identify other methods: RX 852.5125 / TX 807.5125

c) Can all medical response units communicate on the same disaster communication system? ☒ Yes ☐ No

d) Do you participate in the Operational Area Satellite Information System? ☒ Yes ☐ No

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

1) Within the operational area? ☒ Yes ☐ No

2) Between operational area and the region and/or state? ☒ Yes ☐ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Santa Clara **Reporting Year:** CY 2019
Dispatch Agency: AMR - Sutter IFT **Name of Primary Contact:** _____
Address: 13992 Catalina Street **Telephone Number:** 855.788.8370
San Leandro, CA 94577

Written Contract: ☒ Yes ☐ No **Medical Director:** ☒ Yes ☐ No **Availability:** ☒ Day-to-Day ☒ Disaster
Number of Personnel Providing Services:
 EMD Training _____ EMT-D _____ ALS _____
 BLS _____ LALS _____ Other _____
Total Number of Dispatchers: 16

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No



TABLE 3: COMMUNICATIONS

Dispatch Resource

County: Santa Clara Reporting Year: CY 2019

Dispatch Agency: Bayshore Ambulance Service Name of Primary Contact: David Bockholt

Address: PO Box 4622 Telephone Number: 650.525.3855
Foster City, CA 94404

Written Contract: ☒ Yes ☐ No Medical Director: ☒ Yes ☐ No Availability: ☒ Day-to-Day ☒ Disaster

Number of Personnel Providing Services:

EMD Training	_____	EMT-D	_____	ALS	_____
BLS	_____	LALS	_____	Other	<u>5</u>
Total Number of Dispatchers:					<u>5</u>

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

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Santa Clara **Reporting Year:** CY 2019
Dispatch Agency: CALSTAR **Name of Primary Contact:** Jeff Horner
Address: 4933 Bailey Loop **Telephone Number:** 916.921.4000
McClellan, CA 95652

Written Contract: ☒ Yes ☐ No **Medical Director:** ☒ Yes ☐ No **Availability:** ☒ Day-to-Day ☒ Disaster
Number of Personnel Providing Services:
 EMD Training _____ EMT-D _____ ALS _____
 BLS _____ LALS _____ Other 5
Total Number of Dispatchers: 5

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☒ Yes ☐ No



TABLE 3: COMMUNICATIONS

Dispatch Resource

County: Santa Clara Reporting Year: CY 2019

Dispatch Agency: City of Campbell, Police Department Name of Primary Contact: _____

Address: 70 North First Street Telephone Number: 408.866.2121
Campbell, CA 95008

Written Contract: ☐ Yes ☒ No Medical Director: ☐ Yes ☒ No Availability: ☒ Day-to-Day ☒ Disaster

Number of Personnel Providing Services:

EMD Training	_____	EMT-D	_____	ALS	_____
BLS	_____	LALS	_____	Other	<u>8</u>
Total Number of Dispatchers:					<u>8</u>

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

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Santa Clara **Reporting Year:** CY 2019
Dispatch Agency: County of Santa Clara, Communications Department **Name of Primary Contact:** Heather Plamondon
Address: 2700 Carol Drive **Telephone Number:** 408.977.3200
San Jose, CA 95125

Written Contract: ☐ Yes ☒ No **Medical Director:** ☒ Yes ☐ No **Availability:** ☒ Day-to-Day ☒ Disaster
Number of Personnel Providing Services:
 EMD Training 70 EMT-D ALS
 BLS LALS Other
Total Number of Dispatchers: 91

Ownership: ☒ Public ☐ Private **If Public:** ☒ Fire ☒ Law ☒ Other EMS
If Public: ☐ City ☒ County ☐ State ☐ Fire District ☐ Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☒ Yes ☐ No



TABLE 3: COMMUNICATIONS

Dispatch Resource

County: Santa Clara Reporting Year: CY 2019

Dispatch Agency: Falcon Critical Care Transport Name of Primary Contact: _____

Address: 3508 San Pablo Dam Road Telephone Number: 510.223.1171
El Sobrante, CA 94803

Written Contract: ☒ Yes ☐ No Medical Director: ☒ Yes ☐ No Availability: ☒ Day-to-Day ☒ Disaster

Number of Personnel Providing Services:

EMD Training _____ EMT-D _____ ALS _____

BLS _____ LALS _____ Other _____

Total Number of Dispatchers: 8

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

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Santa Clara **Reporting Year:** CY 2019
Dispatch Agency: Falck of Northern California **Name of Primary Contact:** _____
Address: 2190 South McDowell **Telephone Number:** 800.344.9955
Petaluma, CA 94954

Written Contract: ☒ Yes ☐ No
Medical Director: ☒ Yes ☐ No
Availability: ☒ Day-to-Day ☒ Disaster
Number of Personnel Providing Services:
 EMD Training _____ EMT-D _____ ALS _____
 BLS _____ LALS _____ Other _____
Total Number of Dispatchers: 12

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Santa Clara **Reporting Year:** CY 2019
Dispatch Agency: City of Gilroy, Police Department **Name of Primary Contact:** _____
Address: 7370 Rosanna Street **Telephone Number:** 408.848.0329
Gilroy, CA 95020

Written Contract: ☒ Yes ☐ No **Medical Director:** ☒ Yes ☐ No **Availability:** ☒ Day-to-Day ☒ Disaster
Number of Personnel Providing Services:
 EMD Training _____ EMT-D _____ ALS _____
 BLS _____ LALS _____ Other 11
Total Number of Dispatchers: 11

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Santa Clara **Reporting Year:** CY 2019
Dispatch Agency: Stanford Life Flight **Name of Primary Contact:** _____
Address: 300 Pasteur Drive **Telephone Number:** 650.497.8674
Palo Alto, CA 94305

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

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☒ Yes ☐ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Santa Clara **Reporting Year:** CY 2019
Dispatch Agency: City of Los Altos, Police Department **Name of Primary Contact:** _____
Address: 1 North San Antonio Road **Telephone Number:** 408.947.2770
Los Altos, CA 94022

Written Contract: ☐ Yes ☒ No
Medical Director: ☐ Yes ☒ No
Availability: ☒ Day-to-Day ☒ Disaster
Number of Personnel Providing Services:
 EMD Training _____ EMT-D _____ ALS _____
 BLS _____ LALS _____ Other 7
Total Number of Dispatchers: 7

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No



TABLE 3: COMMUNICATIONS

Dispatch Resource

County: Santa Clara **Reporting Year:** CY 2019

Dispatch Agency: Town of Los Gatos/Monte Sereno, Police Department **Name of Primary Contact:** _____

Address: 110 East Main Street **Telephone Number:** 408.354.8600
Los Gatos, CA 95030

Written Contract: ☐ Yes ☒ No **Medical Director:** ☐ Yes ☒ No **Availability:** ☒ Day-to-Day ☒ Disaster

Number of Personnel Providing Services:

EMD Training	_____	EMT-D	_____	ALS	_____
BLS	_____	LALS	_____	Other	<u>8</u>

Total Number of Dispatchers: 8

Ownership: ☒ Public ☐ Private **If Public:** ☐ Fire ☒ Law ☐ Other _____

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Santa Clara Reporting Year: CY 2019
 Dispatch Agency: Mid-Peninsula Open Space District Name of Primary Contact: _____
 Address: 330 Distel Circle Telephone Number: 650.691.1200
Los Altos, CA 94022

Written Contract: ☐ Yes ☒ No Medical Director: ☐ Yes ☒ No Availability: ☒ Day-to-Day ☐ Disaster
 Number of Personnel Providing Services:
 EMD Training _____ EMT-D _____ ALS _____
 BLS _____ LALS _____ Other 12
 Total Number of Dispatchers: 12

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Santa Clara **Reporting Year:** CY 2019
Dispatch Agency: City of Milpitas, Police Department **Name of Primary Contact:** _____
Address: 777 Main Street **Telephone Number:** 408.586.2405
Milpitas, CA 95035

Written Contract: ☒ Yes ☐ No **Medical Director:** ☒ Yes ☐ No **Availability:** ☒ Day-to-Day ☒ Disaster
Number of Personnel Providing Services:
 EMD Training _____ EMT-D _____ ALS _____
 BLS _____ LALS _____ Other _____
Total Number of Dispatchers: 16

Ownership: ☒ Public ☐ Private **If Public:** ☒ Fire ☒ Law ☐ Other EMS
If Public: ☒ City ☐ County ☐ State ☐ Fire District ☐ Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Santa Clara Reporting Year: CY 2019

Dispatch Agency: NASA-Ames Fire Department [provided by Fiore Industries, Inc.] Name of Primary Contact: _____

Address: Building 15; Mail Stop 15-1 Telephone Number: 650.604.5416
Moffett Field, CA 94035

Written Contract: ☐ Yes ☒ No Medical Director: ☐ Yes ☒ No Availability: ☒ Day-to-Day ☒ Disaster

Number of Personnel Providing Services:

EMD Training _____ EMT-D _____ ALS _____

BLS _____ LALS _____ Other _____

Total Number of Dispatchers: 10

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

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No



TABLE 3: COMMUNICATIONS

Dispatch Resource

County: Santa Clara Reporting Year: CY 2019

Dispatch Agency: City of Morgan Hill, Police Department Name of Primary Contact: _____

Address: 17605 Peak Avenue Telephone Number: 408.776.7304
Morgan Hill, CA 95035

Written Contract: ☐ Yes ☒ No Medical Director: ☐ Yes ☒ No Availability: ☒ Day-to-Day ☒ Disaster

Number of Personnel Providing Services:

EMD Training	_____	EMT-D	_____	ALS	_____
BLS	_____	LALS	_____	Other	<u>8</u>

Total Number of Dispatchers: 8

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

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No



TABLE 3: COMMUNICATIONS

Dispatch Resource

County: Santa Clara Reporting Year: CY 2019

Dispatch Agency: City of Mountain View, Police Department Name of Primary Contact: _____

Address: 1000 Villa Street Telephone Number: 650.903.6804

Mountain View, CA 94040

Written Contract: ☒ Yes ☐ No Medical Director: ☒ Yes ☐ No Availability: ☒ Day-to-Day ☒ Disaster

Number of Personnel Providing Services:

EMD Training 8 EMT-D _____ ALS _____

BLS _____ LALS _____ Other _____

Total Number of Dispatchers: 12

Ownership: ☒ Public ☐ Private If Public: ☒ Fire ☒ Law ☒ Other EMS

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Santa Clara **Reporting Year:** CY 2019
Dispatch Agency: NORCAL Ambulance **Name of Primary Contact:** _____
Address: 6761 Sierra Court **Telephone Number:** 866.755.3400
Dublin, CA 94568 925.452.8300

Written Contract: ☒ Yes ☐ No **Medical Director:** ☒ Yes ☐ No **Availability:** ☒ Day-to-Day ☒ Disaster
Number of Personnel Providing Services:
 EMD Training _____ EMT-D _____ ALS _____
 BLS _____ LALS _____ Other _____
Total Number of Dispatchers: 15

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Santa Clara Reporting Year: CY 2019

Dispatch Agency: City of Palo Alto, Police Department Name of Primary Contact: _____

Address: 275 Forest Avenue Telephone Number: 408.903.6804
Palo Alto, CA 94301

Written Contract: ☐ Yes ☒ No Medical Director: ☒ Yes ☐ No Availability: ☒ Day-to-Day ☒ Disaster

Number of Personnel Providing Services:

EMD Training 22 EMT-D _____ ALS _____

BLS _____ LALS _____ Other _____

Total Number of Dispatchers: 22

Ownership: ☒ Public ☐ Private If Public: ☒ Fire ☒ Law ☒ Other EMS

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Santa Clara **Reporting Year:** CY 2019
Dispatch Agency: ProTransport-1 **Name of Primary Contact:** _____
Address: 720 Portal Street **Telephone Number:** 800.650.4003
Cotati, CA 94931

Written Contract: ☒ Yes ☐ No
Medical Director: ☒ Yes ☐ No
Availability: ☒ Day-to-Day ☒ Disaster
Number of Personnel Providing Services:
 EMD Training _____ EMT-D _____ ALS _____
 BLS _____ LALS _____ Other _____
Total Number of Dispatchers: 24

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Santa Clara **Reporting Year:** CY 2019
Dispatch Agency: Royal Ambulance **Name of Primary Contact:** _____
Address: 14472 Wicks Blvd. **Telephone Number:** 888.510.3687
San Leandro, CA 94577 510.568.6161

Written Contract: ☒ Yes ☐ No **Medical Director:** ☒ Yes ☐ No **Availability:** ☒ Day-to-Day ☒ Disaster
Number of Personnel Providing Services:
 EMD Training _____ EMT-D _____ ALS _____
 BLS _____ LALS _____ Other _____
Total Number of Dispatchers: 15

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Santa Clara Reporting Year: CY 2019
 Dispatch Agency: CALFIRE-Santa Clara Unit [ECC] Name of Primary Contact: Jesse Winnen
 Address: 15670 Monterey Street Telephone Number: 408.779.2121
Morgan Hill, CA 95037

Written Contract: ☐ Yes ☒ No Medical Director: ☒ Yes ☐ No Availability: ☒ Day-to-Day ☒ Disaster
 Number of Personnel Providing Services:
 EMD Training _____ EMT-D _____ ALS _____
 BLS _____ LALS _____ Other 12
 Total Number of Dispatchers: 12

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☒ Yes ☐ No



TABLE 3: COMMUNICATIONS

Dispatch Resource

County: Santa Clara Reporting Year: CY 2019

Dispatch Agency: City of San Jose, Fire Department Name of Primary Contact: _____

Address: 855 North San Pedro Street Telephone Number: 408.277.5486
San Jose, CA 95110

Written Contract: ☒ Yes ☐ No Medical Director: ☒ Yes ☐ No Availability: ☒ Day-to-Day ☒ Disaster

Number of Personnel Providing Services:

EMD Training 36 EMT-D _____ ALS _____

BLS _____ LALS _____ Other _____

Total Number of Dispatchers: 36

Ownership: ☒ Public ☐ Private If Public: ☒ Fire ☐ Law ☒ Other EMS

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Santa Clara **Reporting Year:** CY 2019
Dispatch Agency: City of Santa Clara, Police Department **Name of Primary Contact:** _____
Address: 777 Benton Street **Telephone Number:** 408.615.5580
Santa Clara, CA 95030

Written Contract: ☒ Yes ☐ No **Medical Director:** ☒ Yes ☐ No **Availability:** ☒ Day-to-Day ☒ Disaster
Number of Personnel Providing Services:
 EMD Training _____ EMT-D _____ ALS _____
 BLS _____ LALS _____ Other _____
Total Number of Dispatchers: 18

Ownership: ☒ Public ☐ Private **If Public:** ☒ Fire ☒ Law ☒ Other EMS
If Public: ☒ City ☐ Fire District ☐ County ☐ Federal ☐ State

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No



TABLE 3: COMMUNICATIONS

Dispatch Resource

County: Santa Clara Reporting Year: CY 2019

Dispatch Agency: City of Sunnyvale, Department of Public Safety Name of Primary Contact: _____

Address: 700 All America Way Telephone Number: 408.730.7162
Sunnyvale, CA 94088

Written Contract: ☒ Yes ☐ No Medical Director: ☒ Yes ☐ No Availability: ☒ Day-to-Day ☒ Disaster

Number of Personnel Providing Services:

EMD Training _____ EMT-D _____ ALS _____

BLS _____ LALS _____ Other _____

Total Number of Dispatchers: 20

Ownership: ☒ Public ☐ Private If Public: ☒ Fire ☒ Law ☒ Other EMS

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No



TABLE 3: COMMUNICATIONS

Dispatch Resource

County: Santa Clara Reporting Year: CY 2019

Dispatch Agency: Silicon Valley Ambulance Name of Primary Contact: _____

Address: 181 Martinvale Lane Telephone Number: 877.778.4911
San Jose, CA 95119 408.225.2212

Written Contract: ☒ Yes ☐ No Medical Director: ☒ Yes ☐ No Availability: ☒ Day-to-Day ☒ Disaster

Number of Personnel Providing Services:

EMD Training _____ EMT-D _____ ALS _____

BLS _____ LALS _____ Other _____

Total Number of Dispatchers: 4

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

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Santa Clara **Reporting Year:** CY 2019
Dispatch Agency: United Ambulance **Name of Primary Contact:** _____
Address: 3530 Breakwater Court **Telephone Number:** 510.671.0031
Hayward, CA 94545

Written Contract: ☒ Yes ☐ No
Medical Director: ☒ Yes ☐ No
Availability: ☒ Day-to-Day ☒ Disaster
Number of Personnel Providing Services:
 EMD Training _____ EMT-D _____ ALS _____
 BLS _____ LALS _____ Other _____
Total Number of Dispatchers: 8

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 3: COMMUNICATIONS

**Dispatch Resource**

County: Santa Clara **Reporting Year:** CY 2019
Dispatch Agency: Westmed Ambulance Service **Name of Primary Contact:** _____
Address: 14275 Wicks Blvd. **Telephone Number:** 510.614.1420
San Leandro, CA 94577 888.331.1420

Written Contract: ☒ Yes ☐ No
Medical Director: ☒ Yes ☐ No
Availability: ☒ Day-to-Day ☒ Disaster
Number of Personnel Providing Services:
 EMD Training _____ EMT-D _____ ALS _____
 BLS _____ LALS _____ Other _____
Total Number of Dispatchers: 10

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

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: ☐ Yes ☒ No

TABLE 4:

RESPONSE AND TRANSPORTATION



TABLE 4: RESPONSE AND TRANSPORTATION

County: Santa Clara

Reporting Year: CY 2019

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder	00:07:59 minute	00:09:59 minute	00:11:59 minute	N/A
Limited Advanced Life Support responder	N/A	N/A	N/A	N/A
Advanced Life Support responder	00:07:59 minute	00:09:59 minute	00:11:59 minute	N/A
Transport Ambulance	00:11:59 minute	00:16:59 minute	00:21:59 minute	N/A
Trauma Centers Level I Level II Level III Level IV	00:07:59 minute	00:09:59 minute	00:11:59 minute	N/A
Pediatric Hospitals Comprehensive Advanced General Basic	00:07:59 minute	00:09:59 minute	00:11:59 minute	N/A
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital	00:07:59 minute	00:09:59 minute	00:11:59 minute	N/A
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready	00:07:59 minute	00:09:59 minute	00:11:59 minute	N/A



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

American Medical Response; subsidiary of Global Medical Response

County:	<u>Santa Clara</u>	Provider:	<u></u>	Response Area:	<u>Santa Clara</u>
Address:	<u>13992 Catalina Street</u> <u>San Leandro, CA 94577</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:	<u>4</u>		
Phone Number:	<u>855.788.8370</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:	<u>3</u>		
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:	<u>0</u>		
Ambulance Strike Team Participant:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Helicopters based in this LEMSAs jurisdiction:	<u>0</u>		

Written ALS Agreement with LEMSAs to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input checked="" type="checkbox"/> BLS</td><td><input checked="" type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input checked="" type="checkbox"/> IFT</td><td></td></tr></table> Other Specialty Services (water, snow, etc.): _____ <table><tr><td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input type="checkbox"/> Litter/Gurney Van</td><td><input type="checkbox"/> Wheelchair Van</td></tr></table>	<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 type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT				<input checked="" type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<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 type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																			
	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT																				
		<input checked="" type="checkbox"/> IFT																				
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																				



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S44-50088

Name of ePCR Vendor: MEDS

Contract Dates: 07/01/2019 to 06/30/2024

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field:	15
Total number of certified Advanced EMTs in the field:	0
Total number of certified/accredited Paramedics in the field:	0



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Santa Clara</u>	Provider:	<u>Bayshore Ambulance</u>	Response Area:	<u>Santa Clara County</u>
Address:	<u>P.O. Box 4622</u> <u>Foster City, CA 94404</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:		<u>7</u>	
Phone Number:	<u>650.525.3855</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:		<u>3</u>	
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:		<u>0</u>	
Ambulance Strike Team Participant:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Helicopters based in this LEMSA's jurisdiction:		<u>0</u>	

Written ALS Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air
			Other Specialty Services (water, snow, etc.): _____ _____ <input type="checkbox"/> Non-Ambulance Medical Transport Services			
			<input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van			



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: Not Available-Provider no longer in business

Name of ePCR Vendor: Zoll

Contract Dates: Not Available-Provider no longer in business

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 12

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 0



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Santa Clara</u>	Provider:	<u>CALSTAR</u>	Response Area:	<u>Santa Clara County</u>
Address:	<u>4933 Bailey Loop</u> <u>McCellan, CA 95652</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:		<u>2</u>	
Phone Number:	<u>916.921.4000</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:		<u>2</u>	
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:		<u>0</u>	
Ambulance Strike Team Participant:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Helicopters based in this LEMSA's jurisdiction:		<u>1</u>	

Written ALS Agreement with LEMSA to Participate in EMS System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> LALS <input type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT	<input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air
			Other Specialty Services (water, snow, etc.): _____			
			<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van	



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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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Provider Resource (cont.)

CEMSIS Provider ID #: S43-50193

Name of ePCR Vendor: ImageTrend

Contract Dates: 04/01/2013 to 03/31/2021

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 0
Total number of certified Advanced EMTs in the field: 0
Total number of certified/accredited Paramedics in the field: 9



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Santa Clara **Provider:** Santa Clara County Central Fire District **Response Area:** Santa Clara County

Address: 14700 Winchester Blvd.
Los Gatos, CA 95032

Phone Number: 408.378.4010

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0

Ambulance Strike Team Participant: ☐ Yes ☒ No

Number of Helicopters based in this LEMSA's jurisdiction: 0

Written ALS Agreement with LEMSA to Participate in EMS System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<div> Level of Service: <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"/> LALS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT </div> <div> Other Specialty Services (water, snow, etc.): _____ _____ </div> <div> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </div>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S43-51114

Name of ePCR Vendor: ImageTrend

Contract Dates: 07/01/2011 to 06/30/2022

Ground Non-Transporting and/or Transporting Agencies

14,493 Total number of responses
14,493 Number of emergency responses
0 Number of non-emergency responses

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 144

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 95



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Santa Clara</u>	Provider:	<u>Falcon Critical Care Transport</u>	Response Area:	<u>Santa Clara County</u>
Address:	<u>3508 San Pablo Dam Road</u> <u>El Sobrante, CA 94803</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:		<u>8</u>	
Phone Number:	<u>510.223.1171</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:		<u>4</u>	
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:		<u>0</u>	
Ambulance Strike Team Participant:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Helicopters based in this LEMSA's jurisdiction:		<u>0</u>	

Written ALS Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input checked="" type="checkbox"/> BLS</td><td><input checked="" type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input checked="" type="checkbox"/> IFT</td><td></td></tr></table> Other Specialty Services (water, snow, etc.): _____ <table><tr><td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input type="checkbox"/> Litter/Gurney Van</td><td><input type="checkbox"/> Wheelchair Van</td></tr></table>	<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 type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT				<input checked="" type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<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 type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																			
	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT																				
		<input checked="" type="checkbox"/> IFT																				
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																				



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S44-50390

Name of ePCR Vendor: Traumasoft

Contract Dates: 07/01/2019 to 06/30/2024

Ground Non-Transporting and/or Transporting Agencies

6,144	Total number of responses
170	Number of emergency responses
5,974	Number of non-emergency responses

Ground Transporting Agencies

5,405	Total number of transports
149	Number of emergency transports
5,256	Number of non-emergency transports

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field:	46
Total number of certified Advanced EMTs in the field:	0
Total number of certified/accredited Paramedics in the field:	0



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Santa Clara</u>	Provider:	<u>Falck of Northern California</u>	Response Area:	<u>Santa Clara County</u>
Address:	<u>2190 South McDowell</u> <u>Petaluma, CA 94954</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:		<u>7</u>	
Phone Number:	<u>800.344.9955</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:		<u>5</u>	
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:		<u>0</u>	
Ambulance Strike Team Participant:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Helicopters based in this LEMSA's jurisdiction:		<u>0</u>	

Written ALS Agreement with LEMSA to Participate in EMS System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air
			Other Specialty Services (water, snow, etc.): _____			
			<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van	



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: Not Available-Provider no longer in business

Name of ePCR Vendor: Zoll

Contract Dates: Not Available-Provider no longer in business

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 68
Total number of certified Advanced EMTs in the field: 0
Total number of certified/accredited Paramedics in the field: 4



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Santa Clara</u>	Provider:	<u>City of Gilroy, Fire Department</u>	Response Area:	<u>Santa Clara County</u>
Address:	<u>7070 Chestnut Street</u> <u>Gilroy, CA 95020</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:		<u>1</u>	
Phone Number:	<u>408.848.0385</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:		<u>1</u>	
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:		<u>0</u>	
Ambulance Strike Team Participant:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Helicopters based in this LEMSAs's jurisdiction:		<u>0</u>	

Written ALS Agreement with LEMSAs to Participate in EMS System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air
			Other Specialty Services (water, snow, etc.): _____			
			<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van	



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S43-50428

Name of ePCR Vendor: ImageTrend

Contract Dates: 07/01/2011 to 06/30/2022

Ground Non-Transporting and/or Transporting Agencies

<u>4,051</u>	Total number of responses
<u>4,051</u>	Number of emergency responses
<u>0</u>	Number of non-emergency responses

Ground Transporting Agencies

<u>2</u>	Total number of transports
<u>2</u>	Number of emergency transports
<u>0</u>	Number of non-emergency transports

Air Transporting Services

<u>0</u>	Total number of responses
<u>0</u>	Number of emergency responses
<u>0</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

Provider Staff Information

Total number of certified EMTs in the field:	<u>15</u>
Total number of certified Advanced EMTs in the field:	<u>0</u>
Total number of certified/accredited Paramedics in the field:	<u>20</u>



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Santa Clara</u>	Provider:	<u>Stanford Life Flight</u>	Response Area:	<u>Santa Clara County</u>
Address:	<u>300 Pasteur Drive</u> <u>Stanford, CA 94305</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:		<u>1</u>	
Phone Number:	<u>650.725.4829</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:		<u>1</u>	
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:		<u>0</u>	
Ambulance Strike Team Participant:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Helicopters based in this LEMSAs jurisdiction:		<u>1</u>	

Written ALS Agreement with LEMSAs to Participate in EMS System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> LALS <input type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT	<input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air
			Other Specialty Services (water, snow, etc.): _____			
			<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van	



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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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Provider Resource (cont.)

CEMSIS Provider ID #: S43-50905

Name of ePCR Vendor: ImageTrend

Contract Dates: 04/01/2013 to 03/31/2021

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 0

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 0



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Santa Clara</u>	Provider:	<u>City of Milpitas, Fire Department</u>	Response Area:	<u>Santa Clara County</u>
Address:	<u>777 Main Street</u> <u>Milpitas, CA 95035</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:		<u>0</u>	
Phone Number:	<u>408.568.2824</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:		<u>0</u>	
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:		<u>0</u>	
Ambulance Strike Team Participant:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Helicopters based in this LEMSA's jurisdiction:		<u>0</u>	

Written ALS Agreement with LEMSA to Participate in EMS System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air
			Other Specialty Services (water, snow, etc.): _____			
			<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van	



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S43-51112

Name of ePCR Vendor: ImageTrend

Contract Dates: 07/01/2011 to 06/30/2022

Ground Non-Transporting and/or Transporting Agencies

3,939 Total number of responses
3,939 Number of emergency responses
0 Number of non-emergency responses

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 30

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 29



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

NASA-Ames Fire Department [provided by Fiore Industries, Inc.]

County: Santa Clara Provider: _____ Response Area: Santa Clara County

Address: Moffett Field, CA 94035 Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0

Phone Number: 650.604.5416 Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0

Ambulance Strike Team Participant: ☐ Yes ☒ No

Number of Helicopters based in this LEMSA's jurisdiction: 0

Written ALS Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <div><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground</div> <div><input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air</div> <div><input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT</div> <div>Other Specialty Services (water, snow, etc.): _____</div> <div><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</div>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S43-51113

Name of ePCR Vendor: ImageTrend

Contract Dates: N/A; No agreement executed.

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 39

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 0

TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

City of Morgan Hill, Fire Department [provided by CALFIRE]

County: Santa Clara **Provider:** _____ **Response Area:** Santa Clara County

Address: 17575 Peak Avenue
Morgan Hill, CA 95037

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0

Phone Number: 408.779.2121

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:	0
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Ambulance Strike Team Participant: ☐ Yes ☒ No

Number of Helicopters based in this LEMSA's jurisdiction:	0
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<p>Written ALS Agreement with LEMSAs to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <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"/> LALS</td> <td><input checked="" type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> BLS</td> <td><input type="checkbox"/> CCT</td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> IFT</td> <td></td> </tr> </table> <p>Other Specialty Services (water, snow, etc.): _____</p> <table> <tr> <td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td> <td><input type="checkbox"/> Litter/Gurney Van</td> <td><input type="checkbox"/> Wheelchair Van</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"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> CCT				<input type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<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"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																			
	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> CCT																				
		<input type="checkbox"/> IFT																				
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																				



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S43-51729

Name of ePCR Vendor: ImageTrend

Contract Dates: 01/01/2013 to 06/30/2022

Ground Non-Transporting and/or Transporting Agencies

<u>2,662</u>	Total number of responses
<u>2,662</u>	Number of emergency responses
<u>0</u>	Number of non-emergency responses

Ground Transporting Agencies

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

Air Transporting Services

<u>0</u>	Total number of responses
<u>0</u>	Number of emergency responses
<u>0</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

Provider Staff Information

Total number of certified EMTs in the field:	<u>12</u>
Total number of certified Advanced EMTs in the field:	<u>0</u>
Total number of certified/accredited Paramedics in the field:	<u>10</u>

TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Santa Clara</u>	Provider:	<u>City of Mountain View, Fire Department</u>	Response Area:	<u>Santa Clara County</u>
Address:	<u>1000 Villa Street</u> <u>Mountain View, CA 94040</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:		<u>0</u>	
Phone Number:	<u>650.903.6804</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:		<u>0</u>	
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:		<u>0</u>	
Ambulance Strike Team Participant:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Helicopters based in this LEMSA's jurisdiction:	<u>0</u>	

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <table border="0"> <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"/> LALS</td> <td><input checked="" type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> BLS</td> <td><input type="checkbox"/> CCT</td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> IFT</td> <td></td> </tr> </table> <p>Other Specialty Services (water, snow, etc.): _____</p> <table border="0"> <tr> <td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td> <td><input type="checkbox"/> Litter/Gurney Van</td> <td><input type="checkbox"/> Wheelchair Van</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"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> CCT				<input type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<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"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																			
	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> CCT																				
		<input type="checkbox"/> IFT																				
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																				



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S43-51080

Name of ePCR Vendor: ImageTrend

Contract Dates: 07/01/2011 to 06/30/2022

Ground Non-Transporting and/or Transporting Agencies

4,779 Total number of responses
4,779 Number of emergency responses
0 Number of non-emergency responses

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 36

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 29



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	Santa Clara	Provider:	NORCAL Ambulance	Response Area:	Santa Clara County
Address:	6761 Sierra Court Dublin, CA 94568	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:	4		
Phone Number:	866.755.3400	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:	4		
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:	0		
Ambulance Strike Team Participant:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Helicopters based in this LEMSA's jurisdiction:	0		

Written ALS Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <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 type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT Other Specialty Services (water, snow, etc.): <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S43-50672

Name of ePCR Vendor: Traumasoft - IPCR

Contract Dates: 07/01/2019 to 06/30/2024

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

550 Total number of transports
1 Number of emergency transports
549 Number of non-emergency transports

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 152

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 0



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Santa Clara</u>	Provider:	<u>City of Palo Alto, Fire Department</u>	Response Area:	<u>Santa Clara County</u>
Address:	<u>250 Hamilton Avenue</u> <u>Palo Alto, CA 94306</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:		<u>4</u>	
Phone Number:	<u>650.329.2220</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:		<u>3</u>	
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:		<u>0</u>	
Ambulance Strike Team Participant:				<u>0</u>	
		Number of Helicopters based in this LEMSA's jurisdiction:		<u>0</u>	

Written ALS Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air
			Other Specialty Services (water, snow, etc.): _____			
			<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van	



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S43-50710

Name of ePCR Vendor: ESO

Contract Dates: N/A; No agreement executed.

Ground Non-Transporting and/or Transporting Agencies

<u>5,005</u>	Total number of responses
<u>5,005</u>	Number of emergency responses
<u>0</u>	Number of non-emergency responses

Ground Transporting Agencies

<u>3,843</u>	Total number of transports
<u>3,843</u>	Number of emergency transports
<u>0</u>	Number of non-emergency transports

Air Transporting Services

<u>0</u>	Total number of responses
<u>0</u>	Number of emergency responses
<u>0</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

Provider Staff Information

Total number of certified EMTs in the field:	<u>39</u>
Total number of certified Advanced EMTs in the field:	<u>0</u>
Total number of certified/accredited Paramedics in the field:	<u>52</u>



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Santa Clara</u>	Provider:	<u>ProTransport-1</u>	Response Area:	<u>Santa Clara County</u>
Address:	<u>720 Portal Street</u> <u>Cotati, CA 94931</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:	<u>29</u>		
Phone Number:	<u>800.650.4003</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:	<u>9</u>		
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:	<u>0</u>		
Ambulance Strike Team Participant:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Helicopters based in this LEMSA's jurisdiction:	<u>0</u>		

Written ALS Agreement with LEMSA to Participate in EMS System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <div><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT</div> Other Specialty Services (water, snow, etc.): _____ <div><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</div>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S43-50771

Name of ePCR Vendor: ImageTrend

Contract Dates: 07/01/2019 to 06/30/2024

Ground Non-Transporting and/or Transporting Agencies

11,274	Total number of responses
31	Number of emergency responses
1,380	Number of non-emergency responses

Ground Transporting Agencies

9,409	Total number of transports
23	Number of emergency transports
1,280	Number of non-emergency transports

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field:	74
Total number of certified Advanced EMTs in the field:	0
Total number of certified/accredited Paramedics in the field:	19



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Santa Clara</u>	Provider:	<u>Royal Ambulance</u>	Response Area:	<u>Santa Clara County</u>
Address:	<u>14676 Doolittle Drive</u> <u>San Leandro, CA 94577</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:		<u>15</u>	
Phone Number:	<u>510.568.6161</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:		<u>10</u>	
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:		<u>0</u>	
Ambulance Strike Team Participant:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Helicopters based in this LEMSA's jurisdiction:		<u>0</u>	

Written ALS Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air
			Other Specialty Services (water, snow, etc.): _____			
			<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van	



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S43-50804

Name of ePCR Vendor: Zoll

Contract Dates: 07/01/2019 to 06/30/2024

Ground Non-Transporting and/or Transporting Agencies

23,476 Total number of responses
0 Number of emergency responses
23,422 Number of non-emergency responses

Ground Transporting Agencies

22,762 Total number of transports
54 Number of emergency transports
22,708 Number of non-emergency transports

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 131

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 0



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

South Santa Clara County Fire District [provided by CALFIRE]

County:	<u>Santa Clara</u>	Provider:	<u></u>	Response Area:	<u>Santa Clara County</u>
Address:	<u>15670 Monterey Street</u> <u>Morgan Hill, CA 95037</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:	<u>0</u>		
Phone Number:	<u>408.779.2121</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:	<u>0</u>		
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:	<u>0</u>		
Ambulance Strike Team Participant:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Helicopters based in this LEMSA's jurisdiction:	<u>0</u>		

Written ALS Agreement with LEMSA to Participate in EMS System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <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"/> LALS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT Other Specialty Services (water, snow, etc.): <u></u> <u></u> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S43-51730

Name of ePCR Vendor: ImageTrend

Contract Dates: 07/01/2011 to 06/30/2022

Ground Non-Transporting and/or Transporting Agencies

1,528 Total number of responses
1,528 Number of emergency responses
0 Number of non-emergency responses

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 18

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 15

TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Santa Clara **Provider:** CALFIRE-Santa Clara Unit **Response Area:** Santa Clara County

Address: 15670 Monterey Street
Morgan Hill, CA 95037

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:	1
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Phone Number: 408.779.2121

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 1

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:	0
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Ambulance Strike Team Participant: ☐ Yes ☒ No

Number of Helicopters based in this LEMSA's jurisdiction:	1
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<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <table> <tr> <td><input type="checkbox"/> Transport</td> <td><input 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"/> LALS</td> <td><input checked="" type="checkbox"/> 7-Digit</td> <td><input checked="" type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> BLS</td> <td><input type="checkbox"/> CCT</td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> IFT</td> <td></td> </tr> </table> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </p>	<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 type="checkbox"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Air		<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> CCT				<input type="checkbox"/> IFT	
<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 type="checkbox"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Air																
	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> CCT																	
		<input type="checkbox"/> IFT																	



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input checked="" type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S43-50176

Name of ePCR Vendor: ImageTrend

Contract Dates: N/A; No agreement executed.

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 12
Total number of certified Advanced EMTs in the field: 0
Total number of certified/accredited Paramedics in the field: 0



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Santa Clara</u>	Provider:	<u>City of San Jose, Fire Department</u>	Response Area:	<u>Santa Clara County</u>
Address:	<u>255 North Montgomery Street</u> <u>San Jose, CA 95128</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:	<u>6</u>		
Phone Number:	<u>408.277.4084</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:	<u>3</u>		
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:	<u>0</u>		
Ambulance Strike Team Participant:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Helicopters based in this LEMSA's jurisdiction:	<u>0</u>		

Written ALS Agreement with LEMSA to Participate in EMS System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <table><tr><td><input checked="" 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"/> LALS</td><td><input checked="" type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> CCT</td><td></td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table> Other Specialty Services (water, snow, etc.): _____ <table><tr><td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td><td><input type="checkbox"/> Litter/Gurney Van</td><td><input type="checkbox"/> Wheelchair Van</td></tr></table>				<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"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> CCT				<input type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<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"/> LALS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																						
	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> CCT																							
		<input type="checkbox"/> IFT																							
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																							



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S43-50831

Name of ePCR Vendor: ImageTrend

Contract Dates: 07/01/2011 to 06/30/2022

Ground Non-Transporting and/or Transporting Agencies

<u>73,880</u>	Total number of responses
<u>73,880</u>	Number of emergency responses
<u>0</u>	Number of non-emergency responses

Ground Transporting Agencies

<u>1</u>	Total number of transports
<u>1</u>	Number of emergency transports
<u>0</u>	Number of non-emergency transports

Air Transporting Services

<u>0</u>	Total number of responses
<u>0</u>	Number of emergency responses
<u>0</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

Provider Staff Information

Total number of certified EMTs in the field: 466

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 177



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Santa Clara</u>	Provider:	<u>City of Santa Clara, Fire Department</u>	Response Area:	<u>Santa Clara County</u>
Address:	<u>777 Benton Street</u> <u>Santa Clara, CA 95050</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:		<u>4</u>	
Phone Number:	<u>408.984.3054</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:		<u>2</u>	
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:		<u>0</u>	
Ambulance Strike Team Participant:				<u>0</u>	
		Number of Helicopters based in this LEMSA's jurisdiction:		<u>0</u>	

Written ALS Agreement with LEMSA to Participate in EMS System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air
			Other Specialty Services (water, snow, etc.): _____			
			<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van	



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S43-51115

Name of ePCR Vendor: ImageTrend

Contract Dates: 07/01/2011 to 06/30/2022

Ground Non-Transporting and/or Transporting Agencies

<u>6,526</u>	Total number of responses
<u>6,526</u>	Number of emergency responses
<u>0</u>	Number of non-emergency responses

Ground Transporting Agencies

<u>11</u>	Total number of transports
<u>11</u>	Number of emergency transports
<u>0</u>	Number of non-emergency transports

Air Transporting Services

<u>0</u>	Total number of responses
<u>0</u>	Number of emergency responses
<u>0</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

Provider Staff Information

Total number of certified EMTs in the field:	<u>79</u>
Total number of certified Advanced EMTs in the field:	<u>0</u>
Total number of certified/accredited Paramedics in the field:	<u>49</u>



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Santa Clara</u>	Provider:	<u>City of Sunnyvale, Department of Public Safety</u>	Response Area:	<u>Santa Clara County</u>
Address:	<u>700 All American Way</u> <u>Sunnyvale, CA 94088</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:	<u>0</u>		
Phone Number:	<u>408.730.7133</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:	<u>0</u>		
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:	<u>0</u>		
Ambulance Strike Team Participant:		Number of Helicopters based in this LEMSAs jurisdiction:	<u>0</u>		

Written ALS Agreement with LEMSAs to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air
			Other Specialty Services (water, snow, etc.): _____			
			<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van	



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S43-51117

Name of ePCR Vendor: ImageTrend

Contract Dates: 07/01/2011 to 06/30/2022

Ground Non-Transporting and/or Transporting Agencies

6,962 Total number of responses
6,962 Number of emergency responses
0 Number of non-emergency responses

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 189

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 0

TABLE 4: RESPONSE AND TRANSPORTATION



Provider Resource

County:	<u>Santa Clara</u>	Provider:	<u>Spring Valley Volunteer Fire Department</u>	Response Area:	<u>Santa Clara County</u>
Address:	<u>4350 Felter Road</u> <u>Milpitas, CA 95035</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:	<u>0</u>		
Phone Number:	<u>408.228.3997</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:	<u>0</u>		
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:	<u>0</u>		
Ambulance Strike Team Participant:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Helicopters based in this LEMSA's jurisdiction:	<u>0</u>		

Written ALS Agreement with LEMSA to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:			
			<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS	<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
			Other Specialty Services (water, snow, etc.): _____			
			<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van	



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: N/A

Name of ePCR Vendor: N/A

Contract Dates: N/A

Ground Non-Transporting and/or Transporting Agencies

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

Ground Transporting Agencies

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

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field: 0
Total number of certified Advanced EMTs in the field: 0
Total number of certified/accredited Paramedics in the field: 0



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:

Santa Clara

Address:

181 Martinvale Lane
San Jose, CA 95119

Phone Number:

408.225.2212

Provider:

Silicon Valley Ambulance

Response Area:

Santa Clara County

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:

9

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:

5

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:

0

Ambulance Strike Team Participant:

☒ Yes ☐ No

Number of Helicopters based in this LEMSA's jurisdiction:

0

<div>Written ALS Agreement with LEMSA to Participate in EMS System:</div> <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div>Medical Director:</div> <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div>System Available 24 Hours:</div> <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div>Level of Service:</div> <div><div><input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport</div><div><input checked="" type="checkbox"/> ALS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> BLS</div><div><input type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT</div><div><input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air</div></div> <div>Other Specialty Services (water, snow, etc.): <div></div></div> <div><div><input type="checkbox"/> Non-Ambulance Medical Transport Services</div><div><input type="checkbox"/> Litter/Gurney Van</div><div><input type="checkbox"/> Wheelchair Van</div></div>
--	---	--	--



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	--	--	--	---

Provider Resource (cont.)

CEMSIS Provider ID #: S43-50876

Name of ePCR Vendor: ImageTrend

Contract Dates: 07/01/2019 to 06/30/2024

Ground Non-Transporting and/or Transporting Agencies

7,256	Total number of responses
27	Number of emergency responses
4,683	Number of non-emergency responses

Ground Transporting Agencies

6,795	Total number of transports
163	Number of emergency transports
5,144	Number of non-emergency transports

Air Transporting Services

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

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

Provider Staff Information

Total number of certified EMTs in the field:	38
Total number of certified Advanced EMTs in the field:	0
Total number of certified/accredited Paramedics in the field:	8

TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County:	<u>Santa Clara</u>	Provider:	<u>Westmed Ambulance Service</u>	Response Area:	<u>Santa Clara County</u>
Address:	<u>14275 Wicks Blvd.</u> <u>San Leandro, CA 94577</u>	Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:		<u>28</u>	
Phone Number:	<u>510.614.1420</u>	Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:		<u>6</u>	
		Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:		<u>0</u>	
Ambulance Strike Team Participant:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Helicopters based in this LEMSA's jurisdiction:		<u>0</u>	

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <table> <tr> <td><input checked="" type="checkbox"/> Transport</td> <td><input checked="" type="checkbox"/> ALS</td> <td><input type="checkbox"/> 9-1-1</td> <td><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input type="checkbox"/> Non-Transport</td> <td><input type="checkbox"/> LALS</td> <td><input type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> BLS</td> <td><input checked="" type="checkbox"/> CCT</td> <td></td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> IFT</td> <td></td> </tr> </table> <p>Other Specialty Services (water, snow, etc.): _____</p> <p>_____</p> <table> <tr> <td><input type="checkbox"/> Non-Ambulance Medical Transport Services</td> <td><input type="checkbox"/> Litter/Gurney Van</td> <td><input type="checkbox"/> Wheelchair Van</td> </tr> </table>	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT				<input checked="" type="checkbox"/> IFT		<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																			
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> LALS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																			
	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> CCT																				
		<input checked="" type="checkbox"/> IFT																				
<input type="checkbox"/> Non-Ambulance Medical Transport Services	<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van																				



TABLE 4: RESPONSE AND TRANSPORTATION

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

Provider Resource (cont.)

CEMSIS Provider ID #: S43-50876

Name of ePCR Vendor: Zoll

Contract Dates: 07/01/2019 to 06/30/2024

Ground Non-Transporting and/or Transporting Agencies

<u>9,668</u>	Total number of responses
<u>14</u>	Number of emergency responses
<u>3,347</u>	Number of non-emergency responses

Ground Transporting Agencies

<u>8,075</u>	Total number of transports
<u>18</u>	Number of emergency transports
<u>2,867</u>	Number of non-emergency transports

Air Transporting Services

<u>0</u>	Total number of responses
<u>0</u>	Number of emergency responses
<u>0</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

Provider Staff Information

Total number of certified EMTs in the field:	<u>66</u>
Total number of certified Advanced EMTs in the field:	<u>0</u>
Total number of certified/accredited Paramedics in the field:	<u>6</u>

TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

Rural/Metro of California, Inc: subsidiary of AMR/Global Medical Response

County: Santa Clara **Provider:** **Response Area:** Santa Clara County

Address: 1345 Vander Way
San Jose, CA 95112

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:	63
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Phone Number: 408.645.7312

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:	42
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Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:	0
--	---

Ambulance Strike Team Participant: ☒ Yes ☐ No

Number of Helicopters based in this LEMSA's jurisdiction:	0
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<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <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"/> LALS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </p>
---	--	---	---



TABLE 4: RESPONSE AND TRANSPORTATION

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

Provider Resource (cont.)

CEMSIS Provider ID #: S43-50808

Name of ePCR Vendor: ImageTrend

Contract Dates: 07/01/2011 to 06/30/2022

Ground Non-Transporting and/or Transporting Agencies

<u>124,394</u>	Total number of responses
<u>124,394</u>	Number of emergency responses
<u>0</u>	Number of non-emergency responses

Ground Transporting Agencies

<u>83,860</u>	Total number of transports
<u>83,860</u>	Number of emergency transports
<u>0</u>	Number of non-emergency transports

Air Transporting Services

<u>0</u>	Total number of responses
<u>0</u>	Number of emergency responses
<u>0</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

Provider Staff Information

Total number of certified EMTs in the field:	<u>204</u>
Total number of certified Advanced EMTs in the field:	<u>0</u>
Total number of certified/accredited Paramedics in the field:	<u>172</u>

FORM 3:

AMBULANCE OPERATING ZONE SUMMARY



FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM

Date: CY 2019											
Local EMS Agency or County Name: County of Santa Clara, Emergency Medical Services Agency											
Area Description: (e.g., Zone 1, Zone A) Title: All areas of the City of Palo Alto and the "Stanford Lands" parcel. Geographic Description: (Also attach map)											
Current Provider Name: (include legal, fictitious, and dba) City of Palo Alto											
<input checked="" type="checkbox"/> Exclusive <input type="checkbox"/> Non - Exclusive											
Type of Exclusivity (HSC § 1797.85): (Check all applicable boxes) <input checked="" type="checkbox"/> Emergency Ambulance <input type="checkbox"/> Advanced Life Support (ALS) <input type="checkbox"/> Limited Advanced Life Support (LALS)											
Scope of Operations: (Check one box) <table border="0"><tr><td><input checked="" type="checkbox"/> 9-1-1 Emergency Ambulance</td><td><input type="checkbox"/> 7-Digit Emergency Ambulance</td></tr><tr><td><input type="checkbox"/> ALS Ambulance</td><td><input type="checkbox"/> All ALS Ambulance Services (9-1-1, 7-Digit, IFT)</td></tr><tr><td><input type="checkbox"/> All CCT/ALS Ambulance Services (CCT, 9-1-1, 7-Digit)</td><td><input type="checkbox"/> BLS Non-Emergency Services (IFT)</td></tr><tr><td><input type="checkbox"/> Critical Care Transport</td><td><input type="checkbox"/> Standby Service with Transport Authorization</td></tr><tr><td><input type="checkbox"/> All Emergency Services (9-1-1, 7-Digit, IFT, CCT, Non-Emergency, Standby Transportation)</td><td><input type="checkbox"/> Other _____ _____ _____</td></tr></table>		<input checked="" type="checkbox"/> 9-1-1 Emergency Ambulance	<input type="checkbox"/> 7-Digit Emergency Ambulance	<input type="checkbox"/> ALS Ambulance	<input type="checkbox"/> All ALS Ambulance Services (9-1-1, 7-Digit, IFT)	<input type="checkbox"/> All CCT/ALS Ambulance Services (CCT, 9-1-1, 7-Digit)	<input type="checkbox"/> BLS Non-Emergency Services (IFT)	<input type="checkbox"/> Critical Care Transport	<input type="checkbox"/> Standby Service with Transport Authorization	<input type="checkbox"/> All Emergency Services (9-1-1, 7-Digit, IFT, CCT, Non-Emergency, Standby Transportation)	<input type="checkbox"/> Other _____ _____ _____
<input checked="" type="checkbox"/> 9-1-1 Emergency Ambulance	<input type="checkbox"/> 7-Digit Emergency Ambulance										
<input type="checkbox"/> ALS Ambulance	<input type="checkbox"/> All ALS Ambulance Services (9-1-1, 7-Digit, IFT)										
<input type="checkbox"/> All CCT/ALS Ambulance Services (CCT, 9-1-1, 7-Digit)	<input type="checkbox"/> BLS Non-Emergency Services (IFT)										
<input type="checkbox"/> Critical Care Transport	<input type="checkbox"/> Standby Service with Transport Authorization										
<input type="checkbox"/> All Emergency Services (9-1-1, 7-Digit, IFT, CCT, Non-Emergency, Standby Transportation)	<input type="checkbox"/> Other _____ _____ _____										

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



Method to Achieve Exclusivity, if applicable (HSC § 1797.224):

☒ **No Competitive Process:**

(If requesting to grant exclusivity without a competitive process for current providers, please complete the Non-Competitive Process EOA Provider Checklist and attach.) The LEMSA shall submit documentation, pursuant to §100450.59(c)(6)(A).

Provide a description of the ambulance dispatch process for the EMS area and subareas.
The City of Palo Alto provides ambulance and emergency medical dispatching (EMD) through the City's public safety answering point (PSAP).

Provide a description of the system status management plan for the EMS area and subareas.
The City of Palo Alto deploys two ALS ambulances 24/365. Additionally, the City of Palo Alto is able to deploy two additional ambulances through cross-staffing of firefighting apparatus.

Provide a description of how ambulance service is provided to any portion of the EMS area not under the jurisdiction of the LEMSA due to Federal autonomy, which includes military bases, national parks, and some tribal reservations, pursuant to pertinent federal statute and state statutes.
Ambulance services is provided to the federal entity when requested by the federal entity.

☐ **Competitive Process:**

List contract dates _____.
(Submit a copy of the request for proposal and signed contract, if not previously submitted.)

If this information is unchanged and the plan has been previously approved by the EMS Authority, it is not necessary to re-submit.

Manner and Scope

Has there been any change in manner and scope since the last approved EMS plan?
(e.g., boundary changes, ownership changes)

☐ **Yes** (Attach detailed explanation) ☒ **No**

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM**Appendix B – Non-Competitive Process EOA Provider Checklist (September 2009)**

In accordance with Health and Safety Code section 1797.224, a local EMS agency may consider allowing EOAs to providers without a competitive process. Please complete the following documentation in support of a request to grant exclusivity to a provider without a competitive process. Any missing or incomplete submissions may affect the EMS Authority's ability to make a determination regarding eligibility.

1. Operating Area Name and Description: (Attach map including adjacent zones.) All areas of the City of Palo Alto and the "Stanford Lands" parcel.
2. Has a competitive process ever been conducted in this area? <input type="checkbox"/> Yes (If yes, provide the following) <input checked="" type="checkbox"/> No Provider: <u>City of Palo Alto</u> Start Date: <u>1976</u> Length of Agreement: <u>N/A; No agreement executed.</u>
3. Type of Service: <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> ALS <input type="checkbox"/> LALS
4. Organization Name: (include legal, fictitious, and dba) City of Palo Alto
5. Address: Headquarters: <u>250 Hamilton Avenue</u> <u>Palo Alto, CA 94301</u> Operational: <u>250 Hamilton Avenue</u> <u>Palo Alto, CA 94301</u>
6. Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Public Agency <input type="checkbox"/> Joint Powers Authority
7. Month/Year Service Began: 1975
8. Breaks in Service, if applicable: (Include length of each break, reason, and how zone(s) were serviced during the break.) None

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



9. Any change in zone boundaries/service area since January 1, 1981? If so, please provide the following: None

- a) Describe and include population affected:
- b) Attach clearly labeled maps illustrating boundary changes.
- c) Include call volume data for affected area(s) and list data source:
- d) List any providers affected by the change:
- e) Include prior call volume data and projected call volume following change.

10. Any change in ownership? For each change since January 1, 1981, please provide the following: None

- a) List changes in names:
- b) List dates of ownership changes: *(Include all applicable copy of contracts and/or sale/transfer agreements.)*
- c) Disposition of assets: Were all assets transferred to new owner(s)?
☐ Yes ☐ No *(If no, provide an explanation)*
- d) Transfer of employees: Were all employees hired by new owner(s)?
☐ Yes ☐ No *(If no, provide an explanation)*
- e) Disposition of accounts payable and receivable: Were accounts payable and receivable transferred?
☐ Yes ☐ No *(If no, provide an explanation)*

11. Since January 1, 1981, have any other providers served all or part of this zone? If so, please answer the following:

a) Are the providers currently in operation?

☐ Yes ☒ No

List all providers and their level of service: *(emergency, ALS, BLS)*

b) If the provider(s) no longer serve the area, list their level of service, dates of service, and reason for termination of service. N/A

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



Date: CY 2019	
Local EMS Agency or County Name: County of Santa Clara, Emergency Medical Services Agency	
Area Description: (e.g., Zone 1, Zone A) Title: All areas of Santa Clara County excluding the City of Palo Alto and the "Stanford Lands" parcel. Geographic Description: (Also attach map)	
Current Provider Name: (include legal, fictitious, and dba) Rural/Metro of California, Inc; subsidiary of AMR/Global Medical Response	
<input type="checkbox"/> Exclusive <input checked="" type="checkbox"/> Non - Exclusive	
Type of Exclusivity (HSC § 1797.85): (Check all applicable boxes)	
<input type="checkbox"/> Emergency Ambulance	<input type="checkbox"/> Advanced Life Support (ALS)
<input type="checkbox"/> Limited Advanced Life Support (LALS)	
Scope of Operations: (Check one box)	
<input type="checkbox"/> 9-1-1 Emergency Ambulance	<input type="checkbox"/> 7-Digit Emergency Ambulance
<input type="checkbox"/> ALS Ambulance	<input type="checkbox"/> All ALS Ambulance Services (9-1-1, 7-Digit, IFT)
<input type="checkbox"/> All CCT/ALS Ambulance Services (CCT, 9-1-1, 7-Digit)	<input type="checkbox"/> BLS Non-Emergency Services (IFT)
<input type="checkbox"/> Critical Care Transport	<input type="checkbox"/> Standby Service with Transport Authorization
<input type="checkbox"/> All Emergency Services (9-1-1, 7-Digit, IFT, CCT, Non-Emergency, Standby Transportation)	<input type="checkbox"/> Other _____ _____ _____

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



Method to Achieve Exclusivity, if applicable (HSC § 1797.224):

☐ **No Competitive Process:**

(If requesting to grant exclusivity without a competitive process for current providers, please complete the Non-Competitive Process EOA Provider Checklist and attach.) The LEMSA shall submit documentation, pursuant to §100450.59(c)(6)(A).

Provide a description of the ambulance dispatch process for the EMS area and subareas.

Provide a description of the system status management plan for the EMS area and subareas.

Provide a description of how ambulance service is provided to any portion of the EMS area not under the jurisdiction of the LEMSA due to Federal autonomy, which includes military bases, national parks, and some tribal reservations, pursuant to pertinent federal statute and state statutes.

☐ **Competitive Process:**

List contract dates_____.

(Submit a copy of the request for proposal and signed contract, if not previously submitted.)

If this information is unchanged and the plan has been previously approved by the EMS Authority, it is not necessary to re-submit.

Manner and Scope

Has there been any change in manner and scope since the last approved EMS plan?
(e.g., boundary changes, ownership changes)

☐ **Yes** (Attach detailed explanation) ☐ **No**

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



9. Any change in zone boundaries/service area since January 1, 1981? If so, please provide the following:

- a) Describe and include population affected:
- b) Attach clearly labeled maps illustrating boundary changes.
- c) Include call volume data for affected area(s) and list data source:
- d) List any providers affected by the change:
- e) Include prior call volume data and projected call volume following change.

10. Any change in ownership? For each change since January 1, 1981, please provide the following:

- a) List changes in names:
- b) List dates of ownership changes: *(Include all applicable copy of contracts and/or sale/transfer agreements.)*
- c) Disposition of assets: Were all assets transferred to new owner(s)?
☐ Yes ☐ No *(If no, provide an explanation)*
- d) Transfer of employees: Were all employees hired by new owner(s)?
☐ Yes ☐ No *(If no, provide an explanation)*
- e) Disposition of accounts payable and receivable: Were accounts payable and receivable transferred?
☐ Yes ☐ No *(If no, provide an explanation)*

11. Since January 1, 1981, have any other providers served all or part of this zone? If so, please answer the following:

- a) Are the providers currently in operation?

☐ Yes ☐ No

List all providers and their level of service: *(emergency, ALS, BLS)*

- b) If the provider(s) no longer serve the area, list their level of service, dates of service, and reason for termination of service.

Santa Clara County

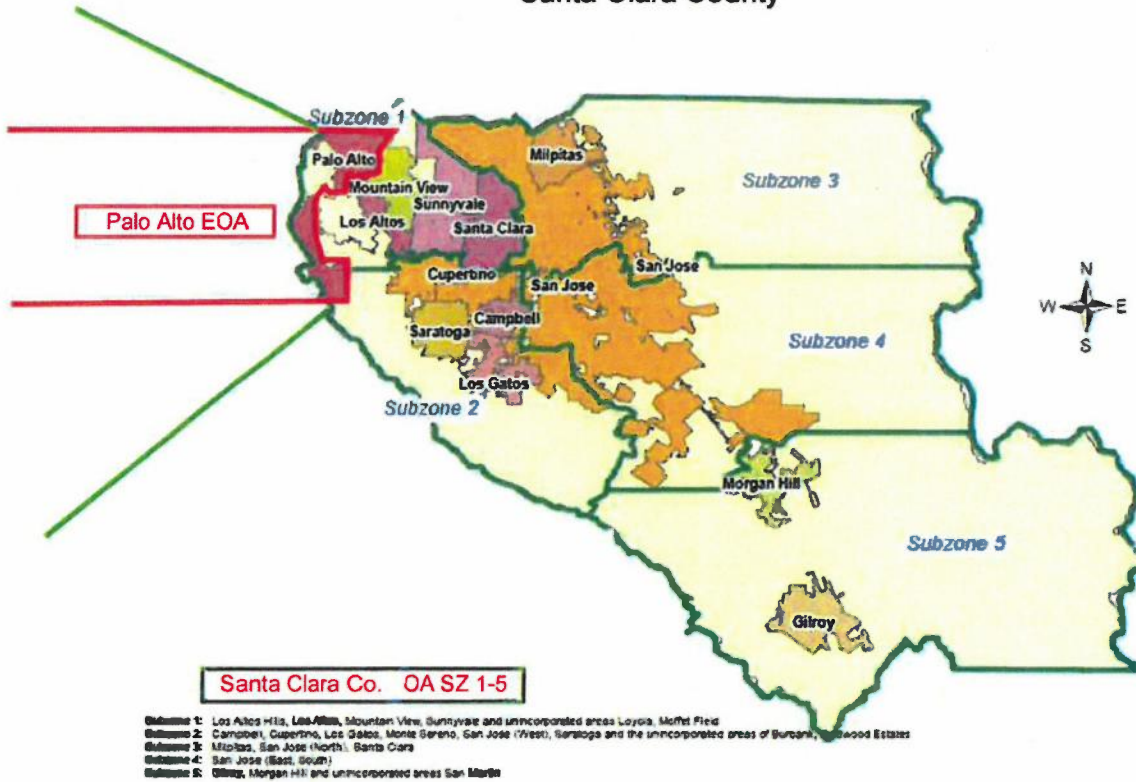


TABLE 5:

ASSESSMENT OF HOSPITALS & CRITICAL CARE CENTERS



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

County: Santa Clara

Reporting Year: CY 2019

EMS Agency Facility Details

Are there established guidelines, developed in partnership with acute care hospital administrators, physicians, and nurses, that identify patients who should be considered for transfer to facilities of higher capability? ☒ Yes ☐ No

Is there collaboration with acute care hospital administrators, physicians, and nurses to establish transfer agreements for patients who should be considered for transfer to facilities of higher capability? ☒ Yes ☐ No

Is there a process to ensure that all base hospital personnel who provide medical direction to prehospital personnel are knowledgeable about LEMSAs policies and procedures and have training in radio communications techniques? ☒ Yes ☐ No

Is there a process to ensure that all alternative base station personnel who provide medical direction to prehospital personnel are knowledgeable about the EMS Agency's policies and procedures? ☒ Yes ☐ No

a) Do the base station personnel have training in radio communications? ☒ Yes ☐ No

EMS Agency Facility Statistics

Emergency Departments

Total number of emergency departments: 11

Total number of comprehensive emergency services: 1

Total number of basic emergency services: 10

Total number of standby emergency services: 0

Hospitals with Written Agreements

Total number of receiving hospitals: 10

Total number of base hospitals: 1

Alternative Receiving Facilities

Do you have designated alternative receiving facilities? ☒ Yes ☐ No

Number of alternate receiving facilities:

Psychiatric: 1 Sobering Centers: 1 Rural Area 0

Specialty Care System

Do you have a trauma system? ☒ Yes ☐ No

Do you have a ST-Elevation Myocardial Infarction (STEMI) system? ☒ Yes ☐ No



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

EMS Agency Facility Statistics (cont.)

Do you have a stroke system? ☒ Yes ☐ No

Do you have an EMS for children system? ☐ Yes ☒ No

EMS Agency Specialty Care System Capabilities

Number of *trauma* centers:

Level I 2 Level II 1 Level III 0 Level IV 0

Number of pediatric trauma centers:

Level I 1 Level II 1

Number of EMS patients meeting trauma triage criteria:

8,072

a) Transported to a trauma center by ambulance:

8,072

b) Not transported to a trauma center:

Data not available

Number of trauma patients transferred to a trauma center for a higher level of care:

943

a) From a non-trauma facility:

70

b) From a lower level trauma center:

5

Number of *STEMI* centers/hospitals designated by EMS Agency:

8

Receiving: 8 Referring: 0

Number of *stroke* centers/hospitals (third party accreditation only):

Comprehensive: 3 Thrombectomy Capable: 1

Primary: 10 Acute Stroke Ready: 0

Number of *pediatric* receiving centers:

Comprehensive: 0 General: 0 Advanced: 0 Basic: 11



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider Resource

County: <u>Santa Clara</u> Facility: <u>El Camino Hospital - Los Gatos</u> <i>(Designated within EMS Agency's Jurisdiction)</i> Address: <u>815 Pollard Road</u> <u>Los Gatos, CA 95032</u> Phone No.: <u>408.866.4040</u>	Contracts with Facilities in Neighboring Jurisdictions: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
---	---

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

Specialty Care System					
Trauma Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Adult:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV		
		Pediatrics:	<input type="checkbox"/> I <input type="checkbox"/> II		
STEMI Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service:	<input type="checkbox"/> Receiving Center	<input type="checkbox"/> Referring Hospital	
Stroke Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service:	<input type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Acute Stroke Ready	
Pediatric Receiving Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> General <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> Basic		
Pediatric Critical Care Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Emerg. Depts. Approved for Pediatrics:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Intensive Care Unit:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider Resource

County: Santa Clara Facility: El Camino Hospital - Mountain View <i>(Designated within EMS Agency's Jurisdiction)</i> Address: 2500 Grant Road Mountain View, CA 94040 Phone No.: 650.940.7385	Contracts with Facilities in Neighboring Jurisdictions: _____ _____ _____ _____ _____ _____
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Written Contract:	Service:	Base Hospital:	Receiving Hospital:	Burn Center:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Specialty Care System					
Trauma Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Adult:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	Pediatrics:	<input type="checkbox"/> I <input type="checkbox"/> II
STEMI Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service:	<input checked="" type="checkbox"/> Receiving Center <input type="checkbox"/> Referring Hospital		
Stroke Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service:	<input type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> Primary	<input checked="" type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Acute Stroke Ready	
Pediatric Receiving Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> General <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> Basic		
Pediatric Critical Care Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Emerg. Depts. Approved for Pediatrics:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Intensive Care Unit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider Resource

County: <u>Santa Clara</u> Facility: <u>Good Samaritan Hospital</u> <i>(Designated within EMS Agency's Jurisdiction)</i> Address: <u>2425 Samaritan Drive</u> <u>San Jose, CA 95124</u> Phone No.: <u>408.559.2011</u>	Contracts with Facilities in Neighboring Jurisdictions: _____ _____ _____ _____ _____ _____
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Written Contract:	Service:	Base Hospital:	Receiving Hospital:	Burn Center:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Specialty Care System							
Trauma Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Adult:	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV
			Pediatrics:	<input type="checkbox"/> I	<input type="checkbox"/> II		
STEMI Center:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Service:	<input checked="" type="checkbox"/> Receiving Center	<input type="checkbox"/> Referring Hospital		
Stroke Center:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Service:	<input checked="" type="checkbox"/> Comprehensive	<input type="checkbox"/> Thrombectomy Capable		
				<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Acute Stroke Ready		
Pediatric Receiving Center:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Level:	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> General	<input type="checkbox"/> Advanced	<input checked="" type="checkbox"/> Basic
Pediatric Critical Care Center:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Emerg. Depts. Approved for Pediatrics:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Pediatric Intensive Care Unit:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider Resource

County: Santa Clara Facility: Kasier San Jose <i>(Designated within EMS Agency's Jurisdiction)</i> Address: 250 Hospital Parkway San Jose, CA 95119 Phone No.: 408.972.7634	Contracts with Facilities in Neighboring Jurisdictions: _____ _____ _____ _____ _____ _____
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Written Contract:	Service:	Base Hospital:	Receiving Hospital:	Burn Center:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Specialty Care System					
Trauma Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Adult:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	Pediatrics:	<input type="checkbox"/> I <input type="checkbox"/> II
STEMI Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service:	<input checked="" type="checkbox"/> Receiving Center <input type="checkbox"/> Referring Hospital		
Stroke Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service:	<input type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Acute Stroke Ready	
Pediatric Receiving Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> General <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> Basic		
Pediatric Critical Care Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Emerg. Depts. Approved for Pediatrics:		Pediatric Intensive Care Unit:	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider Resource

County: Santa Clara Facility: Kasier Santa Clara <i>(Designated within EMS Agency's Jurisdiction)</i> Address: 700 Lawrence Expressway Santa Clara, CA 95051 Phone No.: 408.851.5460	Contracts with Facilities in Neighboring Jurisdictions: _____ _____ _____ _____ _____ _____
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Written Contract:	Service:	Base Hospital:	Receiving Hospital:	Burn Center:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Specialty Care System					
Trauma Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Adult:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	Pediatrics:	<input type="checkbox"/> I <input type="checkbox"/> II
STEMI Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service:	<input checked="" type="checkbox"/> Receiving Center <input type="checkbox"/> Referring Hospital		
Stroke Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Thrombectomy Capable <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Acute Stroke Ready		
Pediatric Receiving Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> General <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> Basic		
Pediatric Critical Care Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Emerg. Depts. Approved for Pediatrics: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Intensive Care Unit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider Resource

County: <u>Santa Clara</u> Facility: <u>Lucille Packard Childrens Hospital</u> <u>(Designated within EMS Agency's Jurisdiction)</u> Address: <u>725 Welch Road</u> <u>Palo Alto, CA 94304</u> Phone No.: <u>650.723.0592</u>	Contracts with Facilities in Neighboring Jurisdictions: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Written Contract:	Service:	Base Hospital:	Receiving Hospital:	Burn Center:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<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

Specialty Care System					
Trauma Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Adult:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	Pediatrics:	<input type="checkbox"/> I <input type="checkbox"/> II
STEMI Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service:	<input type="checkbox"/> Receiving Center <input type="checkbox"/> Referring Hospital		
Stroke Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Primary <input type="checkbox"/> Acute Stroke Ready		
Pediatric Receiving Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Level:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> General <input type="checkbox"/> Advanced <input type="checkbox"/> Basic		
Pediatric Critical Care Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Emerg. Depts. Approved for Pediatrics:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pediatric Intensive Care Unit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider Resource

County: Santa Clara Facility: O'Connor Hospital <i>(Designated within EMS Agency's Jurisdiction)</i> Address: 2105 Forest Avenue San Jose, CA 95128 Phone No.: 408.947.3999	Contracts with Facilities in Neighboring Jurisdictions:
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Written Contract:	Service:	Base Hospital:	Receiving Hospital:	Burn Center:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Specialty Care System					
Trauma Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Adult: Pediatrics:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> I <input type="checkbox"/> II		
STEMI Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service:	<input checked="" type="checkbox"/> Receiving Center <input type="checkbox"/> Referring Hospital		
Stroke Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Thrombectomy Capable <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Acute Stroke Ready		
Pediatric Receiving Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> General <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> Basic		
Pediatric Critical Care Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Emerg. Depts. Approved for Pediatrics:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Intensive Care Unit:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider Resource

County: <u>Santa Clara</u> Facility: <u>Palo Alto Veterans Administration Hospital</u> <u>(Designated within EMS Agency's Jurisdiction)</u> Address: <u>3801 Miranda Avenue</u> <u>Palo Alto, CA 94304</u> Phone No.: <u>650.849.0221</u>	Contracts with Facilities in Neighboring Jurisdictions: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Written Contract:	Service:	Base Hospital:	Receiving Hospital:	Burn Center:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Specialty Care System							
Trauma Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Adult:	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV
			Pediatrics:	<input type="checkbox"/> I	<input type="checkbox"/> II		
STEMI Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Service:	<input type="checkbox"/> Receiving Center <input type="checkbox"/> Referring Hospital			
Stroke Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Service:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Primary <input type="checkbox"/> Acute Stroke Ready			
Pediatric Receiving Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Level:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> General <input type="checkbox"/> Advanced <input type="checkbox"/> Basic			
Pediatric Critical Care Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Emerg. Depts. Approved for Pediatrics:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Pediatric Intensive Care Unit:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider Resource

County: Santa Clara Facility: Regional Medical Center of San Jose <i>(Designated within EMS Agency's Jurisdiction)</i> Address: 225 North Jackson Avenue San Jose, CA 95116 Phone No.: 408.259.5000	Contracts with Facilities in Neighboring Jurisdictions:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Written Contract:	Service:	Base Hospital:	Receiving Hospital:	Burn Center:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Specialty Care System					
Trauma Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Adult:	<input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV		
		Pediatrics:	<input type="checkbox"/> I <input type="checkbox"/> II		
STEMI Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service:	<input checked="" type="checkbox"/> Receiving Center	<input type="checkbox"/> Referring Hospital	
Stroke Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service:	<input checked="" type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Acute Stroke Ready	
Pediatric Receiving Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> General <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> Basic		
Pediatric Critical Care Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Emerg. Depts. Approved for Pediatrics:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Intensive Care Unit:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider Resource

County: <u>Santa Clara</u> Facility: <u>Saint Louise Regional Hospital</u> <i>(Designated within EMS Agency's Jurisdiction)</i> Address: <u>9400 No Name Uno</u> <u>Gilroy, CA 95020</u> Phone No.: <u>408.848.8680</u>	Contracts with Facilities in Neighboring Jurisdictions: _____ _____ _____ _____ _____ _____
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Written Contract:	Service:	Base Hospital:	Receiving Hospital:	Burn Center:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Specialty Care System							
Trauma Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Adult:	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV
			Pediatrics:	<input type="checkbox"/> I	<input type="checkbox"/> II		
STEMI Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Service:	<input type="checkbox"/> Receiving Center <input type="checkbox"/> Referring Hospital			
Stroke Center:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Service:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Thrombectomy Capable <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Acute Stroke Ready			
Pediatric Receiving Center:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Level:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> General <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> Basic			
Pediatric Critical Care Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Emerg. Depts. Approved for Pediatrics:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Pediatric Intensive Care Unit:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider Resource

County: Santa Clara Facility: Santa Clara Valley Medical Center <i>(Designated within EMS Agency's Jurisdiction)</i> Address: 751 South Bascom Avenue San Jose, CA 95128 Phone No.: 408.885.6912	Contracts with Facilities in Neighboring Jurisdictions:
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Written Contract:	Service:	Base Hospital:	Receiving Hospital:	Burn Center:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<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

Specialty Care System					
Trauma Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Adult: Pediatrics:	<input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> I <input checked="" type="checkbox"/> II		
STEMI Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service:	<input checked="" type="checkbox"/> Receiving Center <input type="checkbox"/> Referring Hospital		
Stroke Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Thrombectomy Capable <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Acute Stroke Ready		
Pediatric Receiving Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> General <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> Basic		
Pediatric Critical Care Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Emerg. Depts. Approved for Pediatrics:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pediatric Intensive Care Unit:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider Resource

County: <u>Santa Clara</u> Facility: <u>Stanford Medical Center</u> <i>(Designated within EMS Agency's Jurisdiction)</i> Address: <u>300 Pastuer Drive</u> <u>Stanford, CA 94305</u> Phone No.: <u>650.723.7337</u>	Contracts with Facilities in Neighboring Jurisdictions: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Written Contract:	Service:	Base Hospital:	Receiving Hospital:	Burn Center:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Specialty Care System					
Trauma Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Adult:	<input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	Pediatrics:	<input checked="" type="checkbox"/> I <input type="checkbox"/> II
STEMI Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service:	<input checked="" type="checkbox"/> Receiving Center	<input type="checkbox"/> Referring Hospital	
Stroke Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service:	<input checked="" type="checkbox"/> Comprehensive <input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Acute Stroke Ready	
Pediatric Receiving Center:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level:	<input type="checkbox"/> Comprehensive <input type="checkbox"/> General <input type="checkbox"/> Advanced	<input checked="" type="checkbox"/> Basic	
Pediatric Critical Care Center:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Emerg. Depts. Approved for Pediatrics:		Pediatric Intensive Care Unit:	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

TABLE 6:
PUBLIC INFORMATION AND EDUCATION



TABLE 6: PUBLIC INFORMATION AND EDUCATION

County: Santa Clara

Reporting Year: CY 2019

Public Information, Education, and Awareness

Number of programs EMS Agency provided to the public:

<u>4</u> EMS Awareness	<u>2</u> Bleeding Control
<u>0</u> First Aid	<u>2</u> CPR
<u>12</u> Prevention Activities	<u>1</u> Disaster Preparedness

Injury & Illness Prevention

Number of programs EMS Agency provided to the public:

<u>0</u> Alcohol & Substance Abuse	<u>4</u> General Injury
<u>0</u> Asthma Control	<u>0</u> Home Safety
<u>0</u> Bicycle Safety	<u>0</u> Infant Safe Sleep Practices
<u>0</u> Burn Prevention	<u>1</u> Mental Health
<u>0</u> Child Passenger Safety	<u>0</u> Obesity
<u>0</u> Childhood Immunizations	<u>0</u> Pedestrian Safety
<u>0</u> Diabetes	<u>12</u> POLST/End of Life Care
<u>1</u> Distracted Driving	<u>1</u> Poison Control & Prevention
<u>0</u> Dog Bite Prevention	<u>0</u> Product Safety & Recalls
<u>4</u> Elderly Falls	<u>5</u> Suicide Prevention
<u>0</u> Firearm Safety	<u>6</u> Water Safety
<u>0</u> General Health	<u>0</u> Youth Violence Prevention

TABLE 7:

DISASTER MEDICAL RESPONSE



TABLE 7: DISASTER MEDICAL RESPONSE

County: Santa Clara

Reporting Year: CY 2019

EMS Agency Structure

Are you part of a multicounty EMS system for disaster response? ☐ Yes ☒ No

Are you a separate department or agency? ☒ Yes ☐ No

a) To whom do you report? County of Santa Clara Health System; Chief Executive Officer

If your agency is not within the health department, do you have a plan to coordinate public health and environmental health issues with the health department? ☒ Yes ☐ No

What healthcare coalitions are you participating in? Santa Clara County Hospitals Emergency Preparedness Partnership;

a) How often do you meet with your healthcare coalitions? Monthly

Do you have connection with your local Disaster Healthcare Volunteer Administrators in your jurisdiction? ☒ Yes ☐ No

List all neighboring counties which you have written cooperative agreements and/or medical mutual aid/assistance agreements with: N/A

EMS Agency Plans, Policies, Programs, and Teams

Do you have the following:

- a) Disaster Plan? ☒ Yes ☐ No URL Link: <https://www.sccgov.org/sites/ems/Documents/pcm800/811MCI.pdf>
- b) Active Shooter Policy? ☐ Yes ☒ No URL Link: <https://www.sccgov.org/sites/ems/Documents/pcm600/Policy610.pdf>
- c) Hazardous Material (Hazmat) Plan? ☒ Yes ☐ No URL Link: <https://www.sccgov.org/sites/ems/Documents/pcm800/811AppendixA.pdf>
- d) Disaster Medical Cache? ☒ Yes ☐ No URL Link: N/A
- e) Disaster Medical Support Group? ☒ Yes ☐ No URL Link: N/A
- f) Medical Assets? ☒ Yes ☐ No URL Link: N/A
- g) Incident Command Organization Chart? ☒ Yes ☐ No URL Link: <https://www.sccgov.org/sites/ems/Documents/pcm800/818.pdf>
- h) Communications Plan? ☒ Yes ☐ No URL Link: <https://www.sccgov.org/sites/ems/Documents/pcm800/818.pdf>
- i) Ambulance Strike Team Leader Program? ☒ Yes ☐ No
- j) EMS Authority Affiliated Strike Teams (includes a Disaster Medical Support Unit)? ☒ Yes ☐ No

Identify the provider: Santa Clara County EMS Agency & Rural/Metro of California, Inc; subsidiary of AMR/GMR



TABLE 7: DISASTER MEDICAL RESPONSE

EMS Agency System Operations and Resources

Do you have designated field treatment sites? ☒ Yes ☐ No

a) Identify the locations: As needed, adjacent to incident locations

b) How are they staffed? Public safety personnel and/or medical volunteers

c) Is there a supply system for supporting them for 72 hours? ☒ Yes ☐ No

Is there a mental/behavioral health program available for responders within your jurisdiction? ☒ Yes ☐ No

a) Identify the program: _____

Is there a team medical response capability? ☒ Yes ☐ No

a) For each team, are they incorporated into the local response plan? ☒ Yes ☐ No

b) Are they available for statewide response? ☒ Yes ☐ No

c) Are they part of a formal out-of-state response system? ☐ Yes ☒ No

Are there HazMat trained medical response teams? ☒ Yes ☐ No

a) At what HazMat level are they trained? FRO

b) Is there capability to do decontamination in an emergency room? ☒ Yes ☐ No

c) Is there capability to do decontamination in the field? ☒ Yes ☐ No

Identify who the Medical Health Operational Area Coordinator is:

☒ Health Officer ☒ EMS Agency ☒ Jointly Appointed

Do you have specific training for mass casualty incident policies? ☒ Yes ☐ No

Are you using the Standardized Emergency Management System (SEMS)? ☒ Yes ☐ No

a) Does it incorporate a form of Incident Command System (ICS) structure? ☒ Yes ☐ No

Are you integrated in the Medical/Health Branch of the Operation Section in each operational area Emergency Operations Center within your jurisdiction? ☒ Yes ☐ No

Have you tested your multicasualty incident plan this year? ☒ Yes ☐ No

a) Was it a real event? Yes

b) Was it an exercise? No

Do you have formal agreements with the following in your operational area to participate in disaster planning and response:

a) Hospitals? ☒ Yes ☐ No

b) Community Clinics? ☒ Yes ☐ No