

EMERGENCY MEDICAL SERVICES AUTHORITY

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May 16, 2023

Vince Pierucci, EMS Administrator
San Luis Obispo County EMS Agency
2995 McMillian Ave., Suite 178
San Luis Obispo, CA 93401

Dear Mr. Pierucci,

This letter is in response to San Luis Obispo County Emergency Medical Services (EMS) Agency's 2018-2022 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), and Quality Improvement (QI) plan submissions to the EMS Authority on January 31, 2023.

The EMS Authority has reviewed the EMS plan based on compliance with statutes, regulations, and case law. It has been determined that 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 transportation documentation provided, please find enclosed the ground exclusive operating area status, compiled by the EMS Authority.

The EMS Authority has also reviewed the Trauma, STEMI, and QI plans based on compliance with Chapters 7, 7.1, and 12 of the California Code of Regulations, Title 22, Division 9, and has been approved for implementation.

Per HSC § 1797.254, EMS Plans must be submitted to the EMS Authority annually. Your 2023 EMS plan will be due on or before May 16, 2024. Concurrently with the EMS plan, please submit an annual Trauma, STEMI, and QI plan.

If you have any questions regarding the EMS Plan review, please contact Mr. Mark Olivas, Interim EMS Plans Coordinator, at (916) 204-7885 or mark.olivas@emsa.ca.gov.

Sincerely,

A handwritten signature in cursive script that reads "Tom McGinnis".

Tom McGinnis
Chief, EMS Systems Division

Enclosure:
AW: rd



Executive Summary - Five Year EMS Plan January 1, 2018 – December 31, 2022

California Health and Safety Code Section 1797.254 requires the Local Emergency Medical Services Agency (EMS Agency) to submit an annual Plan to the EMS Authority. The EMS Plan is a framework for the planning, implementation and evaluation of EMS in San Luis Obispo County, and addresses the local status of eight minimum standards, subsets and recommended goals of the EMS Authority, as well as identifying anticipated future needs.

The County of San Luis Obispo Public Health Department's EMS Division includes both the EMS Agency and the Public Health Emergency Preparedness program.

The County of San Luis Obispo EMS Agency submits this EMS Plan to the State EMS Authority. The plan is truly a framework for all local participating agencies and advisory committees to use as a tool for short term and long term system planning and improvement. This plan will be reviewed annually with a summary identifying progress or status on long range plans.

While this planning document is a framework, it is important that all system partners, advisory committee members and the public realize that an EMS system is inherently dynamic in nature and that the influence of the health care industry, funding, community expectation, standards of care and clinically based prehospital medicine will impact and shape the way EMS services are provided. It is also significant to consider the aging population in San Luis Obispo County, and the potential future impact on the EMS system.

Listed below are items of interest related to specific components of this plan, covering the reporting period of calendar years 2018 to 2022, the period since the last annual update:

Standard 1: System Organization and Management

The EMS system in San Luis Obispo County is dynamic in nature and both system stakeholders and community representatives support the EMS Agency staff through engagement on the Emergency Medical Care Committee and subcommittees including: Operations, Quality Improvement, Clinical Advisory, Trauma Advisory, and STEMI. Through this level of engagement, EMS Agency staff has been able to continue to review and revise policies and procedures, perform QI and data review, process certification, authorization and accreditation of EMS personnel, and participate in disaster planning and drills.

The EMS Agency was challenged significantly during CY 2020 and 2021 during the height of the COVID pandemic. EMS Agency staff was assigned to a number of roles within the County's Operational Area EOC during the response including MHOAC/Operations Section Chief, and Technical Specialists to both Planning and Logistics. This left 1 staff member assigned to the EMS Agency to ensure the Agency continued to meet its mandates outlined in both Statute and Regulations.

Standard 2: Staffing and Training

Fourteen fire departments (one industrial, two state institutional) provide a mix of Advanced Life Support (ALS) and Basic Life Support (BLS) services, and with two ALS ground transport providers, and two ALS air ambulance and one ALS air rescue provides pre-hospital care throughout the 3,299 square miles of San Luis Obispo County, serving a population of approximately 282,424. One community college offers paramedic and EMT training programs (along with nursing). The EMS Agency policies for certification, authorization, and accreditation describe standards and scope requirements for EMTs, Paramedics, Mobile Intensive Care Nurses and Base Hospital Physicians. The EMS Agency is engaged in continuing education for these personnel and coordinates MICN refresher and annual protocol updates for paramedic reaccreditation, and the Base Hospitals provide CE opportunities and QA/QI reviews for field personnel and MICN staff.

The EMS Agency uses a mobile app to allow EMTs, paramedics and MICNs to have real time access to policies, procedures, and protocols. The application has been widely adopted by field personnel and base station hospitals. The technology allows for instant push notification to all personnel of training opportunities, policy updates, or disaster communications.

Standard 3: Communication

The San Luis Obispo County EMS system uses a single ordering point (MEDCOM) to dispatch all ground ambulances. MEDCOM is in direct communication with both landline and CAD-to-CAD integration with 4 public safety agencies dispatching fire equipment to medical emergencies. The CAD-to-CAD connection ensures both ambulance and fire are dispatched near simultaneously to requests for medical emergencies. This program is approved by the SLO County EMS Agency and is in compliance with 1797.223 and 1798.8 of CCR 100170.

Air Ambulance and ALS Air Rescue are dispatched by the Cal Fire SLU ECC to ensure continuity of communication between air resources and ground contacts for both scene safety and safety of air operations.

All EMS transport services including public, private and air use standard hospital communication frequencies and capabilities in accordance with local policy and procedures and CCR 100306.

Standard 4: Response and Transportation

County of San Luis Obispo code section 6.60 and associated policies define ambulance operations in the service area. All cities, districts and unincorporated areas of the county receive 9-1-1 emergency medical services provided by fire departments, ALS ground transport providers, or rotary aircraft as needed. Four zones exist as grandfathered Exclusive Operating Areas (EOAs); however, the California EMS Authority has advised the SLO EMSA that they do not recognize one of zones (South) to meet EOA criteria.

The EMS Agency plans to conduct a ground transport competitive bidding process near the end of the time frame of the Plan. The EMS Agency anticipates the competitive bidding process to carry over into the early time frame of the next Plan.

Standard 5: Facilities and Critical Care

Four hospitals are located in San Luis Obispo County. All four are designated base hospitals. Two of the hospitals have specialty center designation, consisting of a Level III Trauma Center and a STEMI Receiving Center. All four hospitals have expressed interest in Stroke designation and EMS Agency staff remains involved in this developing opportunity.

Standard 6: Data Collection and System Evaluation

In 2018, the EMS Agency was able to use a grant provided by the EMS Authority to purchase the hardware needed for all the fire agencies (BLS/ALS) to use a consistent electronic patient care reporting platform (ePCR). The agencies agreed to use ImageTrend as the software reporting platform. In 2019, one of the ground ALS transport providers also transitioned to ImageTrend. And in late 2021, the largest ground ambulance provider also transitioned to ImageTrend as their software ePCR reporting platform. By the end of 2022, the EMS Agency was able to use additional grant funds to purchase its own cloud based ImageTrend repository. This was the last step to ensure the EMS Agency has all providers on the same reporting platform. This has allowed the EMS Agency to develop processes to streamline the reporting process. Moreover, it now allows the EMS Agency to meet its mandate to plan, evaluate and implement a local EMS system.

Additionally, the EMS Agency also has access to the trauma registry utilized by the Level III Trauma Center and the reporting system of National Cardiac Data Registry (NCDR) used by our STEMI Center. Moreover, in 2018, the EMS Agency began reporting data to the Cardiac Arrest Registry to Enhance Survival (CARES). Last, the EMS Agency complies with the H&S Code 1797.228.

Standard 7: Public Information and Education

With the evolution of the electronic patient care reporting system, the EMS Agency has been able to share data with both Public Health partners and specialty care centers to help guide them in their targeted outreach and harm reduction programs. Additionally, the EMS Agency has been able to extend this data collection and sharing of data with Drug and Alcohol partners in their efforts to reduce opiate overdoses. Last, the EMS Agency has worked with local Stop the Bleed programs in sharing opportunities to educate the community on ways to reduce deaths in traumatic situations.

Standard 8: Disaster Medical Response

In July 2019, the SLO County Medical Health Operational Area Coordinator (MHOAC) SOP was updated (original publish date July 2011). The SOP identifies both the Local Health Officer and the Local Emergency Medical Services Administrator, or their designee, can function as the MHOAC. At the time, the Health Officer and EMS Administrator agreed the primary MHOAC is the EMS Administrator.

The EMS Administrator oversees both the day to day workings of the local EMS Agency and EMS system as well as the Public Health Emergency Preparedness (PHEP) program. Contained with the PHEP organizational structure is the Hospital Preparedness Program (HPP).

The EMS Administrator accomplishes the responsibility of the MHOAC, as identified in HSC 1797.153 through a series of regularly updated plans, SOPs, exercises, real events and meetings such as the local HPP workgroup.

Additionally, the MHOAC participates in quarterly meetings with the local Office of Emergency Services operational area coordinators as well as the quarterly community-wide all hazard disaster community.

The MHOAC, through the MHOAC SOP, has identified team leads of the different 17 functions of the MHOAC Program, as listed in HSC 1797.153, including Public Information, Environmental Health, LEMSA and Section Leads such as Logistics and Plans.

The SOP was fully exercised in March 2020 when both the Public Health Department Operations Center (CHADOC) and the Operational Area EOC was activated to support the COVID-19 response. To facilitate the response, the MHOAC was placed as the OP AREA EOC Operations Section Chief to oversee all operational aspects of the response. This gave the MHOAC the needed visibility to ensure all 17 functions were met consistently and equitably throughout the response. Moreover, as part of the Command Staff, the MHOAC had direct access to all PIO related activities and could ensure uniform messaging to the community. This lasted until the OP AREA EOC was deactivated in August 2021.

In addition to local responsibilities, the MHOAC regularly participates in quarterly Cal OES Mutual Aid Region I RDMHS/C calls and meetings. Furthermore, as outlined in both the CDPH Emergency Operations Manual (EOM) and the SLO Co MHOAC SOP, the MHOAC, or designee submits both flash and SITREPs, as required, to the Region I RDMHS/C as well as horizontally with the local OES Duty Officer or designee.

Submitted by:



Vince Pierucci
EMS Director
County of San Luis Obispo Emergency Medical Services Agency



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

Nicolas Drews *Health Agency Director*

Penny Borenstein, MD, MPH *Health Officer/Public Health Director*

April 20th, 2023

California EMS Authority
Attention: State Trauma System
11120 International Drive, Suite 200
Rancho Cordova, California 95670

Regarding: County of San Luis Obispo Trauma Plan Update – Calendar Year 2022

Good afternoon,

In March 2012, the County of San Luis Obispo designated Sierra Vista Regional Medical Center as a Level III Trauma Center. The County of San Luis Obispo's trauma program has not had significant changes to its primary system design during the calendar year 2022. However, the system has continued to maintain excellence in the delivery of patient care thanks to ongoing quality improvement, and performance improvement (PI) initiatives undertaken by system-stake holders.

The attached Trauma Update Report for calendar year 2022 includes a trauma system overview, system changes, the goals and objectives, and the trauma program performance improvement projects and measures.

Please contact me with any questions or if you desire additional information.

A handwritten signature in blue ink, appearing to read "VP" with a flourish.

Vince Pierucci
Director, EMS Division
County of San Luis Obispo Public Health Department
805.788.2512
vpierucci@co.slo.ca.us

Attachments:
TAG membership list
2022 Trauma Program Indicators

Emergency Medical Services

2995 McMillan Ave, Ste. 178 | San Luis Obispo, CA 93401 | (P) 805-788-2519 | (F) 805-788-2517
<https://www.slocounty.ca.gov/>

TRAUMA ADVISORY GROUP MEMBERSHIP
[2022]

REPRESENTATIVE POSITION	NUMBER OF REPRESENTATIVES	NAME
EMCC Representative	1	Bob Neumann - Chair
Trauma Program Physician Director	1each	Howard Hayashi, M.D. Joseph Centeno M.D.
Trauma Nurse Program Manager	1each	Deanna Porter, R.N. Lisa Abeloe R.N.
Trauma Center ED Physician Director	1each	Gary Lucchesi, M.D. Terrance McGovern M.D.
Non-Trauma Center ED Physician Director (or Representative?)	1 each hospital	AGCH – Stefan Tiege M.D. FHMC – Rachael May, M.D. TCCH – Kathryn Haran , M.D.
ED Nursing Director (or Representative)	1 each hospital	AGCH – Shauna Zoric, R.N. FHMC – Natasha Lukasiewich, R.N. TCCH – Holly Cole, R.N. SVRMC – Diane Burke, R.N. MRMC – Tauny Sexton R.N.
Transport Provider	1 from each provider	CCHD – Tim Benes SLAS – Kris Strommen
Air Transport	1 from each provider	CHP – Doug Weeda CALSTAR – Aaron Hartney Mercy Air- Lisa Epps
Public Provider	1	Dan McCrain
Med-Com	1	Aften Porras
Non-Voting Members – other invitees to assist in the medical audit review, i.e. MMC Trauma Representative, Coroner, Orthopedist, Pediatrician	As needed	EMS Agency Staff

2022 Trauma Program Indicators

EMS System Volume Report – EMS Agency

1. Prehospital Trauma Patients: Alerts and Trauma Consultation
2. Destination of Trauma Consultations

Prehospital Performance Review – EMS Agency

1. PCR records missing 24 hours after patient delivery to the TC
Goal – 0% missing
2. Transports with > 30 min scene to hospital by ground
 - a. Measure: review for possible indication of air transportation by time and need criteria set forth in Policy 119
3. Trauma Alerts (step 1 or 2) with > 10 on scene time requiring extrication
 - a. Measured from EMS transporting agency patient contact to start of transport
 - b. Goal - < 90%
4. Alerts (step 1 or 2) with > 20 minute from dispatch to scene of EMS personnel
 - a. Includes arrival of EMS first responder
 - b. Goal - 0%

EMS Hospital System Review – EMS Agency

1. Over Triage Rate
 - a. Number/percent of Trauma Alert (Step 1 or 2) with an ISS <15
 - b. Goal – 30-50%
2. Under Triage Rate
 - a. Number/percent of Trauma Alert (Step 1 or 2) with an ISS >15
 - b. Goal - < 5%
3. Non-Trauma Center Patient Outcome Information
 - a. Admit to Med Surg
 - b. Admit to OR
 - c. Admit to ICU
 - d. Admit to DOU
 - e. Died
 - f. Discharged
 - g. Transferred

Focused Trauma Audit Filters for Quarterly TAG Report from TC

1. Presence of the trauma surgeon in the ED within 30 minutes of notification
 - a. % that no times documented
 - b. Meet 30 minutes or less 90% of the time
 - c. Documentation occurs 100% of the time

2. Lack of definitive airway management for patients leaving the ED with GCS 8 or less
 - a. % there was no documentation of airway
 - b. Goal - 0 %
3. Delay to OR, Laparotomy
 - a. Patients with abdominal injuries and hypotension (< 90 mmHg) after initial fluid resuscitation who do not undergo laparotomy within 1 hour of ED or TC arrival
4. Delay to OR, Craniotomy
 - a. Patients with epidural or subdural brain hematoma receiving craniotomy > 4 hours after ED or TC arrival – excludes those performed for ICP monitoring
5. Delay in OR, Open or Long Bone Fracture
 - b. Interval of greater than 8 hours between ED or TC arrival and the initiation of debridement of an open fracture – excluded low velocity GSW
6. Initial Surgical Intervention > 24 hours
 - a. Initial abdominal, thoracic, vascular or cranial surgery performed > 24 hours after arrival to ED or TC (excludes patients identified in 3,4 or 5)
7. Unexpected return to OR
 - a. Unexpected return to OR after initial surgery
8. Unexpected readmission
 - a. Readmission to hospital for complications related to prior trauma admission
9. Referring Facility Complication
 - a. Complications to be identified by TC Medical Director

Additional Quarterly TAG Report from the TC

1. Volume
 - a. Age
 - b. ISS
 - c. MOI
2. Trauma Alert Patient Outcomes
 - a. Disposition
 - i. Died
 - ii. Admitted without surgery
 - iii. Admitted with surgery
 - iv. Transferred
 - v. Discharged home
 - vi. Discharged to Rehabilitation or SNF
 - b. Median Length of Stay in ED
 - i. Age
 - ii. ISS
 - iii. Response Level – Tier 1 and Tier 2

TRAUMA SYSTEM STATUS REPORT

Santa Cruz County 2021

Trauma System Summary

Timely disposition of trauma patients is a challenge in Santa Cruz County. The Santa Cruz County EMS Agency utilizes a novel approach to trauma triage and trauma management that enables us to manage the complexities related to resources, geography, weather, traffic, population surges due to tourism.

Somewhat isolated, this County is enclosed by a coastal mountain range to the east and the Pacific Ocean to the west and south. The northern border is coastal and rural, the southern is primarily agricultural.

Hospital resources are limited. Santa Cruz County, with a resident population of 275,000 people and a major university with an enrollment of over 18,000 students, is served by only two hospitals, neither of which are trauma centers. A third hospital closed over thirty years ago, when our population was much smaller. The nearest Level I and Level II trauma centers are in Santa Clara (Stanford, Valley Medical Center and Regional Medical Center) and Monterey Counties (Natividad Medical Center), approximately 40-60 miles distant. Therefore, all trauma patients needing Trauma Center evaluation must be subjected to either helicopter or long ground transportation over a mountain pass or over rural secondary roads.

The county is served by only 2 highways; Highway 1 runs north/south along the coast and Highway 17 which crosses the Santa Cruz Mountains to the northeast. Both are heavily used year-round and are vulnerable to delay and closure. Since Santa Cruz and northern Monterey counties have become bedroom communities for Silicon Valley, both highways are reliably jammed with commuter traffic. Santa Cruz County is also a popular tourist destination and, during the summer months, both highways carry this additional burden, particularly on weekends.

Despite heavy traffic volume, each highway has significant physical limitations. Hwy 1 narrows to only two lanes at both the northern and southern ends. Hwy 17, the only major pass over the mountains, is commonly closed or restricted by mudslides, roadwork and accidents, sometimes for extended periods of time. For instance, winter storms in 2017 created major delays for several weeks, and mostly notably, Santa Cruz County was nearly isolated for months from Santa Clara and Monterey counties as a consequence of major damage due to the Loma Prieta earthquake. At these times, helicopters are the obvious answer and are frequently used. However, coastal fog patterns and other weather often make this method impractical.

The time needed to transport major trauma patients poses risk to our patients and adds stress to our resources. Ground transportation to a trauma center is, at best, is a 45-60-minute one-way endeavor. Recognizing that time to the trauma center is a critical variable for mortality and morbidity, we continually monitor trauma scene times and our EOA contract specifies financial incentives to minimize out of hospital time for the trauma patient. However, the long transport times and overloaded highways indirectly impact other EMS patients. Each ground transport to a trauma center entails at least a 2-hour turnaround before the ambulance is available again in the system, leading to potential delays answering other calls.

Consequently, our EMS system, has had to balance risks of over triage against under triage by employing a novel triage scheme that identifies the patients most likely to benefit from immediate trauma center evaluation. While over-triage (defined as patients not meeting major trauma criteria transported to a trauma center) is the safest approach for every potential trauma patient, it poses a risk of depriving other EMS patients of finite transportation resources and adding additional financial burden to patients transported by helicopter.

Prior to the publication of the Centers for Disease Control triage scheme for identifying trauma patients (reference here) our system utilized a similar triage scheme that considered mechanical, anatomic and physiological criteria and identified patients meeting more than one criterion as major trauma patients needing direct transportation to a trauma center, commonly referred to as “2 MAP hits”. This scheme has been retrospectively validated as safe and effective.¹

As we considered the CDC criteria, our experience led us to learn that not each of these criteria carried equally predictive power to determine major trauma, when mechanism alone was unlikely to require trauma services, and a single hit in the anatomic or physiologic criterion did. Therefore, our current triage scheme modified the CDC criteria by redefining a trauma patient as meeting only 1 “hit” in the physiologic or anatomic criteria and excludes those with mechanism only (except where special considerations may apply). P and A patients are taken directly to trauma centers. M only patients are transported to our local hospitals. MAP has been reframed as PAM to reflect this ranking of importance.

Annual retrospective review of our modified CDC triage scheme by correlating prehospital PAM scores with trauma center ISS scores and hospital disposition, and the absence of significant numbers of retriage of EMS transported patients from our emergency department, has revalidated this approach as safe and effective.

Updated 2021 CDC guidelines for Field Triage of Injured Patients has recently been released. These guidelines include important clarifications regarding nomenclature and terminology. Most significant for Santa Cruz County is formal recognition that moderate risk patients (Mechanism only) are preferentially transported to a trauma center “as available within geographic constraints of the regional trauma system” which is aligned with our preexisting modified trauma triage process.

Number and Designation Level of Trauma Centers

Santa Cruz County has no trauma centers. There are 4 Level I and Level II Trauma Centers in neighboring counties.

Trauma System Goals and Objectives

- 1) Continue to analyze trauma patient outcomes at local care centers and to out-of-county trauma centers.

Progress: Ongoing. The EMS Medical Director participates in the Regional Trauma Coordinating Committee, the Santa Clara County Trauma Audit Committee as well as the Monterey County EMS Trauma Evaluation Quality Improvement Committee (TEQIC) and reviews patient outcome data for trauma patients.

Case by case reviews are performed as needed and annual retrospective reviews of data from all 4 trauma centers are performed which compare Trauma Center disposition, ISS scores and prehospital PAM scores.

- 2) Continually review all trauma ground transport policies and consider revisions as needed.

Progress: Ongoing. Policy 110: Policy Development and Implementation specifies the process for policies and protocols

¹ Validation of a prehospital trauma triage tool: a 10-year perspective, <https://pubmed.ncbi.nlm.nih.gov/19077609/>

The following policies as related to trauma have been reviewed or updated within the past year:

- Policy 102: Trauma System Organization and Management
- Policy 103: Trauma System Data Collection and Management
- Policy 104: Trauma Service Area
- Policy 105: Trauma Mutual Aid and Coordination with Neighboring System
- Policy 107: Trauma Quality Improvement and System Evaluation
- Policy 625: Trauma Transport and Destination
- Policy 626: Trauma Triage
- Policy 627: Emergency Department Trauma Re-Triage

- 3) Perform quality assurance and continuous quality improvement using IHI established methods.

Progress: Ongoing. Key performance indicators are continually monitored using FirstWatch and ImageTrend. Performance on these indicators is regularly communicated to stakeholders. Performance scores are recorded quarterly and are directly tied to EOA contract fines and penalties. Currently performance indicators are:

- Documentation of trauma criteria
- Trauma center destination for trauma patients
- Average Scene times < 15 minutes for trauma patients

- 4) Maintain participation in CEMSIS.

Progress: Ongoing. All prehospital NEMSIS 3.5 compliant data elements are automatically transmitted to CEMSIS.



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

Nicolas Drews *Health Agency Director*

Penny Borenstein, MD, MPH *Health Officer/Public Health Director*

Trauma Plan Update
January 1, 2022 – December 31, 2022

The County of San Luis Obispo (SLO) EMS Agency Trauma Care System Plan was developed in compliance with Section 1798.160, et seq., Health and Safety Code and originally approved by the California EMS Authority in March 2010. The following report is a system update for the 2022 calendar year.

System Overview

The County of SLO's trauma program functions with a single in-county Level III trauma center, Sierra Vista Regional Medical Center: and, in collaboration with Marian Regional Medical Center (MRMC) a Level III trauma center in neighboring Santa Barbara County. Due to the proximity of MRMC to the County of SLO, an MOU was developed memorializing the acceptance of trauma patients, as defined by local trauma triage and destination policy, across county lines. This MOU was included in The County of SLO's 2014-2015 Trauma Plan Update submitted to the EMS Authority. The County of SLO's trauma program also continues to work cooperatively with the neighboring counties of Ventura, Fresno, Monterey, and Santa Barbara's other more distant trauma center.

The County of SLO's EMS Agency utilizes Trauma One and Image Trend data programs to identify and monitor trauma patients, which is both NEMESIS/CEMESIS compliant. The process of updating all transport and non-transport EMS providers to the Image Trend platform was completed in the second half of 2022. Image Trend has now replaced the previous NOMIS/SIMON data programs.

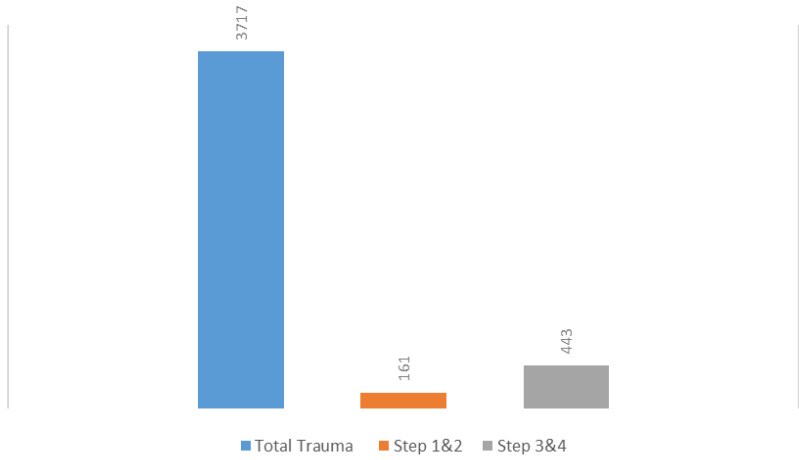
During the calendar year 2022 the system had a total of 3717 EMS responses for trauma patients with 604 meeting trauma triage criteria. The trauma centers received 98% of trauma patients meeting Step 1 or 2. The SLO EMS trauma policies require a trauma center consultation to determine destination of patients meeting Step 3 and 4 criteria. The trauma centers received 72% of those patients that were consulted on. Emergency department outcomes for patients meeting Step 3 or 4 are reviewed for potential under/over-triage through the Performance Improvement (PI) program in the Trauma Advisory Group (TAG) and at the regional Tri-Counties (SLO, Santa Barbara and Ventura Counties) Trauma Audit Committee.

Emergency Medical Services

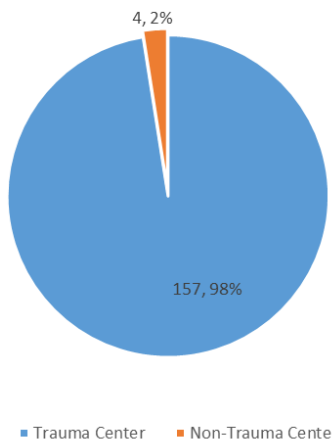
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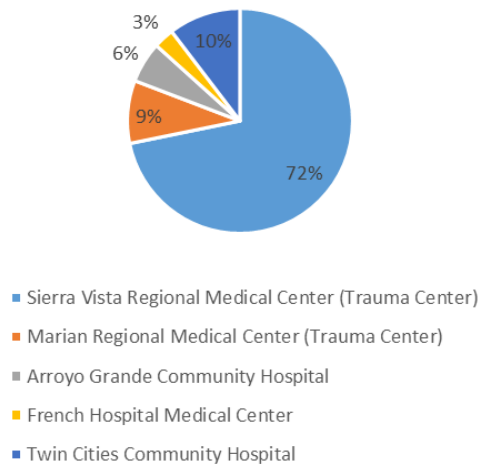
TOTAL TRAUMA VOLUME CALENDAR YEAR 2022



Distribution of Trauma Alerts (Steps 1 and 2) Calendar Year 2022



Distribution of Trauma Consults (Steps 3 and 4) Calendar Year 2022



Changes in the Trauma System

There were no “significant changes” (as defined in the Trauma System Plan Revision and Annual Trauma System Status Report Guidelines) to the trauma system plan previously approved by the EMS Authority.

Number and Designation Level of Trauma Centers

- Sierra Vista Regional Medical Center, San Luis Obispo – Level III Trauma Center
- Marian Regional Medical Center, Santa Maria (Santa Barbara County, participates as cooperative partner with MOU on file) – Level III Trauma Center

Trauma System Goals and Objectives for 2022

- Continued review of past PI program indicators with Trauma Advisory Group (TAG)
- Coordinate and participate in training and drills with system EMS provider agencies and trauma centers.
- Continue participation in the Tri-County peer review programs.

System Performance Improvement

System PI Projects in 2022:

- Reviewed trauma PI indicators with Trauma Advisory Group - attached
- Participation in the Tri-County PI and peer review program
- Continued a feedback report providing patient outcomes from both the trauma center and non-trauma centers to the EMS provider PI Coordinators
- Participate in EMS Authority Core Measures project

Progress on Addressing EMS Authority Trauma System Plan Comments

The EMS Authority approved the last Trauma System Status Report without any recommendations, required actions, or comments requiring action.

Other system Issues

No other issues at this time.

Submitted by:

Ryan Rosander
EMS Coordinator

EMS Agency
County of San Luis Obispo, Public Health Department
805.788.2513
rrosander@co.slo.ca.us

Attachments:

 TAG membership list
 2022 Trauma Program Indicators

POLICY #152: STEMI TRIAGE AND DESTINATION (Telemetry Trial)

I. PURPOSE

- A. To establish guidelines for Emergency Medical Services (EMS) personnel to identify and transport patients with acute ST-segment Elevation Myocardial Infarction (STEMI) who could benefit from the rapid response and specialized services of a STEMI Receiving Center (SRC).

II. SCOPE

- A. This policy applies to adult patients with chest pain or other symptoms indicative of Acute Coronary Syndrome (ACS) with a 12-lead ECG demonstrating elevated ST-segments indicating a specific type of myocardial infarction.

III. DEFINITIONS/GLOSSARY

- Percutaneous Coronary Intervention (PCI): A broad group of percutaneous techniques utilized for the diagnosis and treatment of patients with STEMI.
- Return of Spontaneous Circulation (ROSC): The return of a palpable pulse after cardiac arrest.
- STEMI: An acute myocardial infarction that generates a specific type of ST-segment elevation on a 12-lead ECG.
- "STEMI Alert": A report from EMS personnel that notifies a STEMI Receiving Center as early as possible that a patient has a specific computer-interpreted prehospital 12-lead ECG indicating a STEMI, allowing the SRC to initiate the internal procedures to provide appropriate and rapid treatment interventions.
- "12-Lead Consultation" - Contact SLO County STEMI Receiving Hospital (French Hospital Medical Center) when the patient does not meet a STEMI ALERT Criteria and transmitting the 12-lead ECG would benefit the consultation.
- STEMI Receiving Center (SRC): A facility licensed for cardiac catheterization laboratory and recognized as an SRC by the County of San Luis Obispo Emergency Medical Services Agency (EMS Agency).
- SLO STEMI Receiving Center (SLO SRC) - refers to the STEMI Receiving Center in San Luis Obispo County (French Hospital Medical Center) to be used for medical direction and or destination decisions.

IV. POLICY

- A. Determine if patient condition meets STEMI Patient Triage Criteria.

- B. "STEMI Alert" notifications - contact the nearest SRC (**French or Marian**) as soon as possible
- C. "12- Lead ECG Consultations" and/or "Destination" consultations - contact the SLO SRC (**French**)

V. PROCEDURE

A. Determine if patient condition meets STEMI Patient Triage criteria:

- 1. Patients meeting EMS Agency Protocol Adult Chest Pain #640: or with indications for 12-lead ECG per EMS Agency 12-lead ECG Policy #707 with computerized interpretation of an accurately performed pre-hospital 12-lead ECG indicating *****STEMI***** (or equivalent computerized interpretation).

B. Destination and Notification

- 1. Transport to nearest SRC (French or Marian) or as directed by a SLO SRC (French).
 - a. Patients meeting the STEMI Patient Triage Criteria are considered a "STEMI Alert" and must be transported to the nearest SRC.
 - b. Patients with sustained ROSC regardless of 12-lead ECG reading
 - c. The SRC Emergency Department must be notified as early as possible of the incoming "STEMI Alert" and /or ROSC to activate the SRC's internal STEMI/PCI system.
- 2. An Emergency Department physician at the SLO SRC (**French**) must be consulted to determine patient destination in the following:
 - a. "STEMI Alert":
 - (1) The patient is unstable with a SBP<90mmHg and transport time to the SRC would add more than 30 minutes to the transport time to a STEMI Referral Hospital (SRH).
 - (2) Patient is uncooperative with the procedure and/or expresses a personal preference for destination other than the SRC; see EMS Agency Policy #203: Patient Refusal of Treatment or Transport.
 - b. Questionable 12-Lead ECG
 - c. Patients who, while en-route, develop unmanageable airway or cardiac arrest without ROSC must be transported to the closest hospital, with the transporting provider notifying the intended SRC of the change in destination.
 - d. When a patient is diverted to another hospital the SLO SRC (French) shall notify the receiving hospital and provide information regarding the destination decision.

- C. Contact the nearest SRC as soon as possible with “STEMI Alert” Notification
1. For patients with identified STEMI, destination must be promptly determined after the prehospital 12-lead ECG is completed and read. The SRC must be notified as soon as possible.
 2. The “STEMI Alert” notification must contain the following information:
 - a. Call identified as a “STEMI Alert”.
 - b. ETA to SRC.
 - c. Patient age and gender.
 - d. Confirmation of ECG reading and whether it appears to be free of significant artifact.
 - e. Confirmation that the appropriate treatment protocol is being followed.
 - f. Results of any medications given.
 - g. Additional information if required:
 - (1) Any confusion regarding chief complaint or treatment.
 - (2) Destination decision assistance.
 3. ECG Transmission:
 - a. With a STEMI Alert or ROSC and the equipment is available, the ALS provider shall transmit a 12-lead ECG to a SRC (French or Marian);
 - (1) Notify the SRC that you are capable of 12-lead ECG transmission and that you have transmitted or are about to transmit the 12-lead ECG previously obtained.
 - (2) Include on the transmitted 12-lead ECG the patients' age and sex required for the ECG monitor to accomplish its interpretation and be used as an identifier for the SRC.
 - (3) Do not include the name of the patient with the transmission of the 12-lead ECG.
 - b. When “Consulting” with a SLO SRC (French) and transmitting the 12-lead ECG would benefit the consultation:
 - (1) Notify the SLO SRC (French) that you are capable of 12-lead ECG transmission and that you have transmitted, or are about to transmit the 12-lead ECG.
 - (2) Include on the transmitted 12-lead ECG the patients' age and sex required for the ECG monitor to accomplish its interpretation and be used as an identifier for the SRC
 - (3) Do not include the name of the patient with the transmission of the 12-lead ECG.

4. Documentation

- a. Findings of prehospital 12-lead ECGs, the time of the "STEMI Alert," and patient identification must be documented on the 12-lead ECG and the prehospital PCR.
- b. Two copies of the prehospital 12-lead ECG (multiple if performed) must be made, with one delivered to the receiving hospital responsible for the continued care of the patient, and one included with the prehospital PCR.

VI. AUTHORITY

- A. California Health and Safety Code, Division 2.5, Sections 1797.67, 1798, 1798.170.

POLICY #400: STEMI RECEIVING CENTER DESIGNATION

I. PURPOSE

- A. To define requirements for designation as a STEMI Receiving Center in The County of San Luis Obispo (SLO).

II. SCOPE

- A. This policy applies to all hospitals in the County of SLO seeking designation as a STEMI Receiving Center.

III. DEFINITIONS/GLOSSARY

- Percutaneous Coronary Intervention (PCI): A broad group of percutaneous techniques utilized for the diagnosis and treatment of patients with STEMI.
- STEMI: An acute myocardial infarction that generates a specific type of ST-segment elevation on a 12-lead ECG.
- "STEMI Alert": A report from prehospital personnel that notifies a STEMI Receiving Center as early as possible that a patient has a specific computer-interpreted prehospital 12-lead ECG indicating a STEMI, allowing the SRC to initiate the internal procedures to provide appropriate and rapid treatment interventions.
- STEMI Receiving Center (SRC): A facility licensed for cardiac catheterization laboratory and approved to operate as an SRC by the County of SLO Emergency Medical Services Agency (EMS Agency).
- ~~STEMI Referral Hospital (SRH): An acute care hospital in the County of SLO that is not designated as a STEMI Receiving Center.~~

IV. POLICY

- A. To be designated as a SRC in the County of SLO, a hospital must meet the following requirements:
1. Possess current California licensure as an acute care facility providing Basic Emergency Medical Services.
 2. Hold current status as a Base Hospital in the County of SLO.
 3. Have the ability to enter into a written agreement with The County of SLO identifying SRC and County roles and responsibilities.
 4. Agree to accept all EMS patients meeting STEMI patient triage criteria and all "STEMI Alert" patients transferred from other County of SLO hospitals (except when on diversion due to a declared hospital in-house internal

disaster), and provide a plan for the triage and treatment of simultaneously presenting STEMI patients regardless of ICU/CCU or ED saturation status.

5. Meet SRC designation requirements as defined in the County of SLO EMS Agency SRC Designation Criteria Application and Evaluation matrix (Attachment A) which includes:
 - a. Hospital Services including:
 - (1) Special permit for cardiac catheterization laboratory pursuant to the provisions of Title 22, Division 5, of the California Code of Regulations.
 - (2) Intra-aortic balloon pump capability with necessary staff available 24 hours a day 7 days a week 365 days a year.
 - (3) California permit for cardiovascular surgery or a written plan for emergency transport to a facility with cardiovascular surgery available with timely (within 1 hour) transfer steps and agreements.
 - (4) Continuous availability of PCI resources 24 hours a day 7 days a week 365 days a year.
 - (5) Dedicated priority "Specialty Care" phone line available 24 hours a day 7 days a week 365 days a year to be used for pre-hospital communication regarding "STEMI Alert" patients and for notifications of "STEMI Alert" transfers from other hospitals.
 - b. Hospital Personnel including:
 - (1) SRC Medical Director who must be board-certified in Internal Medicine with a sub-specialty in cardiovascular disease.
 - (2) SRC Program Manager who must be an RN.
 - (3) Cardiac Catheterization Lab Manager/Coordinator who must be an RN if not directly reporting to the SRC Program Manager.
 - (4) A daily roster of interventional cardiologists who must:
 - (a) Be available and present in the SRC within 30 minutes of the activation of the SRC's internal STEMI/PCI system.
 - (b) Have privileges in PCI.
 - (5) A daily roster of cardiovascular surgeons who must be available and present in the SRC within 30 minutes of documented request, or SRCs without cardiovascular surgery capability must have written transfer guidelines and a plan for emergency transfer within 1 hour if medically necessary.
 - (6) Other personnel who must be promptly available and present in the SRC within 30 minutes of the activation of the SRC's internal STEMI/PCI system including:

- (a) Appropriate cardiac catheterization nursing and support personnel.
 - (b) RN or CV Perfusionist trained in intra-aortic balloon pump management.
- c. Clinical Requirements including:
 - (1) ACC/AHA guidelines for activity levels of facilities and practitioners for both primary PCI and total PCI events are adopted herein and may require period updating:
 - (a) Interventionalist must perform a minimum of 11 primary PCI procedures and 75 PCI procedures per year.
 - (b) SRC must perform a minimum of 36 primary PCI procedures and 200 total PCI procedures annually.
 - (2) Performance (timeliness) and outcome measures will be assessed initially in the survey process, and will be monitored closely on an ongoing basis by the SRC and the EMS Agency through a Performance Improvement Program for EMS Patients (Item 5.e below).
- d. Policies and Procedures including:
 - (1) Cardiac interventionalist activation
 - (2) Cardiac catheterization lab team activation
 - (3) STEMI contingency plans for personnel and equipment
 - (4) Coronary angiography
 - (5) PCI and use of fibrinolytics
 - (6) Inter-facility transfer policies/protocols for STEMI
 - (7) Transfer agreements for cardiac surgery, as appropriate
 - (8) STEMI patient triage
- e. Performance Improvement Program for EMS Patients including:
 - (1) An SRC must provide two representatives to participate in the EMS Agency STEMI Quality Improvement (QI) Committee:
 - (a) A QI representative
 - (b) A cardiologist
 - (2) An SRC will hold routine multidisciplinary meetings that must include representatives from SRHs, County of SLO prehospital providers and the EMS Agency.

- (3) An SRC must implement a written internal SRC QI plan/program with an internal review process that includes:
 - (a) Door-to Balloon times
 - (b) Death rate (within 30 days, related to procedure regardless of mechanism)
 - (c) Compliance
 - (d) Emergency CABG rate (result of procedure failure or complication)
 - (e) Vascular complications (access site, transfusion, coronary perforation or operative intervention required)
 - (f) Cerebrovascular accident rate (peri-procedure)
 - (g) Post-procedure nephrotoxicity (increase in serum creatinine of >0.5)
 - (h) Sentinel event, system and organization issue review and resolution processes
 - (4) A SRC must participate in prehospital STEMI-related educational activities as may be required by the EMS Agency
- f. Data Collection, Submission and Analysis including:
- (1) A SRC must participate in the National Cardiac Data Registry (NCDR).
 - (2) A SRC must participate in EMS Agency data collection as defined in Attachment B: Data Requirements for STEMI Receiving Centers.
- B. A hospital may lose its designation as an SRC for one or more of the following reasons:
1. Inability to meet and maintain SRC Designation Criteria
 2. Failure to provide required data
 3. Failure to participate in STEMI System QI activities
 4. Other criteria as defined and reviewed by the EMS Agency STEMI QI Committee

V. PROCEDURE

- A. To apply for designation as a SRC in the County of SLO, a Base Hospital must pay the initial application fee and submit an application for designation to the EMS Agency.
- B. SRC designation may be awarded to a hospital following a satisfactory review of written documentation, an initial site survey by EMS Agency staff and a cardiologist from out of the area, and designation approval by the EMS Agency.

- C. The SRC designation period will coincide with the period covered in a written agreement between the SRC and the County of San Luis Obispo.

VI. AUTHORITY

- Health and Safety Code, Division 2.5, Sections 1798, 1798.101, 1798.105, 1798.2
- California Code of Regulations, Title 22, Section 100175

VII. ATTACHMENTS

- A. Application and Evaluation Matrix
- B. Data Requirements for STEMI Receiving Center

**County of San Luis Obispo
Emergency Medical Services Agency**

Continuous Quality Improvement Plan

April 2023

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Attachments

- Policy 100 - Continuous Quality Improvement Policy
- Attachment A – CQI Plan
- Attachment B - CQI Process Algorithm
- Attachment C - Opportunity for Improvement Form
- Trauma QI Indicators
- Tri-TAC Dashboard
- STEMI CQI Indicators
- Cardiac Arrest Indicators

1. INTRODUCTION

The County of San Luis Obispo EMS Division is comprised of the Emergency Medical Services (EMS) Agency and the Public Health Emergency Preparedness Program. As a division of the Public Health Department, the County of SLO EMS Agency provides system guidance and oversight through pre-hospital provider and public comment-driven policy development and a comprehensive quality improvement program. We support medical disaster preparedness through the disaster response planning process, and support the appropriate use of 911, CPR, AEDs and First Aid through public education. We ensure excellent pre-hospital personnel through training, certification, accreditation, authorization and continuing education program review. We participate with the Public Health Department, in the management and coordination of public health emergencies, such as: Natural Disasters, Pandemic Flu and Bioterrorism incidents.

The County of San Luis Obispo is both geographically and demographically diverse. The county covers 3,200 square miles and includes urban areas along the Highway 101 corridor, coastal recreational areas, and remote areas on the eastern side of the county. EMS providers serve approximately 300,000 residents which can fluctuate at various times of the year with the Cal Poly student and the tourism populations. The EMS system responds to approximately 21,000 calls a year.

Vision

The EMS Agency is dedicated to the assurance of optimal prehospital care. Our goal is to continuously improve the quality of the emergency medical care delivery system.

The EMS Agency operates on three basic principles:

- Foster growth, continuous improvement, and professional development of our staff and members of the EMS community.
- Promote and utilize innovative approaches to prehospital care.
- Support a cooperative and collaborative working environment.

As a public benefit agency, we are responsive and responsible to the community. We value and encourage the individual contribution in the achievement of our goals.

Philosophical Statement of Professional Ethics and Values

As an agency dedicated to the assurance of optimal prehospital care in the County of San Luis Obispo, the EMS Agency has an obligation to ensure the emergency medical services community maintains the highest possible standards for professional medical treatment of the public. To this end, the EMS Agency supports the need for the emergency medical services community to demand of its employees the highest expectation for professional ethics and personal integrity. This extends from personal conduct as a representative of the emergency medical services community, to the emergency medical assistance provided through the course of their employment.

Recognizing the public's expectation for professional and ethical conduct of those in the medical services field, the EMS Agency will continue to assist the emergency medical services community through its philosophic support of professional ethics and values. Moreover, the EMS Agency will maintain an expectation of professional and ethical conduct of those members of the emergency medical services community whom the Agency supports through its program coordination, including certification, training, accreditation and continuing education

Authority

On January 1, 2006 the California Emergency Medical Services Authority (EMSA) implemented regulations related to quality improvement for emergency medical services throughout the state.

This program has been developed in accordance with California Code of Regulations Title 22, Chapter 12, Article 4 and utilizes the guidelines established by the EMSA documents # 163 "EMS System Quality Improvement Indicators", #166 "Emergency Medical Systems Quality Improvement Program Model Guidelines", the EMS Core Quality Measures Document and the guidelines established by the Emergency Medical Services Administrators Association of California (EMSAAC).

As defined in Title 22 "Emergency Medical Services Quality Improvement Program" or EMS CQI Program are methods of evaluation that are composed of structure, process and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate the causes, and take steps to correct the process and recognize excellence in performance and delivery of care.

Purpose

The purpose of the EMS Agency Continuous Quality Improvement (CQI) Program is to establish a system-wide process for evaluating and improving the quality of pre-hospital care in the County of San Luis Obispo. This plan is designed with the intent to facilitate a consistent ability to attain key EMS quality objectives with the input and cooperation of the providers and customers of those served. The objectives include:

- Assuring that the level of patient care is consistent with the policies and field treatment guidelines
- Evaluation and improvements of system-wide performance
- Assignment of responsibility for monitoring and evaluating activities
- Delineation of scope of care
- Identification of important aspects of pre-hospital care
- Collection, analysis and dissemination of data from dispatch to discharge
- Promotion of appropriate utilization of EMS resources and services
- Cultivate standardization of the quality improvement process.

Fundamental to the program is the understanding that it will be developed over time and allows for individual variances based on available resources.

There is a focus on quality improvement of the overall local EMS system and how it interfaces with the statewide EMS system. Nine (9) focus areas identified in Section III and Appendix E of the Emergency Medical Services System Quality Improvement Program shall include but not be limited to:

- Personnel
- Equipment and Supplies
- Documentation
- Clinical Care and Patient Outcome
- Skills Maintenance/ Competency
- Transportation /Facilities
- Public Education and Prevention
- Risk Management

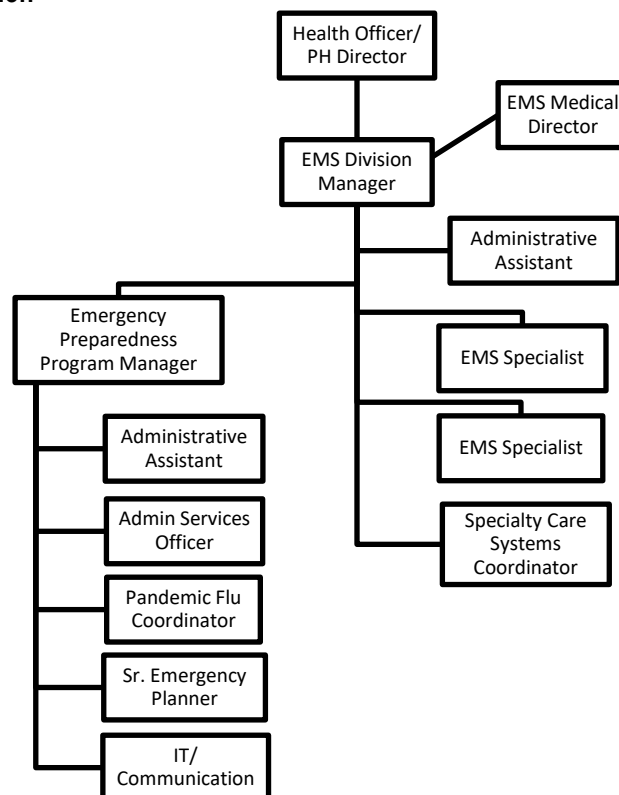
1. STRUCTURE AD ORGANIZATION

The County of San Luis Obispo Emergency Medical Services, a division of the County of San Luis Obispo Public Health Department, oversees a system of services organized to provide rapid response to serious medical emergencies, including immediate medical care and patient transport to definitive care in an appropriate hospital setting. The County the Board of Supervisors designated the Public Health Department as the Local EMS Agency (LEMSA). The County Health Officer/Public Health Department Director thus serves as the overall EMS Agency director, with the EMS Division Manager serving as the EMS Agency Administrator, and representative on EMSAAC. The Health Officer, who is appointed by the Board of Supervisors, reports administratively to the Health Agency Director, who in turn reports to the County Administrator and the Board of Supervisors. The Board is comprised of five elected Supervisors, each representing a distinct area of the County.

The EMS Medical Director oversees medical components of the EMS System and is responsible for prehospital medical control within the system. This includes protocol development, policies, procedures, equipment approval, medical dispatch, base station protocols, and continuous quality performance.

The Emergency Medical Care Committee (EMCC) is responsible for vetting local policies and procedures prior to implementation and acts as an advisory committee to the EMS Agency. The EMCC is a diverse board comprised of members representing the entire EMS system including: County Medical Association Physicians, Emergency Medicine Physicians, City Government, Consumers ,EMS Field Personnel, Sheriff's Department, Public EMS Providers, Hospitals, Prehospital Transport Providers, and Mobile Intensive Care Nurses.

EMS Agency Organization



EMCC Membership

Representing	Number of Representatives	Appointing Authority
Prehospital Provider	1	Ambulance providers
Physicians	1	County Medical Society
City Government	1	City Managers
EMS Field Personnel	1	County Health Officer
Public Providers	1	County Fire Chiefs Association
Sheriff's Department	1	County Sheriff
Hospitals	1	Hospital Administrators
Emergency Medical Physician	1	County Health Officer
MICN or ED Nurse Manager	1	County Health Officer
Consumer Representative	2	County Health Officer

CQI Process

Quality improvement is a dynamic process that provides feedback and performance data on the EMS system. This information is based on indicators that reflect standards of care in the community, state and nation.

- Define a problem
- Measure data to validate and quantify the problem
- Analyze the data and indicators of the problem to determine the cause
- Develop and implement a plan of action through education or policy/procedure revision
- Measure and monitor results, providing feedback
- Continue monitoring to assure compliance

CQI Committee Procedures

- The EMS Medical Director shall oversee the CQI program
- The EMS CQI Coordinator shall ensure the coordination of the committee programs and activities
- The EMS CQI Committee shall meet on regular intervals
- All committee members shall sign a confidentially statement
- The EMS Agency shall maintain records in a confidential manner during the review process and shall destroy identifiable patient information directly following the review process

In addition to the EMS Agency CQI Committee, the following identifies a number of collaborative committees established to review specific areas of Quality Improvement. Each committee has at least one EMS Agency representative who assists in identifying the EMS system quality indicators that are reviewed.

- Trauma Committee
- STEMI Committee
- Regional Trauma Care Committee (RTCC)
- Tri-county Trauma Committee (Tri-TAC)
- Ambulance Performance and Operations Committee (APOC)
- County Fire Chiefs Association
- EMDAC/ EMSAAC
- Field Training Officer (FTO) Committee

CQI Committee Membership

The organizational structure of the EMS Agency CQI Committee shall be multidisciplinary and representative of the participating agencies. The EMS Agency is the receiving agency of the information collected by the participating agencies and shall provide guidance to the CQI Committee. The CQI Committee shall be an advisory body to the EMS Medical Director

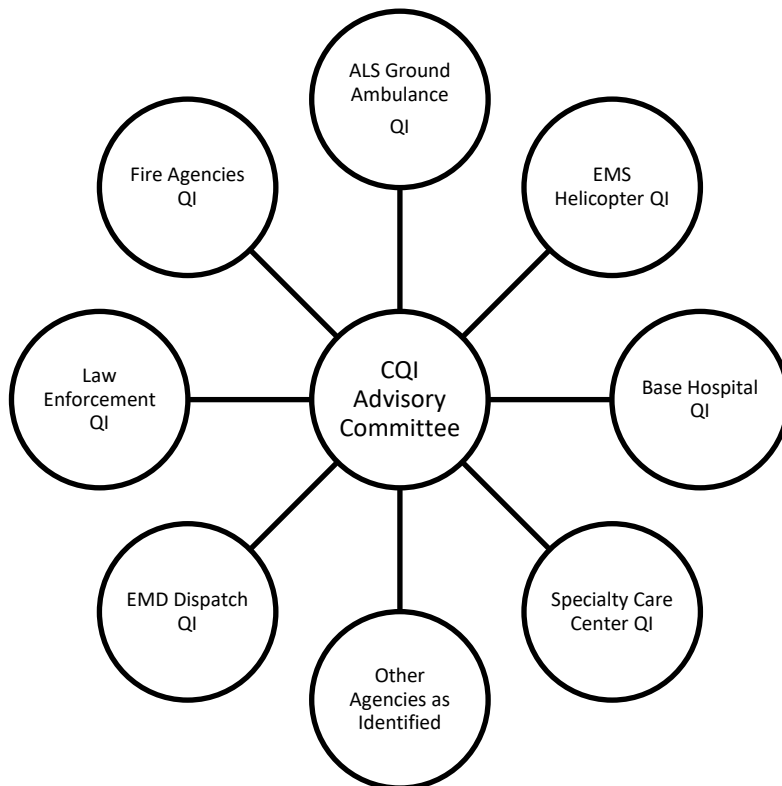
Agency	Number of Representatives	Appointing Authority
ALS Ground Ambulance Provider	1	EMCC Ambulance Provider Representative
EMS Helicopter - Public	1	EMCC/Operations Committee Representative
EMS Helicopter - Private	1	EMCC/Operations Committee Representative
Fire Service BLS	1	EMCC/Operations Committee - Fire Chiefs Assoc. Representative
Fire Service ALS	1	EMCC/Operations Committee - Fire Chiefs Assoc. Representative
Law Enforcement	1	EMCC/Operations Committee Representative County Criminal Justice Admin. Assoc.
EMS Dispatch	1	EMCC/County Sheriff Dept. Operations Committee Representative
Emergency Physician	1	EMCC Emergency Physician Representative
Base Hospital/MICN	1	EMCC -MICN Representative
Specialty Care Center	1	As Approved e.g. Trauma, STEMI Center

Responsibilities of the EMS CQI Committee

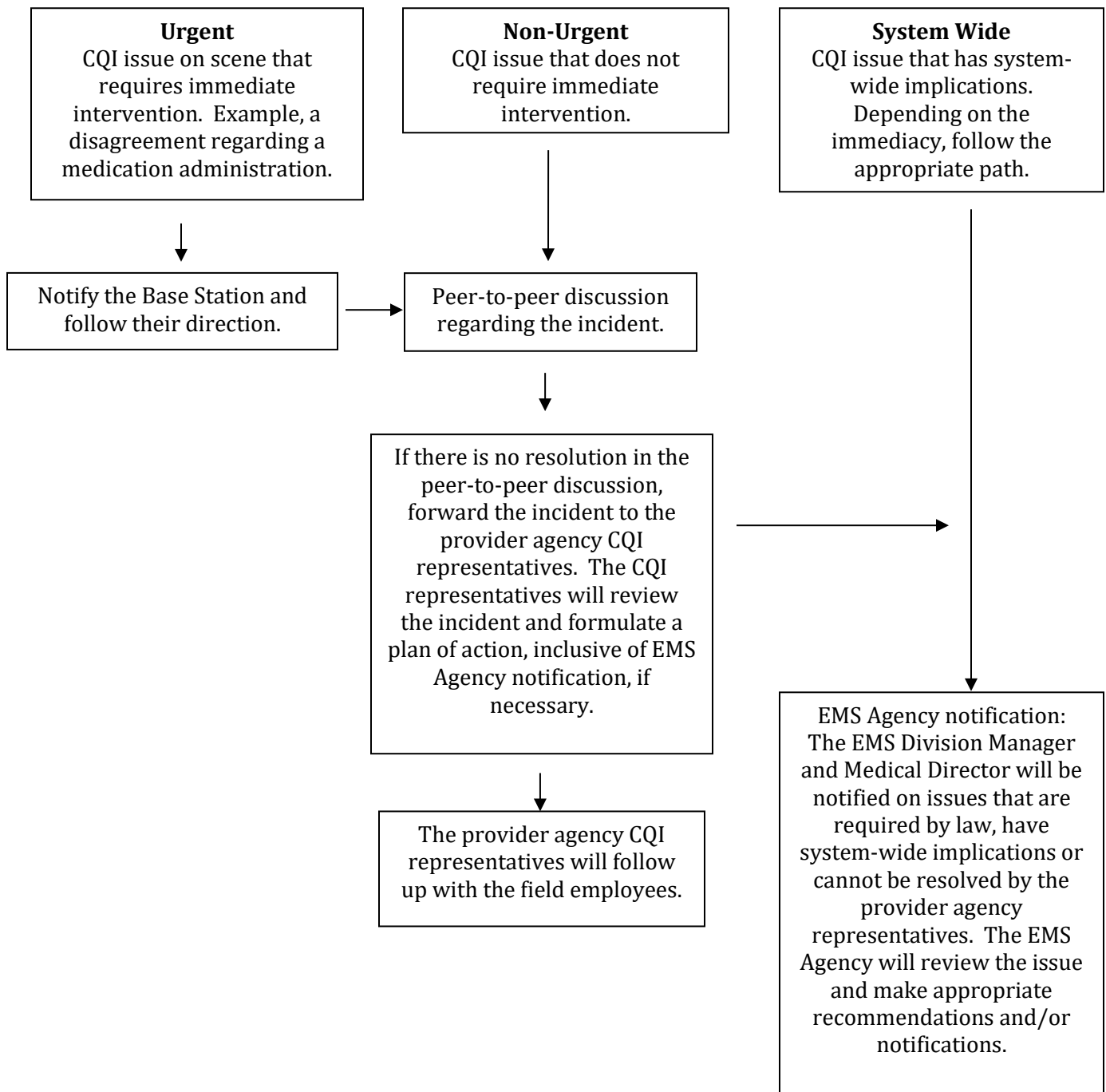
California Code of Regulations Title 22, Division 9, Chapter 12, Section 100400

- Develop and implement a system-wide EMS CQI program to include indicators addressing the nine (9) State ECQIP focus areas
- Annual evaluation of the system-wide EMS CQI Program for effectiveness and outcomes
- Provide for continuous input and feedback with EMS Provider groups
- Ensure availability of training and in-service education for EMS personnel
- Develop in cooperation with appropriate agencies/personnel a performance improvement plan to address identified improvement needs and provide technical and medical oversight for system and clinical issues
- Publish a summary of activity and plan implementation for periodic review
- Ensure that their respective agencies monitors, collects data on and evaluates information on the locally identified indicators

**CQI Committee
Organizational Structure
CQI Representatives from the Participating Agencies**

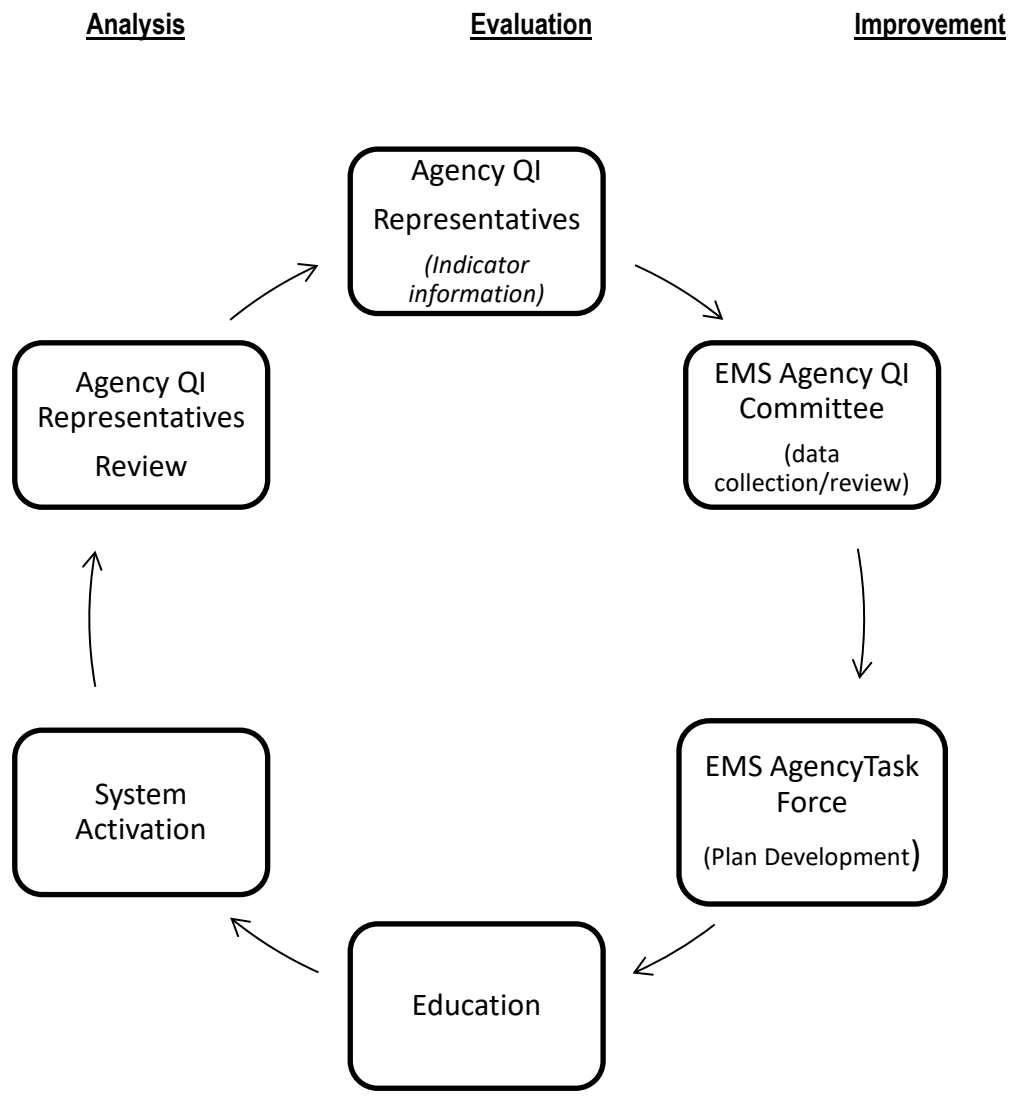


CQI Review Process:



- Depending on the issue, the CQI representative(s) may contact the EMS Agency as soon as necessary.

Flow of Information and Activity



Interagency CQI Responsibilities

Interagency CQI responsibilities listed below are based upon Title 22 California Code of regulations Chapter 12 EMS System Quality Improvement (EMSA Policy QI Program Guidelines #101)

County of SLO EMS Agency

- Provide a Medical Director to oversee the EMS system medical care
- Provide staff as needed to provide the coordination of the EMS CQI program
- Cooperate with the State EMSA with statewide CQI programs
- Provide for system-wide direction through the establishment of policies, procedures and guidelines
- Designate EMS Base Hospitals to provide on-line consultation and triage
- Provide for and coordinate retrospective evaluation of EMS system performance – both clinical and operational. Determine educational or other needs to improve system performance
- Credential and maintain records for EMT I, EMT P, MICN and EMD providers
- Approve primary and continuing education programs
- Conduct periodic review of policies, procedures and treatment guidelines.
- Ensure that all EMS personnel are notified of system changes
- Develop and distribute EMS System Plans/Updates, Hospital Resource guides and any other system reports as is appropriate
- Collect system data to evaluate system performance
- Process and review all incident review requests to assure evaluation and/or investigation
- Provide other contract compliance activities as warranted

Base Hospital Responsibilities

- Designate an Emergency Department Physician as a base hospital Medical Director
- Designate a Base Hospital MICN Liaison/CQI Nurse
- Assure the presence of a currently certified MICN or Base Hospital Physician in the ED at all times for radio consultation to the pre-hospital personnel
- Assure staff, MICNs and Base Physicians are familiar with EMS policies, procedures and treatment protocols
- Implement a Base Hospital CQI program to include:
 - Evaluation and education of performance
 - Assist pre-hospital providers and the EMS Agency in evaluating and improving EMS patient care
- Develop and implement CQI programs consistent with State regulations and local guidelines
- Provide for follow up on base-directed calls
- Provide education, in coordination with ALS Provider, through formal and informal classes
- Provide clinical setting for maintenance and remediation of skills, as available
- Provide statistical information for monitoring and evaluating EMS system as needed
- Assist in the coordination, training, and evaluation of new procedures and pilot programs
- Participate in EMS Agency CQI activities

Emergency Medical Dispatch Agency

- Provide dispatchers trained and certified as EMD
- Assure dispatchers follow EMD policies and procedures
- Establish a procedure to implement updates and system changes
- Assign a liaison/CQI representative to interface with EMS Agency
- Assist the EMS Agency in evaluating and improving EMS services
- Use EMD formal CQI plan to evaluate and improve performance
- Provide CQI summary and protocol compliance according to policy
- Participate in EMSA CQI activities

First Responder Agencies

- Provide first responder services with staff trained to minimum of first aid, CPR and AED
- Assure personnel are familiar with EMS policies and procedures
- Assign a liaison/CQI representative to interface with EMS Agency
- Establish a procedure to update agency personnel of EMS system changes and updates
- Participate in EMS Agency CQI and training activities
- Provide staff oversight, monitoring, data collection and feedback
- Submit all pre-hospital patient data to EMS Agency following AED use
- Monitor response times and identify ways to improve if deemed necessary

ALS /BLS Responding Agencies

- Assure EMS personnel are currently and appropriately credentialed per EMSA policy
- Assign a liaison/CQI representative to interface with EMS Agency
- Assure personnel are familiar with EMS policies and procedures
- Establish a procedure to update agency personnel of EMS system changes and updates
- Develop, implement and participate in CQI programs consistent with pertinent State regulations and local guidelines
- Provide the EMS Agency with data necessary for monitoring and evaluating the EMS system
- Provide dispatch data and clinical data as specified in County agreements
- Document accurately patient care information for each patient contact on an EMS Agency-approved electronic/paper patient care report
- Monitor and evaluate patient care issues, response times and other pertinent issues. Identify areas of improvement and steps to improve and re-evaluate
- Participate in EMS Agency CQI programs

Air Ambulance Agencies

- Assign a liaison/CQI representative to interface with EMS Agency
- Assure EMS personnel and pilots are currently and appropriately credentialed at all times
- Establish a procedure to update agency personnel of EMS system changes and updates
- Develop, implement and participate in CQI programs consistent with pertinent State regulations and local guidelines
- Provide the EMS Agency with data necessary for monitoring and evaluating the EMS system
- Document accurately patient care information for each patient contact on an EMS Agency-approved electronic/paper patient care report

- Monitor and evaluate patient care issues, response times and other pertinent issues. Identify areas of improvement and steps to improve and re-evaluate
- Participate in EMS Agency CQI programs

3. DATA COLLECTION , EVALUATION of INDICATORS AND REPORTING

Purpose: in order to effectively evaluate the EMS system the data must be valid, reliable and standardized.

Data Collection Programs:

Various data collection systems currently exist within the EMS Agency that are relevant to the CQI process. These include:

- SIMON/NOMIS – the electronic PCR utilized by transporting agencies
- Provider submitted study data – e.g. airway study forms
- Dispatch CAD data
- PCRs from fire based programs
- Trauma One – trauma registry
- Mission Life/ACTION
- ReddiNet
- Image Trend planned in fiscal year 2016-17

These data systems are used to evaluate performance in the following ways:

- Prospectively identify areas of potential improvement
- Answer questions about the EMS system
- Monitor changes once improvement plans are implemented
- Provide accurate information enabling data driven decisions
- Monitor individual performance within the EMS system
- Support research that will improve the system and potentially broaden EMS knowledge through publication

Evaluation of Indicators

The EMS Agency CQI coordinator will review and analyze the quality indicators on a regular basis (monthly/quarterly/annually) and create a report to be presented to the CQI Committee and any other committees as deemed appropriate.

Analysis shall be presented in a format that allows for rapid interpretation by the evaluators. Measurements may include:

- Statistical
 - Measures of central tendency
 - Measures of dispersion
 - Process analysis
 - Trending
 - Causation
 - Benchmarking
 - Best practices
 - Published references

Decision-Making Process – the following is a sample of a process used for evaluation, analysis and decision-making to be used by the EMS CQI Committee:

- Identify the objective
- Present the indicators and EMS information
- Compare performance with benchmarks or goals
- Discuss performance with peers/colleagues
- Determine if improvement or further evaluation needed
- Establish a plan
- Develop training/educational needs
- Assign follow-up for the plan of action

4. ACTION TO IMPROVE AND REPORTING

Once the need for improvement has been identified by the CQI Committee a number of approaches and models of problem solving and analysis are available. In each case the EMS CQI Committee should choose a method that is systematic, based on finding and measurable. The approach is a team-oriented process that is designed to be accomplishable and not overwhelm the system. Smaller sub-group of the EMS CQI Committee may be utilized in the design and oversight of such programs.

It is recommended that the CQI Committee choose a standardized approach and use the same process each time a project is undertaken. The following are traditional components of a standardized improvement process:

- Establish criteria for measurement and evaluation
- Evaluate the information
- Make decision to take action to improve
- Establish measurable criteria for improvement
- Establish an improvement plan
- Measure the results of the improvement plan
- Evaluate the need to standardize or integrate change into the system
- Establish a plan to monitor future activities

Specific CQI Indicators for County of SLO EMS Agency

It would be overwhelming to list each activity and quality indicator the system reviews. The following is a list of standard focus areas with a table to follow that identifies specific target areas. The target areas are identified and updated each year through input from the providers and other system activities.

- Approval of EMT and EMT-P Training Programs
- Approval of EMD program
- Approval of EMS CE programs
- Pharmaceutical inventory control
- Treatment protocol review and update
- Treatment protocol compliance
- Cardiac Arrest
- Trauma System
- STEMI System
- Intubation success rate

- Competency in infrequently used skills
- Air ambulance utilization
- EMS Authority Core Measures

Sample of CQI programs

Clinical Area	Element	CQI Indicator /performance Measure	CQI Status	Improvement Activities/Plan
Airway				
Airway	ETT	<ul style="list-style-type: none"> ▪ % Success by attempt ▪ % success by patient ▪ Success by type of device ▪ Success by location of patient (floor/gurney) 	Ongoing, Core Measure	<ul style="list-style-type: none"> ▪ Continue accreditation requirement of 2 tubes every 6 mos. ▪ Provide CE and advanced skill lab opportunities
Airway ETCO2	ETCO2	% patients with advanced airway placement utilizing ETCO2	Ongoing, Core Measure	<ul style="list-style-type: none"> ▪ Provide training on documentation ▪ ePCR improvements
Cardiac				
Cardiac Arrest	By-stander CPR	% Cardiac arrest receiving bystander CPR	Active	<ul style="list-style-type: none"> ▪ Hands-only CPR programs ▪ Public education
Cardiac Arrest	ROSC/ survival to discharge	% Survival to Hospital Discharge	Active, Core Measure	<ul style="list-style-type: none"> ▪ Implementation HPCPR training ▪ Update field P&P ▪ Add Mega Code training to Advance Protocol Review ▪ Investigate CARES
Cardiac Arrest	Time from 911 to defibrillation	Median time from 911 to defibrillation	Ongoing	<ul style="list-style-type: none"> ▪ Identify AED placement Inclusion into CADs ▪ Public education
STEMI	Times	<ul style="list-style-type: none"> ▪ % E2D <90 min ▪ % D2D < 90 min ▪ %ED 2D from SRF to SRC transfers <120 min 	Ongoing	<ul style="list-style-type: none"> ▪ ACTION participation ▪ Outcome data sharing
STEMI	ASA	% Patient meeting chest pain protocol receiving ASA	Ongoing Core Measure	<ul style="list-style-type: none"> ▪ Monthly monitoring
Trauma				
Trauma	Time	<ul style="list-style-type: none"> ▪ Time on scene without extrication < 15min ▪ # response times of > 20 min for transport unit without BLS on scene <10 min ▪ # transport to TC > 30 min 	Ongoing	<ul style="list-style-type: none"> ▪ PHTLS ▪ Helicopter utilization review committee

Trauma	Over/under triage	<ul style="list-style-type: none"> % patient transported to non-TC with subsequent transfer to TC from the ED ISS of >15 at a non-trauma center that was transferred to a TC 	Ongoing	<ul style="list-style-type: none"> Quarterly monitoring Tri—County TAC review
Trauma	PCR to trauma service <24 hrs.	<ul style="list-style-type: none"> % of PCRs that are missing after 24 hours 	Ongoing	<ul style="list-style-type: none"> Quarterly monitoring
Trauma	Documentation of Triage Step	<ul style="list-style-type: none"> % of PCRs with triage correctly documented 	Ongoing	<ul style="list-style-type: none"> Quarterly monitoring
Stroke				
Stroke	Glucose	% patients presenting with stroke symptom and have glucose test documented	Ongoing	<ul style="list-style-type: none"> Quarterly monitoring
Procedures				
IO	Success	% Success by device - adult and pediatric	Ongoing	<ul style="list-style-type: none"> Quarterly monitoring
Spinal Motion Restriction	Spinal Motion Restriction	% patients Meeting NEXIS criteria receiving Spinal Motion restriction	In process	
Operations				
Transportation	Ambulance Response times	% compliance to response time requirements by Zone, Urban reserve lines and city/area	Ongoing and in process	<ul style="list-style-type: none"> Annual monitoring
Transportation	Rate of transport	% of Code 3 responses that are transported	On going	<ul style="list-style-type: none"> Annual monitoring
Dispatch	Pre-arrival instructions	% pre-arrival instructions for cardiac arrest	In process	
Education				
CE Program	Compliance to CE program approval requirements	% CE records meet compliance standards for EMS CE program approval	In Process	<ul style="list-style-type: none"> Random annual audit
Public Health	Hands-Only CPR	<ul style="list-style-type: none"> # of citizens trained in Hands-only CPR # of cardiac arrest responses with by-stander CPR 	Ongoing	<ul style="list-style-type: none"> Annual monitoring

5. TRAINING AND EDUCATION

Once the CQI Committee has identified plans to address a need, education and training becomes a critical component of the process. The EMS Agency and EMS CQI Committee will make recommendations for educational needs/offerings throughout the system based upon their findings.

Any recommended changes in policy, procedure or practice go before the appropriate advisory committees and are signed by the County of San Luis Obispo Medical Director or EMS Division Manager. Once the plan has been implemented the EMS Agency will standardize the changes within the appropriate policies and procedures. The EMS Agency oversees all policy updates. The EMS Agency ensures and documents that the updates are available and completed by all affected EMS personnel. This can be accomplished via training classes, training memos, train-the trainer programs and other means as recommended. The providers are ultimately responsible for ensuring staff has met the training requirements. Rosters and records may be requested by the EMS Agency for verification.

Policy changes and training material are made available on the EMS Agency website with implementation.

www.sloemsa.org

6. ANNUAL UPDATE

Annual progress reports shall serve as the annual update of the CQI program. The EMS Agency is responsible for annually updating the EMS Plan and its compliance with the current strategic goals. The CQI Plan and the EMS Plan will be reflective of the common goals and objectives of the EMS Agency. The CQI Coordinator will complete a summary of the activity to include:

- Indicators monitored
- Key findings/priority issues identified
- Improvement actions plans
- Goals met or require follow-up

Any updates to the EMS CQI Plan shall be submitted to the State EMS Authority with the EMS Agency System Plan update.

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
Dispatchers:						
2.04	Dispatch Training	X				X
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X			
2.07	Medical Control		X			
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X			
2.10	Advanced Life Support		X	X		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan*		X	X		
3.02	Radios		X	X		
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage	X				X
3.10	Integrated Dispatch		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time*		X			
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft*		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability*		X			
4.11	Specialty Vehicles*		X	X		
4.12	Disaster Response		X			
4.13	Intercounty Response*		X	X		
4.14	Incident Command System		X			
4.15	MCI Plans		X			
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X			
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X			
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X			
4.20	“Grandfathering”		X			
4.21	Compliance		X			
4.22	Evaluation		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X	X		
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X			
6.05	Data Management System*		X	X		
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	X		
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**G. PUBLIC INFORMATION AND EDUCATION**

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: January 1, 2022 – December 31, 2022

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

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

County: San Luis Obispo

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

2. Type of agency
- a) **Public Health Department**
 - b) **County Health Services Agency**
 - c) Other (non-health) County Department
 - d) Joint Powers Agency
 - e) Private Non-Profit Entity
 - f) Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to
- a) **Public Health Officer**
 - b) Health Services Agency Director/Administrator
 - c) Board of Directors
 - d) Other: _____

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

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

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

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>665,147</u>
Contract Services (e.g. medical director)	<u>84,240</u>
Operations (e.g. copying, postage, facilities)	<u>72,012</u>
Travel	<u>8,170</u>
Fixed assets	_____
Indirect expenses (overhead)	<u>28,040</u>
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$ <u>858,274</u>

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ _____
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	\$ <u>646,658</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	\$ <u>33,520</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	_____
Trauma center designation fees	\$ <u>75,000</u>
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	\$ <u>25,000</u>
Type: <u>STEMI</u>	
Ambulance service/vehicle fees	_____
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: Nuclear Power Preparedness	\$ <u>1,500</u>
Other fees: Course fees	\$ _____
Other (specify): Court penalties board designated	\$ <u>76,596</u>
TOTAL REVENUE	\$ <u>858,274</u>

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	<u>26</u>
EMT-I recertification	<u>26</u>
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
AEMT certification	_____
AEMT recertification	_____
EMT-P accreditation	<u>134</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>80</u>
MICN/ARN recertification	<u>80</u>
EMT-I training program approval	<u>8,064</u>
AEMT training program approval	_____
EMT-P training program approval	<u>8,870</u>
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	_____
Trauma center designation	_____
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application	_____
Type: _____	
Other critical care center designation	_____
Type: _____	
Ambulance service license	_____
Ambulance vehicle permits	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Director, EMS Division	1.0			
Admin.Asst.	Admin Assistant III	1.0			
ALS Coord./Field Coord./Trng Coordinator	EMS Coordinator Compliance (ASO II)	1.0			
Program Coordinator/Field Liaison/STEMI Coordinator	EMS Coordinator (ASO II)	1.0			
Trauma Coordinator	EMS Coordinator (ASO II)	1.0			
Medical Director	Contractor				
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical					
Data Entry Clerk					
Other					

TABLE 3: STAFFING/TRAINING

Reporting Year: January 1, 2022 – December 31, 2022

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	333	0		83
Number newly certified this year	87	0		19
Number recertified this year	246	0		64
Total number of accredited personnel on July 1 of the reporting year		0	152	
Number of certification reviews resulting in:				
a) formal investigations	1		1	0
b) probation	1		0	0
c) suspensions	0		0	0
d) revocations	0		0	0
e) denials	0		0	0
f) denials of renewal	0		0	0
g) no action taken	0		1	0

1. Early defibrillation:

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

668
0+

2. Do you have an EMR training program

yes no

TABLE 4: COMMUNICATIONS

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

County: San Luis Obispo County

Reporting Year: January 1, 2018 – December 31, 2022

- | | |
|--|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>7</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>3</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>San Luis Obispo County Sheriff's Office – Med Com</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>San Luis Obispo County Sheriff's Office – Med Com</u> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>468.000</u> | |
| b. Other methods <u>Reddinet, CAHAN, Cellular, Satellite</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |
-

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: January 1, 2018 – December 31, 2022

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder				
Early defibrillation responder				
Advanced life support responder				
Transport Ambulance	10	20/30	60	

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: January 1, 2022 – December 31, 2022

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	(STEPS 1-4)	<u>610</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	(STEPS 1&2)	<u>163</u>
3. Number of major trauma patients transferred to a trauma center		<u>2</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center		<u>150/610 (consult with trauma center prior to transport)</u>

Emergency Departments

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

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>4</u>
2. Number of base hospitals with written agreements	<u>4</u>

TABLE 7: DISASTER MEDICAL

Reporting Year: January 1, 2018 – December 31, 2022

County: San Luis Obispo

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

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? N/A
 - b. How are they staffed? N/A
 - c. Do you have a supply system for supporting them for 72 hours? Yes No

- 2. CISD
 - Do you have a CISD provider with 24 hour capability? Yes No

- 3. Medical Response Team
 - a. Do you have any team medical response capability? Yes No
 - b. For each team, are they incorporated into your local response plan? Yes No
 - c. Are they available for statewide response? Yes No
 - d. Are they part of a formal out-of-state response system? Yes No

- 4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes No
 - b. At what HazMat level are they trained? _____
 - c. Do you have the ability to do decontamination in an emergency room? Yes No
 - d. Do you have the ability to do decontamination in the field? Yes No

OPERATIONS

- 1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes No

- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 8 including County

- 3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes No

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes No

7. Are you part of a multi-county EMS system for disaster response? Yes No

8. Are you a separate department or agency? Yes No

9. If not, to whom do you report? Public Health Administrator_____

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Yes No

Table 8: Resource Directory

Reporting Year: **January 1, 2018 – December 31, 2018**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** San Luis Ambulance Services, Inc. **Response Zone:** North, Central, South

Address: PO Box 954 **Number of Ambulance Vehicles in Fleet:** 21
San Luis Obispo CA 93406

Phone Number: 805.543.2626 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 11

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

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

Transporting Agencies

18280 Total number of responses
15951 Number of emergency responses
2329 Number of non-emergency responses

11358 Total number of transports
927 Number of emergency transports
10431 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2018 – December 31, 2018**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Cambria Community Healthcare District **Response Zone:** North Coast

Address: 2535 Main Street **Number of Ambulance Vehicles in Fleet:** 4
Cambria 93428

Phone Number: 805.927.8304 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

713 Total number of responses
684 Number of emergency responses
29 Number of non-emergency responses

423 Total number of transports
65 Number of emergency transports
358 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2018 – December 31, 2018**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** California Highway Patrol **Response Zone:** _____

Address: 4115 Broad Street, #B-10 **Number of Ambulance Vehicles in Fleet:** 1

San Luis Obispo

Phone Number: 805.549.3261 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

Table 8: Resource Directory

Reporting Year: **January 1, 2018 – December 31, 2018**

Response/Transportation/Providers

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

County: San Luis Obispo Provider: CALSTAR Response Zone: _____

Address: 4917 Bailey Loop Number of Ambulance Vehicles in Fleet: 1
McClellan, CA 95652

Phone Number: 916.921.4000 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

57 Total number of EMS responses/requests
57 Number of emergency responses
 _____ Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: July 1, 2017 – June 30, 2018

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Paso Robles Dept. Emergency Svcs **Response Zone:** North

Address: 900 Park Street **Number of Ambulance Vehicles in Fleet:** _____
Paso Robles, 93446

Phone Number: 805.227.7560 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

2624 Total number of responses
2624 Number of emergency responses
 _____ Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2018 – December 31, 2018**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Atascadero Fire Department **Response Zone:** North

Address: 6005 Lewis Avenue **Number of Ambulance Vehicles in Fleet:** _____
Atascadero 93422

Phone Number: 805.461.5070 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

994 Total number of responses
855 Number of emergency responses
139 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2018 – December 31, 2018**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Santa Margarita Fire Department **Response Zone:** North

Address: POB 67 **Number of Ambulance Vehicles in Fleet:** _____
Santa Margarita 93453

Phone Number: 805.438.3185 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

216 Total number of responses
196 Number of emergency responses
13 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2018 – December 31, 2018**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** San Miguel Fire Department **Response Zone:** North

Address: POB 180 **Number of Ambulance Vehicles in Fleet:** _____
San Miguel 93451

Phone Number: 805.467.3300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

153 Total number of responses
153 Number of emergency responses

Number of non-emergency responses

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

Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2018 – December 31, 2018**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** County Fire / CAL FIRE **Response Zone:** ALL

Address: 635 North Santa Rosa Street **Number of Ambulance Vehicles in Fleet:** _____
San Luis Obispo, 93405

Phone Number: 805.543.4244 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

5255 Total number of responses
265 Number of emergency responses
5521 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2018 – December 31, 2018**

Response/Transportation/Providers

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

County: County of San Luis Obispo **Provider:** San Luis Obispo City Fire Dept. **Response Zone:** Central

Address: 2160 Santa Barbara Avenue **Number of Ambulance Vehicles in Fleet:** _____
93401-5240

Phone Number: 805.781.7390 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

4174 Total number of responses
4174 Number of emergency responses
 _____ Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2018 – December 31, 2018**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Five Cities Fire Authority **Response Zone:** South

Address: 140 Traffic Way **Number of Ambulance Vehicles in Fleet:** _____
Arroyo Grande, 93420

Phone Number: 805.473.5490 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

2650 Total number of responses
2650 Number of emergency responses
 _____ Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **July 1, 2017 – June 30, 2018**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Morro Bay Fire Department **Response Zone:** Central

Address: 75 Harbor Street **Number of Ambulance Vehicles in Fleet:** _____
93442-1907

Phone Number: 805.772.6242 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

671 Total number of responses
583 Number of emergency responses
88 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2018 – December 31, 2018**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Templeton Fire Department **Response Zone:** North

Address: POB 780
93465

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 805.434.4911

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

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

133 Total number of responses
114 Number of emergency responses
19 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2018 – December 31, 2018**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Cambria Fire Department **Response Zone:** North Coast

Address: 2850 Burton Drive **Number of Ambulance Vehicles in Fleet:** _____
93428

Phone Number: 805.927.6240 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

269 Total number of responses
250 Number of emergency responses
19 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2019 – December 31, 2019

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** San Luis Ambulance Services, Inc. **Response Zone:** North, Central, South

Address: PO Box 954 **Number of Ambulance Vehicles in Fleet:** 21
San Luis Obispo CA 93406

Phone Number: 805.543.2626 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 11

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

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

25995 Total number of responses
19985 Number of emergency responses
6010 Number of non-emergency responses

17138 Total number of transports
1337 Number of emergency transports
15801 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: January 1, 2019 – December 31, 2019

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Cambria Community Healthcare District **Response Zone:** North Coast

Address: 2535 Main Street **Number of Ambulance Vehicles in Fleet:** 4
Cambria 93428

Phone Number: 805.927.8304 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

956 Total number of responses
912 Number of emergency responses
44 Number of non-emergency responses

572 Total number of transports
71 Number of emergency transports
501 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: January 1, 2019 – December 31, 2019

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** California Highway Patrol **Response Zone:** _____

Address: 4115 Broad Street, #B-10 **Number of Ambulance Vehicles in Fleet:** 1

San Luis Obispo

Phone Number: 805.549.3261 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

Table 8: Resource Directory

Reporting Year: January 1, 2019 – December 31, 2019

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** CALSTAR **Response Zone:** _____

Address: 4917 Bailey Loop **Number of Ambulance Vehicles in Fleet:** 1
McClellan, CA 95652

Phone Number: 916.921.4000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

54 Total number of EMS responses/requests
54 Number of emergency responses
 _____ Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2019 – December 31, 2019**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Paso Robles Dept. Emergency Svcs **Response Zone:** North

Address: 900 Park Street
Paso Robles, 93446

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 805.227.7560

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

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

2201 Total number of responses
2106 Number of emergency responses
95 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2019 – December 31, 2019

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Atascadero Fire Department **Response Zone:** North

Address: 6005 Lewis Avenue
Atascadero 93422

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 805.461.5070

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

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

1925 Total number of responses
1632 Number of emergency responses
293 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2019 – December 31, 2019

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Santa Margarita Fire Department **Response Zone:** North

Address: POB 67 **Number of Ambulance Vehicles in Fleet:** _____
Santa Margarita 93453

Phone Number: 805.438.3185 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

57 Total number of responses
55 Number of emergency responses
2 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2019 – December 31, 2019

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** County Fire / CAL FIRE **Response Zone:** ALL

Address: 635 North Santa Rosa Street **Number of Ambulance Vehicles in Fleet:** _____
San Luis Obispo, 93405

Phone Number: 805.543.4244 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

6587 Total number of responses
6105 Number of emergency responses
482 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2019 – December 31, 2019

Response/Transportation/Providers

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

County: County of San Luis Obispo **Provider:** San Luis Obispo City Fire Dept. **Response Zone:** Central

Address: 2160 Santa Barbara Avenue
93401-5240

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 805.781.7390

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

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

4174 Total number of responses
4174 Number of emergency responses
_____ Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2019 – December 31, 2019

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Five Cities Fire Authority **Response Zone:** South

Address: 140 Traffic Way **Number of Ambulance Vehicles in Fleet:** _____
Arroyo Grande, 93420

Phone Number: 805.473.5490 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

2599 Total number of responses
2466 Number of emergency responses
133 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2019 – December 31, 2019

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Morro Bay Fire Department **Response Zone:** Central

Address: 75 Harbor Street
93442-1907

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 805.772.6242

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

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

1319 Total number of responses
1118 Number of emergency responses
201 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2019 – December 31, 2019

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Templeton Fire Department **Response Zone:** North

Address: POB 780
93465

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 805.434.4911

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

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

543 Total number of responses
450 Number of emergency responses
93 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2019 – December 31, 2019

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Cambria Fire Department **Response Zone:** North Coast

Address: 2850 Burton Drive
93428

Number of Ambulance Vehicles in Fleet: _____

Phone Number: 805.927.6240

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

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

515 Total number of responses
467 Number of emergency responses
48 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2020 – December 31, 2020

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** San Luis Ambulance Services, Inc. **Response Zone:** North, Central, South

Address: PO Box 954 **Number of Ambulance Vehicles in Fleet:** 21
San Luis Obispo CA 93406

Phone Number: 805.543.2626 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 11

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

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

25067 Total number of responses
21679 Number of emergency responses
5939 Number of non-emergency responses

16524 Total number of transports
1192 Number of emergency transports
15332 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2020 – December 31, 2020**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Cambria Community Healthcare District **Response Zone:** North Coast

Address: 2535 Main Street **Number of Ambulance Vehicles in Fleet:** 4
 Cambria 93428

Phone Number: 805.927.8304 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

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

1535 Total number of responses
853 Number of emergency responses
45 Number of non-emergency responses

539 Total number of transports
58 Number of emergency transports
479 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: January 1, 2020 – December 31, 2020

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** California Highway Patrol **Response Zone:** _____

Address: 4115 Broad Street, #B-10 **Number of Ambulance Vehicles in Fleet:** 1
San Luis Obispo

Phone Number: 805.549.3261 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

Table 8: Resource Directory

Reporting Year: January 1, 2020 – December 31, 2020

Response/Transportation/Providers

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

County: San Luis Obispo Provider: CALSTAR Response Zone: _____

Address: 4917 Bailey Loop Number of Ambulance Vehicles in Fleet: 1
McClellan, CA 95652

Phone Number: 916.921.4000 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

44 Total number of EMS responses/requests
44 Number of emergency responses
 _____ Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2020 – December 31, 2020**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Paso Robles Dept. Emergency Svcs **Response Zone:** North

Address: 900 Park Street **Number of Ambulance Vehicles in Fleet:** _____
Paso Robles, 93446

Phone Number: 805.227.7560 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

2029 Total number of responses
1978 Number of emergency responses
51 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2020 – December 31, 2020

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Atascadero Fire Department **Response Zone:** North

Address: 6005 Lewis Avenue **Number of Ambulance Vehicles in Fleet:** _____
Atascadero 93422

Phone Number: 805.461.5070 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

1904 Total number of responses
1600 Number of emergency responses
304 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2020 – December 31, 2020

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Santa Margarita Fire Department **Response Zone:** North

Address: POB 67 **Number of Ambulance Vehicles in Fleet:** _____
Santa Margarita 93453

Phone Number: 805.438.3185 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

51 Total number of responses
46 Number of emergency responses
5 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2020 – December 31, 2020

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** San Miguel Fire Department **Response Zone:** North

Address: POB 180 **Number of Ambulance Vehicles in Fleet:** _____
San Miguel 93451

Phone Number: 805.467.3300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

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

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

Table 8: Resource Directory

Reporting Year: January 1, 2020 – December 31, 2020

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** County Fire / CAL FIRE **Response Zone:** ALL

Address: 635 North Santa Rosa Street **Number of Ambulance Vehicles in Fleet:** _____
San Luis Obispo, 93405

Phone Number: 805.543.4244 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

8477 Total number of responses
7029 Number of emergency responses
1448 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2020 – December 31, 2020

Response/Transportation/Providers

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

County: County of San Luis Obispo **Provider:** San Luis Obispo City Fire Dept. **Response Zone:** Central

Address: 2160 Santa Barbara Avenue **Number of Ambulance Vehicles in Fleet:** _____
93401-5240

Phone Number: 805.781.7390 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

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

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

Table 8: Resource Directory

Reporting Year: January 1, 2020 – December 31, 2020

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Five Cities Fire Authority **Response Zone:** South

Address: 140 Traffic Way **Number of Ambulance Vehicles in Fleet:** _____
Arroyo Grande, 93420

Phone Number: 805.473.5490 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

2596 Total number of responses
2471 Number of emergency responses
125 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2020 – December 31, 2020

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Morro Bay Fire Department **Response Zone:** Central

Address: 75 Harbor Street **Number of Ambulance Vehicles in Fleet:** _____
93442-1907

Phone Number: 805.772.6242 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

1595 Total number of responses
1224 Number of emergency responses
371 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2020 – December 31, 2020

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Templeton Fire Department **Response Zone:** North

Address: POB 780 **Number of Ambulance Vehicles in Fleet:** _____
93465

Phone Number: 805.434.4911 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

505 Total number of responses
427 Number of emergency responses
78 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2020 – December 31, 2020

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Cambria Fire Department **Response Zone:** North Coast

Address: 2850 Burton Drive **Number of Ambulance Vehicles in Fleet:** _____
93428

Phone Number: 805.927.6240 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

441 Total number of responses
380 Number of emergency responses
61 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2020 – December 31, 2020

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Diablo Canyon Power Plant Fire **Response Zone:** Central

Address: POB 56 MS 104/4/28A **Number of Ambulance Vehicles in Fleet:** _____
Avila Beach, CA 93424

Phone Number: 805.545.2900 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

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

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

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 8: Resource Directory

Reporting Year: January 1, 2020 – December 31, 2020

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Atascadero State Hospital Fire **Response Zone:** North

Address: POB 7006 **Number of Ambulance Vehicles in Fleet:** _____
Atascadero 93423

Phone Number: 805.468.2649 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

179 Total number of responses
179 Number of emergency responses

Number of non-emergency responses

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

Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: January 1, 2020 – December 31, 2020

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** California Men's Colony Fire **Response Zone:** Central

Address: POB 801 **Number of Ambulance Vehicles in Fleet:** _____
San Luis Obispo 93409

Phone Number: 805.547.7849 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

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

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

Table 8: Resource Directory

Reporting Year: **January 1, 2020 – December 31, 2020**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** San Luis Ambulance Services, Inc. **Response Zone:** North, Central, South

Address: PO Box 954 **Number of Ambulance Vehicles in Fleet:** 21
San Luis Obispo CA 93406

Phone Number: 805.543.2626 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 11

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

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

25067 Total number of responses
21679 Number of emergency responses
5939 Number of non-emergency responses

16524 Total number of transports
1192 Number of emergency transports
15332 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2020 – December 31, 2020**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Cambria Community Healthcare District **Response Zone:** North Coast

Address: 2535 Main Street **Number of Ambulance Vehicles in Fleet:** 4
Cambria 93428

Phone Number: 805.927.8304 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

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

1535 Total number of responses
853 Number of emergency responses
45 Number of non-emergency responses

539 Total number of transports
58 Number of emergency transports
479 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2020 – December 31, 2020**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** California Highway Patrol **Response Zone:** _____

Address: 4115 Broad Street, #B-10 **Number of Ambulance Vehicles in Fleet:** 1
San Luis Obispo

Phone Number: 805.549.3261 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

Table 8: Resource Directory

Reporting Year: **January 1, 2020 – December 31, 2020**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** CALSTAR **Response Zone:** _____

Address: 4917 Bailey Loop **Number of Ambulance Vehicles in Fleet:** 1
McClellan, CA 95652

Phone Number: 916.921.4000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

44 Total number of EMS responses/requests
44 Number of emergency responses
____ Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2020 – December 31, 2020**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Paso Robles Dept. Emergency Svcs **Response Zone:** North

Address: 900 Park Street **Number of Ambulance Vehicles in Fleet:** _____
Paso Robles, 93446

Phone Number: 805.227.7560 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

2029 Total number of responses
1978 Number of emergency responses
51 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2020 – December 31, 2020**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Atascadero Fire Department **Response Zone:** North

Address: 6005 Lewis Avenue **Number of Ambulance Vehicles in Fleet:** _____
Atascadero 93422

Phone Number: 805.461.5070 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

1904 Total number of responses
1600 Number of emergency responses
304 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2020 – December 31, 2020**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Santa Margarita Fire Department **Response Zone:** North

Address: POB 67 **Number of Ambulance Vehicles in Fleet:** _____
Santa Margarita 93453

Phone Number: 805.438.3185 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

51 Total number of responses
46 Number of emergency responses
5 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2020 – December 31, 2020**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** San Miguel Fire Department **Response Zone:** North

Address: POB 180 **Number of Ambulance Vehicles in Fleet:** _____
San Miguel 93451

Phone Number: 805.467.3300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

153 Total number of responses
153 Number of emergency responses

Number of non-emergency responses

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

Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2020 – December 31, 2020**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** County Fire / CAL FIRE **Response Zone:** ALL

Address: 635 North Santa Rosa Street **Number of Ambulance Vehicles in Fleet:** _____
San Luis Obispo, 93405

Phone Number: 805.543.4244 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

8477 Total number of responses
7029 Number of emergency responses
1448 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2020 – December 31, 2020**

Response/Transportation/Providers

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

County: County of San Luis Obispo **Provider:** San Luis Obispo City Fire Dept. **Response Zone:** Central

Address: 2160 Santa Barbara Avenue **Number of Ambulance Vehicles in Fleet:** _____
93401-5240

Phone Number: 805.781.7390 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

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

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

Table 8: Resource Directory

Reporting Year: **January 1, 2020 – December 31, 2020**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Five Cities Fire Authority **Response Zone:** South

Address: 140 Traffic Way **Number of Ambulance Vehicles in Fleet:** _____
Arroyo Grande, 93420

Phone Number: 805.473.5490 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

2596 Total number of responses
2471 Number of emergency responses
125 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2020 – December 31, 2020**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Morro Bay Fire Department **Response Zone:** Central

Address: 75 Harbor Street **Number of Ambulance Vehicles in Fleet:** _____
93442-1907

Phone Number: 805.772.6242 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

1595 Total number of responses
1224 Number of emergency responses
371 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2020 – December 31, 2020**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Templeton Fire Department **Response Zone:** North

Address: POB 780 **Number of Ambulance Vehicles in Fleet:** _____
93465

Phone Number: 805.434.4911 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

505 Total number of responses
427 Number of emergency responses
78 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2020 – December 31, 2020**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Cambria Fire Department **Response Zone:** North Coast

Address: 2850 Burton Drive **Number of Ambulance Vehicles in Fleet:** _____
93428

Phone Number: 805.927.6240 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

441 Total number of responses
380 Number of emergency responses
61 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2020 – December 31, 2020**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Diablo Canyon Power Plant Fire **Response Zone:** Central

Address: POB 56 MS 104/4/28A **Number of Ambulance Vehicles in Fleet:** _____
Avila Beach, CA 93424

Phone Number: 805.545.2900 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

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

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

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 8: Resource Directory

Reporting Year: **January 1, 2020 – December 31, 2020**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Atascadero State Hospital Fire **Response Zone:** North

Address: POB 7006 **Number of Ambulance Vehicles in Fleet:** _____
Atascadero 93423

Phone Number: 805.468.2649 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

179 Total number of responses
179 Number of emergency responses

Number of non-emergency responses

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

Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2020 – December 31, 2020**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** California Men's Colony Fire **Response Zone:** Central

Address: POB 801 **Number of Ambulance Vehicles in Fleet:** _____
San Luis Obispo 93409

Phone Number: 805.547.7849 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

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

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

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** San Luis Ambulance Services, Inc. **Response Zone:** North, Central, South

Address: PO Box 954 **Number of Ambulance Vehicles in Fleet:** 21
San Luis Obispo CA 93406

Phone Number: 805.543.2626 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 11

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

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

26346 Total number of responses
23325 Number of emergency responses
3021 Number of non-emergency responses

16271 Total number of transports
1284 Number of emergency transports
14987 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Cambria Community Healthcare District **Response Zone:** North Coast

Address: 2535 Main Street **Number of Ambulance Vehicles in Fleet:** 4
 Cambria 93428

Phone Number: 805.927.8304 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

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

1161 Total number of responses
1114 Number of emergency responses
47 Number of non-emergency responses

673 Total number of transports
88 Number of emergency transports
585 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** California Highway Patrol **Response Zone:** _____

Address: 4115 Broad Street, #B-10 **Number of Ambulance Vehicles in Fleet:** 1
San Luis Obispo

Phone Number: 805.549.3261 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

6 Total number of transports
5 Number of emergency transports
1 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** CALSTAR **Response Zone:** _____

Address: 4917 Bailey Loop **Number of Ambulance Vehicles in Fleet:** 1
McClellan, CA 95652

Phone Number: 916.921.4000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

81 Total number of EMS responses/requests
81 Number of emergency responses
0 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Mercy Air **Response Zone:** _____

Address: 4990 Wing Way **Number of Ambulance Vehicles in Fleet:** 1
Paso Robles, CA 93446

Phone Number: 805.239.5922 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

156 Total number of EMS responses/requests
156 Number of emergency responses
0 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2022 – December 31, 2022

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Paso Robles Dept. Emergency Svcs **Response Zone:** North

Address: 900 Park Street **Number of Ambulance Vehicles in Fleet:** _____
Paso Robles, 93446

Phone Number: 805.227.7560 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

2788 Total number of responses
2695 Number of emergency responses
93 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Atascadero Fire Department **Response Zone:** North

Address: 6005 Lewis Avenue **Number of Ambulance Vehicles in Fleet:** _____
Atascadero 93422

Phone Number: 805.461.5070 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

1892 Total number of responses
1667 Number of emergency responses
225 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: January 1, 2022 – December 31, 2022

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Santa Margarita Fire Department **Response Zone:** North

Address: PO Box 67 **Number of Ambulance Vehicles in Fleet:** _____
Santa Margarita 93453

Phone Number: 805.438.3185 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

21 Total number of responses
17 Number of emergency responses
4 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** San Miguel Fire Department **Response Zone:** North

Address: POB 180 **Number of Ambulance Vehicles in Fleet:** _____
San Miguel 93451

Phone Number: 805.467.3300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

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

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

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** County Fire / CAL FIRE **Response Zone:** ALL

Address: 635 North Santa Rosa Street **Number of Ambulance Vehicles in Fleet:** _____
San Luis Obispo, 93405

Phone Number: 805.543.4244 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

9909 Total number of responses
8569 Number of emergency responses
1340 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: County of San Luis Obispo **Provider:** San Luis Obispo City Fire Dept. **Response Zone:** Central

Address: 2160 Santa Barbara Avenue **Number of Ambulance Vehicles in Fleet:** _____
93401-5240

Phone Number: 805.781.7390 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

3261 Total number of responses
2923 Number of emergency responses
338 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Five Cities Fire Authority **Response Zone:** South

Address: 140 Traffic Way **Number of Ambulance Vehicles in Fleet:** _____
Arroyo Grande, 93420

Phone Number: 805.473.5490 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

2768 Total number of responses
2641 Number of emergency responses
127 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Morro Bay Fire Department **Response Zone:** Central

Address: 75 Harbor Street **Number of Ambulance Vehicles in Fleet:** _____
93442-1907

Phone Number: 805.772.6242 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

1706 Total number of responses
1372 Number of emergency responses
334 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Templeton Fire Department **Response Zone:** North

Address: POB 780 **Number of Ambulance Vehicles in Fleet:** _____
93465

Phone Number: 805.434.4911 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

480 Total number of responses
435 Number of emergency responses
45 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Cambria Fire Department **Response Zone:** North Coast

Address: 2850 Burton Drive **Number of Ambulance Vehicles in Fleet:** _____
93428

Phone Number: 805.927.6240 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

858 Total number of responses
693 Number of emergency responses
165 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Diablo Canyon Power Plant Fire **Response Zone:** Central

Address: POB 56 MS 104/4/28A **Number of Ambulance Vehicles in Fleet:** _____
Avila Beach, CA 93424

Phone Number: 805.545.2900 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

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

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

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** Atascadero State Hospital Fire **Response Zone:** North

Address: POB 7006 **Number of Ambulance Vehicles in Fleet:** _____
Atascadero 93423

Phone Number: 805.468.2649 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

194 Total number of responses
134 Number of emergency responses
60 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: **January 1, 2022 – December 31, 2022**

Response/Transportation/Providers

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

County: San Luis Obispo **Provider:** California Men's Colony Fire **Response Zone:** Central

Address: POB 801 **Number of Ambulance Vehicles in Fleet:** _____
San Luis Obispo 93409

Phone Number: 805.547.7849 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

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

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

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: San Luis Obispo **Reporting Year:** January 1, 2018 – December 31, 2022

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

Name:		San Luis Obispo County Sheriff's Office		Watch Commander	
Address:		POB 32		Primary Contact:	
Telephone Number:		San Luis Obispo 93406			
805.781.4550					
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	<input checked="" type="checkbox"/> X	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	<input checked="" type="checkbox"/> X	<u>2</u>	EMD Training
					<u> </u> EMT-D
				<u> </u>	<u> </u> ALS
				<u> </u> BLS	<u> </u> LALS
				<u> </u>	<u> </u> Other
Ownership:		If Public:		If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire		<input type="checkbox"/> City	<input checked="" type="checkbox"/> X County
		<input type="checkbox"/> Law	<input checked="" type="checkbox"/> X	<input type="checkbox"/> State	<input type="checkbox"/> Fire District
		<input type="checkbox"/> Other		<input type="checkbox"/> Federal	
		Explain:	<u> </u>		

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: County of San Luis Obispo

Reporting Year: January 1, 2022 – December 31, 2022

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

Training Institution:	<u>Cuesta Community College</u>	Telephone Number:	<u>805.592-9283</u>
Address:	<u>Highway 1, San Luis Obispo 93401</u>		
Student Eligibility*:	<u>Open to the public</u>	**Program Level	<u>EMT1</u>
	Cost of Program:		
	Basic: <u>\$1085</u>	Number of students completing training per year:	
	Refresher: <u>\$101</u>	Initial training:	<u>100</u>
		Refresher:	<u>34</u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u> </u>
		Number of courses:	
		Initial training:	<u>4</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u> </u>

Training Institution:	<u>Cuesta Community College</u>	Telephone Number:	<u>805.592.9283</u>
Address:	<u>Highway 1, San Luis Obispo 93401</u>		
Student Eligibility*:	<u>Open to the public</u>	**Program Level	<u>EMT-P</u>
	Cost of Program:		
	Basic: <u>\$7165</u>	Number of students completing training per year:	
	Refresher: <u> </u>	Initial training:	<u>11</u>
		Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u> </u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u> </u>
		Continuing Education:	<u> </u>

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

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

Table 9: Resources Directory

Facilities

County: San Luis Obispo

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

Facility: Arroyo Grande Community Hospital Telephone Number: 805.489.4261
Address: 345 S. Halcyon Road
Arroyo Grande, CA 93420

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

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

<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

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

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

Table 9: Resources Directory

Facilities

County: San Luis Obispo

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

Facility: Sierra Vista Regional Medical Center Telephone Number: 805.546.7600
Address: 1010 Murray Street
San Luis Obispo 93405

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

Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶	<input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		X Yes No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No

⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Luis Obispo

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

Facility: French Hospital Medical Center Telephone Number: 805.543.5353
Address: 1911 Johnson Avenue
San Luis Obispo 93401

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

Pediatric Critical Care Center⁷ EDAP⁸ PICU⁹	<input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes X No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
X Yes No	<input type="checkbox"/> Yes X No

⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Luis Obispo

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

Facility: Twin Cities Hospital Telephone Number: 805.434.3500
Address: 1100 Las Tablas Road
Templeton, 93465

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

<p>Pediatric Critical Care Center¹⁰ <input type="checkbox"/> Yes X No EDAP¹¹ <input type="checkbox"/> Yes X No PICU¹² <input type="checkbox"/> Yes X No</p>	<p><u>Trauma Center:</u></p> <p>Yes X No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes X No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes X No</p>
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¹⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

EMS PLAN
AMBULANCE ZONE SUMMARY FORM
Reporting Period: July 1, 2018 – June 30, 2023

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

<p>Local EMS Agency or County Name: San Luis Obispo County</p>
<p>Area or subarea (Zone) Name or Title: North Coast</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Cambria Community Healthcare District</p>
<p>Area or subarea (Zone) Geographic Description: <i>Generally described as the Northwest Coastal portion of San Luis Obispo County that includes all of the Cambria Health Care District plus additional areas that are best serviced from the coastside area and has the following general boundaries:</i></p> <p>West Boundary: Pacific Ocean from Monterey Co line south to Villa Creek North Boundary: Monterey Co line from the Pacific Ocean to Rocky Butte Truck Trail East Boundary: Coastal Ridge from Monterey County line near Rocky Butte Truck Trail, then southeasterly along the main coastal ridge through Rocky Butte repeater site to the intersection of Highway 46 West and Old Creek/ Santa Rosa Creek Roads (all Santa Rosa Creek Road addresses are included in the North Coast Zone). South Boundary: From Highway 46 West and Old Creek/Santa Rosa Creek roads intersection, southwesterly to the Pacific Ocean staying just north of Villa Creek Road (all Old Creek Road and Villa Creek Road addresses are included in the Central Zone).</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response</p>

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

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

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

CCHD is provider of services to area prior to January 1, 1981

EMS PLAN
AMBULANCE ZONE SUMMARY FORM
Reporting Period: July 1, 2018 – June 30, 2023

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

<p>Local EMS Agency or County Name: San Luis Obispo County</p>
<p>Area or subarea (Zone) Name or Title: North</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> San Luis Ambulance Service, Inc</p>
<p>Area or subarea (Zone) Geographic Description: <i>Generally described as the "North County" portion of San Luis Obispo County. The North Zone has the following general boundaries:</i></p> <p>West Boundary: Main coastal ridge boundary (eastern boundary of the North Coast Zone) from the Monterey County line southeasterly through Rocky Butte repeater site to Highway 46 West and Santa Rosa Creek/Old Creek Road intersection, to Highway 41 West near Cerro Alto Road, to Highway 101 just north of Cuesta Summit (excludes all of West Cuesta Ridge Road and Tassajera Creek Road).</p> <p>North Boundary: Monterey County Line east of Rocky Butte Road to Kern County line.</p> <p>East Boundary: Kern County Line north of Highway 166 to Kings County line.</p> <p>South Boundary: An extension of the western boundary southeasterly from Highway 101 just north of Cuesta Summit, then to Hi Mountain Peak, then generally southeast through Caliente Peak and to the Kern County line just north of Highway 166.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Emergency Ambulance, 9-1-1 Emergency Response</p>

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

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

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

SLA is provider of services to area prior to January 1, 1981

County of San Luis Obispo will be conducting a Competitive Selection throughout 2023 with it scheduled to take effect July 1, 2024

EMS PLAN
AMBULANCE ZONE SUMMARY FORM
Reporting Period: July 1, 2018 – June 30, 2023

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

<p>Local EMS Agency or County Name: San Luis Obispo County</p>
<p>Area or subarea (Zone) Name or Title: Central</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> San Luis Ambulance Service, Inc.</p>
<p>Area or subarea (Zone) Geographic Description: <i>Generally described as the "Central" or "Mid-County" portion of San Luis Obispo County. The Central Zone has the following general boundaries:</i></p> <p>West Boundary: Pacific Ocean from Villa Creek south to Pirate's Cove (just north of Shell Beach).</p> <p>North Boundary: Shared boundary with the North Coast Zone from the Pacific Ocean just north of Villa Creek Road then northeasterly to the intersection of Highway 46 West and Santa Rosa/Old Creek Roads.</p> <p>East Boundary: Shared boundary with the North Zone from the intersection of Highway 46 West and Santa Rosa/Old Creek Roads, then southeast to Highway 41 West near Cerro Alto Road, to Highway 101 just north of Cuesta Summit (includes all of West Cuesta Ridge Road and Tassajera Creek Road).</p> <p>South Boundary: Shared boundary with the South Zone from the Pacific Ocean north of Shell Beach, then easterly through Gragg Canyon (between Shell Beach and Squire Canyon), to the intersection of Highway 227 and Price Canyon Road, then east just north of Orcutt Road and Tiffany Ranch Road, then northeast to Hi Mountain Peak area and the southern boundary to the North Zone.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Emergency Ambulance, 9-1-1 Emergency Response</p>

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

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

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

SLA is provider of services to area prior to January 1, 1981

County of San Luis Obispo will be conducting a Competitive Selection throughout 2023 with it scheduled to take effect July 1, 2024

EMS PLAN
AMBULANCE ZONE SUMMARY FORM
Reporting Period: July 1, 2018 – June 30, 2023

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

<p>Local EMS Agency or County Name: San Luis Obispo County</p>
<p>Area or subarea (Zone) Name or Title: South</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> San Luis Ambulance Service, Inc</p>
<p>Area or subarea (Zone) Geographic Description: <i>Generally described as the "South County" of San Luis Obispo County. The South Zone has the following general boundaries:</i></p> <p>West Boundary: Pacific Ocean from the Shell Beach south to the Santa Barbara County line</p> <p>North Boundary: Shared boundary with the Central Zone from the Pacific Ocean north of Shell Beach, then easterly through Gragg Canyon (between Shell Beach and Squire Canyon), to the intersection of Highway 227 and Price Canyon Road, then east just north of Orcutt Road and Tiffany Ranch Road, then northeast to Hi Mountain Peak area and the southern boundary of the North Zone.</p> <p>East Boundary: Shared boundary with the North Zone from Hi Mountain Peak area, then generally southeast through Caliente Peak and to the Kern County line just north of Highway 166 (including all of Highway 166 and that portion of the Cuyama area in San Luis Obispo County).</p> <p>South Boundary: The Santa Barbara County line from the Pacific Ocean to Kern County line.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non Exclusive</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p>

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

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

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

County of San Luis Obispo will be conducting a Competitive Selection throughout 2023 with it scheduled to take effect July 1, 2024

SYSTEM ASSESSMENT FORMS

GENERAL:

A System Assessment Form is required to be submitted as follows:

- Full five-year plan. Submit every standard (1.01 through 8.19).
- Annual plan update. Submit an individual standard when there has been a major change in the system from the previous five-year plan submission.

INSTRUCTIONS:

Next to the "Current Status," indicate if the current status meets or does not meet the minimum standard.

Include a description of the System below the "Current Status" as it relates to the individual standard The system description should clearly demonstrate how the minimum standard is met, and should include information such as:

1. Who is involved.
2. Contractual agreements in place.
3. References to policy acknowledging policies/protocols in place.
4. Efforts to coordinate resources and/or services with other EMS agencies.
(Only required for those standards identified on Table 1 with an asterisk.)

If the Minimum Standard is not met, indicate the Needs, Objective, and Timeframe for Meeting the Objective.

Ensure the information on Table 1 (Minimum Standards/Recommended Guidelines) coincides with the information documented in the System Assessment Forms.

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

1.01 LEMSA STRUCTURE

MINIMUM STANDARDS:

Each local EMS agency shall have a formal organization structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Division includes both the EMS Agency and the Public Health Emergency Preparedness program, both of which report to the EMS Agency Director.

Organization Chart included in submittal.

1.02 LEMSA MISSION

MINIMUM STANDARDS:

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The current QI Plan was approved in 2019. The plan and policies were updated Spring 2017. The QI plan will be reviewed and updated in CY 2020.

Plan is attached.

1.03 PUBLIC INPUT

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

Emergency Medical Care Committee and following EMCC advisory groups:

- Operations
- QI / Clinical Advisory
- Trauma Advisory
- STEMI Advisory
- Paramedic FTO

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

CURRENT STATUS: MEETS MINIMUM STANDARD

Medical Director under contract with County. Please reference advisory committees identified in 1.03.

1.05 SYSTEM PLAN

MINIMUM STANDARDS:

Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

- assess how the current system meets these guidelines,
- identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- provide a methodology and time-line for meeting these needs.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The System Assessment Form, the EMS Plan and supporting documentation outlines how the local system meets the minimum standards.

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

An annual plan update has been submitted each year.

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

RECOMMENDED GUIDELINES:

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS: MEETS MINIMUM STANDARD

One (1) Level III Trauma Center designated in County.

An ACS site visit was completed in May 2018.

One deficiency was found: Trauma surgeon does not attend 50% of the multidisciplinary trauma peer review committee meetings.

Deficiency was addressed and resolved by October 2018.

The current agreement with the Level III TC is valid until June 2022.

ACS site visit was completed in May 2022 and no deficiencies were found. New written agreement was completed in June 2022 and is valid until June 2025.

1.08 ALS PLANNING

MINIMUM STANDARDS:

Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

All transport providers are ALS, and Fire Agencies are a mix of BLS and ALS capability.

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo is a relatively semi-rural county which makes it fairly simple to assess resources retained by first responder agencies.

The EMS Agency intends to evaluate a software product that will allow the EMS Agency to see a real-time view of all first responder equipment and their status during CY 2023.

1.10 SPECIAL POPULATIONS

MINIMUM STANDARDS:

Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

RECOMMENDED GUIDELINES:

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

CURRENT STATUS: MEETS MINIMUM STANDARD

The SLO County MHOAC SOP Objective 1.6 requires the MHOAC Program to work with the local Office of Emergency Services to ensure AFN needs are met during incidents. Moreover, the PHEP Program works with the County Ombudsman to ensure LTC is involved in any significant response. Additionally, the PHEP Program has agreements in place with Tri-Counties Regional Center which cares for children and adults with developmental disabilities to ensure their specific needs are met during incidents.

1.11 SYSTEM PARTICIPANTS

MINIMUM STANDARDS:

Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

RECOMMENDED GUIDELINES:

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

CURRENT STATUS: MEETS MINIMUM STANDARD

Agreements have been developed and executed with system participants including:

- Base Hospitals (4)
- Level III Trauma Center Designation (1)
- STEMI Receiving Center Designation (1)
- Ground Ambulance Providers (2)
- Air Ambulance Provider (2)
- ALS Fire Departments (6)
- BLS Fire Departments (2)
- ALS Air Rescue (1)

The EMS Agency entered into written agreements with all 6 ALS Fire Departments, 2 BLS Fire Departments and CHP during CY 2022.

Local Policies require both EMT and Paramedic training programs associated with the local community college, Cuesta, to be reviewed and

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

approved. Both the EMT and Paramedic training programs were reviewed in the spring of 2019. Both programs passed their respective reviews and authorized for an additional four years. The next review will occur spring of 2023.

All system participants are required to follow EMS Agency policy and procedures

1.12 REVIEW AND MONITORING

MINIMUM STANDARDS:

Each local EMS agency shall provide for review and monitoring of EMS system operations.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS system operational components are evaluated by staff members of the EMS Agency including:

- Airway Management
- Cardiac Arrest
- STEMI
- Trauma
- Ambulance response compliance

EMS providers conduct internal QI reviews by committee and engage the EMS Agency as needed.

1.13 COORDINATION

MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency bases compliance with this standard on collaborative relationship with EMS system partners through the Emergency Medical Care Committee and/or EMCC advisory committees, EMS Agency membership in the County Fire Chief's Association, Fire Training Officer's Association, Regional Trauma Coordinating Committee, and solid working relationships with neighboring counties.

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:

Each local EMS agency shall develop a policy and procedures manual that includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

A comprehensive policy and procedures manual is maintained, updated, and posted on the EMS Agency website.

In 2019 the EMS Agency entered into an agreement with a mobile app developer to support both iOS and Android devices. The smart app provides immediate access to local policy, procedures, and protocols as well as other pertinent information.

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

All policies are maintained on a scheduled review cycle. The EMS Agency encourages system partners to engage one another with specific QI opportunities, and the system is represented on the QI Committee. Specialty center designations require regular QI review and other feedback loops. If a situation presents wherein system partners are unable to resolve a call-related issue, the EMS Agency is engaged and facilitates the process.

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency is funded primarily through the County of San Luis Obispo General Fund, supplemented by certification fees, and monitoring fees for the Trauma and STEMI specialty centers. The EMS Agency also receives a portion of the County's Emergency Medical Services Fund (Maddy).

1.17 MEDICAL DIRECTION

MINIMUM STANDARDS:

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of pre-hospital and hospital providers.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

Medical direction is provided by the EMS Agency Medical Director and through a well delineated system of on-line medical direction through the 4 base hospitals (2 of which are specialty care centers) via liaison physicians and MICN's. Base hospital physicians, MICN's and first responders (transport and non-transport) are all represented on the EMS Agency QI and Clinical Advisory committees. The EMS Agency Medical Director is a contributing member of EMDAAC.

1.18 QA/QI

MINIMUM STANDARDS:

Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

RECOMMENDED GUIDELINES:

Pre-hospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency has existing policies to assist providers to develop and implement QI programs. The EMS Agency works with providers to review system performance, and resolve issues identified through the QI process by training and discussion.

System providers provide the EMS Agency on an annual basis their respective internal QI Committee plans. Plans are reviewed by the EMS Agency. Feedback is provided as appropriate.

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1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

RECOMMENDED GUIDELINES:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency maintains policies and procedures for EMS operations. Through continuous communication with providers and advisory committees, the EMS Agency is responsive to the revision and development of policies and procedures for prehospital care. All information is posted to the EMS Agency..

The EMS Agency is working toward county-wide Emergency Medical Dispatch services in collaboration with an Emergency Medical Dispatch Committee, Criminal Justice Administrators Association, and County Fire Chief's Association to identify a nationally recognized EMD product, and obtain funding for roll-out and training.

NEED(S):

County-Wide Emergency Medical Dispatch services

OBJECTIVE:

Work with Emergency Medical Dispatch Committee, Criminal Justice Administrators Association, and County Fire Chief's Association to identify nationally recognized EMD product, and obtain funding for roll-out and training.

TIME FRAME FOR MEETING OBJECTIVE:

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

1.20 DNR POLICY

MINIMUM STANDARDS:

Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS Agency Policy # 125 Prehospital Determination of Death/ Do not Resuscitate (DNR) / End of Life Care is in conformance with State guidelines.

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DISASTER MEDICAL RESPONSE

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:

Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS Agency Policy # 125) Prehospital Determination of Death/ Do not Resuscitate (DNR) / End of Life Care is in conformance with State guidelines, and includes contact with the Coroner. Education has also been provided to providers related to POLST forms, and indications for making a field determination of death, as opposed to initiating resuscitative measures, and paramedics are at all times able to contact a base station physician for additional guidance.

1.22 REPORTING OF ABUSE

MINIMUM STANDARDS:

Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

All providers are required to comply with existing state law and are trained as such.

1.23 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfers.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS Agency policy #150 (Physician Request For Transfer of Patient By Ambulance) focuses on the facilitation of patient care and transport to a hospital without a full EMS response (ambulance, fire department and law enforcement). EMS Agency policy #156 (Nurse-Staffed Critical Care Transport) includes requirements for nurse-staffed interfacility transport units (CCT).

1.24 ALS SYSTEMS

MINIMUM STANDARDS:

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

RECOMMENDED GUIDELINES:

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS: DOES NOT MEET MINIMUM STANDARD

As of calendar year 2022 the EMS Agency has written agreements with 6 ALS Fire Departments, 2 BLS Fire Departments, CHP, 2 ALS Air Ambulances and 2 ALS ground transport providers.

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1.25 ON-LINE MEDICAL DIRECTION

MINIMUM STANDARDS:

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized

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registered nurse/mobile intensive care nurse.

RECOMMENDED GUIDELINES:

Each EMS system should develop a medical control plan that determines:

- the base hospital configuration for the system,
- the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- the process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS Agency policies exist for determination of either base hospital or specialty care center destination. With the exception of specialty care centers, providers will generally transport to the closest base hospital.

The EMS Agency provides policies and procedures to field providers which include standing orders. The field providers also have the ability to contact the base hospital physician for additional direction. MICN designation is required and regular MICN training has been provided by San Luis Obispo County, and MICN's serve as the field provider liaison with the base hospital and the physicians.

In 2020, the EMS Agency implemented a pilot MICN training program with each of the four base stations to conduct MICN training in-house. This format is based on 1) numerous other LEMSAs who have MICN programs 2) Previous success with approving training programs and allowing in-house training for law enforcement agencies concerning Naloxone and fire agencies wishing to add the expanded scope of practice for their EMTs (epi-pen, glucometer, Naloxone). The EMS Agency will be actively engaged with the hospitals during the pilot program to ensure compliance with current MICN accreditation standards and training program policy.

In 2022 the pilot program was terminated and replaced with a permanent hospital based MICN training program.

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for trauma care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency maintains an active Trauma Advisory Committee inclusive of Trauma Center hospital and non-Trauma Center hospitals. Policies are in place for a hospital to pursue a designation.

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for pediatric emergency medical and critical care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

As a result of population, volume and physician availability, other than a NICU facility at one hospital, pediatric specialty cases are often transported to a higher level of care outside of the county.

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1.28 EOA PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency has agreements with transport providers for three EOA's. The status of these EOA's were historically considered "grandfathered," thereby not requiring a competitive process. In 2013, the EMS Authority deemed that the "South" zone as non-exclusive..

The EMS Agency is currently planning on conducting a competitive bidding process for the South Zone EOA as well as the North and Central Zone EOAs.

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

The local EMS agency shall routinely assess personnel and training needs.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

Personnel and training needs are assessed by the EMS Agency through various committees (QI, Clinical Advisory, Paramedic Field Training Officers, Operations, Trauma and STEM) and through feedback from base hospital physicians, MICNs and provider agencies.

The EMS Agency conducts and coordinates provider training for new or revised policies and procedures, as well as Advanced Protocol Review (APR) for all paramedics; a requirement for accreditation/reaccreditation. A function of APR are both "Pre" and "Post" course tests which clearly identify trends and opportunities for more focused education.

In FY 2017- 2018, the EMS Agency approved its first Public Safety First Aid – Law Enforcement Naloxone Program which included a training component. The EMS Agency, as identified in Policy #213 approved the training program and instructors while allowing the respective law enforcement agencies to conduct the trainings with the EMS Agency staff auditing each of the early classes. This method of establishing the training standard and allowing the agencies to perform the actual training was received well in the EMS community has been validated through regular QI of law enforcement Naloxone use. Since the program was implemented in January 2018, no inappropriate uses of Naloxone have been found.

Building on this success, when the EMS Agency approved expanded EMT scope of practice (Naloxone, Glucometer & Epi-Pen) in FY 2018-2019, the EMS Agency established Policy #215 which again set the training standards and required approval of instructors while allowing the approved fire agencies to provide the training to their respective personnel. Again, EMS Agency audited each of the classes to ensure quality of instruction and adherence to local policy.

In FY 2019-2020, the EMS Agency transitioned away from a biennial requirement of Advanced Protocol Review (APR) for SLO County accredited paramedics to an annual Protocol Update. The focus of the Protocol Update will be to 1) review recent additions to the protocols and policies 2) refresh on infrequent policies and protocols 3) introduce & train on new additions to the policies and protocols.

2.02 APPROVAL OF TRAINING

MINIMUM STANDARDS:

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs that require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

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The EMS Agency complies with State regulations regarding the approval and monitoring of EMS education programs. These approved programs include EMT and Paramedic curriculum provided by a local community college. In FY year 2019-2020, both the EMT & Paramedic curriculum was reviewed and approved as a broader review of the EMT & Paramedic programs required every four years by the local approving authority. The review resulted in no findings and approval until 2023.

As mentioned in previous EMS Plans, the SLO County EMS Agency has conducted in-house training of MICN initial and re-authorization courses. In 2020 the EMS Agency conducted a pilot program where the 4 base hospitals would teach both initial and re-authorization MICN classes to nursing personnel who meet the criteria as identified in local policy. After 2 years of piloting the program, the EMS Agency approved all 4 base hospitals to conduct MICN initial and re-authorization training. The EMS Agency now also requires the MICN to complete an annual protocol update class similar to what the paramedics are required to complete.

2.03 PERSONNEL

MINIMUM STANDARDS:

The local EMS agency shall have mechanisms to accredit, authorize, and certify pre-hospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for pre-hospital providers to identify and notify the local EMS agency of unusual occurrences that could impact EMS personnel certification.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency maintains policies and procedures to satisfy this requirement.

2.04 DISPATCH TRAINING

MINIMUM STANDARDS:

Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

RECOMMENDED GUIDELINES:

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS: DOES NOT MEET CURRENT STANDARD

In San Luis Obispo County, there exist eight Public Safety Answering Points (PSAP's). Currently, three PSAP's provide Emergency Medical Dispatch (EMD). The historical challenge to the remaining centers having the ability to perform EMD is staffing levels, which is usually a single employee handling requests for law enforcement, fire/rescue and EMS. An existing EMD protocol is established and revised as needed.

Currently, CalFire, the contracted county fire department, and the Sheriff's Office is exploring a unified dispatch center. The expectation the two dispatch agencies will be in some sort of a unified dispatch center by 2022/23.

NEED(S): Expand EMD to all PSAPs in San Luis Obispo County, or consider routing EMS calls to a single EMD center.

OBJECTIVE:

Meet with EMD Workgroup, and appropriate criminal justice administrators to identify a commercially available and well accepted EMD product, identify funding source and implement solution either to all eight PSAP's or identify a "receiving" EMD PSAP for all traffic.

TIME FRAME FOR MEETING OBJECTIVE:

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

2.05 FIRST RESPONDER TRAINING

MINIMUM STANDARDS:

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At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

RECOMMENDED GUIDELINES:

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT level and have available equipment commensurate with such scope of practice.

CURRENT STATUS: MEETS MINIMUM STANDARD

Policies are in place to assure that this standard is met.

2.06 RESPONSE

MINIMUM STANDARDS:

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency has made "Hands Only" CPR a priority, and has focused on providing this level of training to the public, and local businesses. The EMS Agency also maintains a positive relationship with two non-profit organizations who provide CPR training and AED placement throughout the County. In FY year 2017-2018, the City of San Luis Obispo added PulsePoint as a resource for the community to be quickly notified of a nearby cardiac arrest in a public area. In FY year 2018 -2019, the County Fire Department added PulsePoint as a resource for the unincorporated areas as well as the incorporated cities dispatched by CalFire/County Fire. This addition has spread PulsePoint to approx. 90% of the county.

The EMS Agency provides updated AED data including locations of AEDs to both the City of San Luis Obispo and the County Fire Department for incorporation into the two PulsePoint apps.

2.07 MEDICAL CONTROL

MINIMUM STANDARDS:

Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

Policies are in place to assure that this standard is met.

2.08 EMT-I TRAINING

MINIMUM STANDARDS:

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

RECOMMENDED GUIDELINES:

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS: MEETS MINIMUM STANDARD

All transport providers are required to have defibrillation capabilities, and minimum staffing for both transport providers is at least one paramedic and one EMT.

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2.09 CPR TRAINING

MINIMUM STANDARDS:

All allied health personnel who provide direct emergency patient care shall be trained in CPR.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Policies 320 and 341 require all EMTs and Paramedics maintain current CPR cards as part of the local accreditation process.

2.10 ADVANCED LIFE SUPPORT

MINIMUM STANDARDS:

All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in advanced life support.

RECOMMENDED GUIDELINES:

All emergency department physicians should be certified by the American Board of Emergency Medicine.

CURRENT STATUS: MEETS MINIMUM STANDARD

Current agreements with all four of the receiving emergency rooms/hospitals require "a physician licensed in the State of California, who is experienced in emergency medical care, assigned to the emergency department and available at all times..."

2.11 ACCREDITATION PROCESS

MINIMUM STANDARDS:

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel that includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

Policy 341 meets this standard

2.12 EARLY DEFIBRILLATION

MINIMUM STANDARDS:

The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

All first responder personnel are equipped and trained to provide early defibrillation; Policy 641 addresses this.

2.13 BASE HOSPITAL PERSONNEL

MINIMUM STANDARDS:

All base hospital/alternative base station personnel who provide medical direction to pre-hospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency requires MICN Authorization and "reauthorization" training curriculum which encompasses both knowledge of policies and procedures, radio communications, and disaster response.

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3.01 COMMUNICATIONS PLAN

MINIMUM STANDARDS:

The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

RECOMMENDED GUIDELINES:

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

CURRENT STATUS: MEETS MINIMUM STANDARD

Policies and procedures identify minimum requirements for communications. Additionally, the Public Health Emergency Preparedness program has worked with responders and providers to enhance minimum requirements with the issuance of satellite phones, and the use of Reddinet at all hospitals.

In FY year 2017-2018, ReddiNet became a standard for early notification and patient distribution by transport providers during MCIs.

3.02 RADIOS

MINIMUM STANDARDS:

Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

RECOMMENDED GUIDELINES:

Emergency medical transport vehicles should have two-way radio communications equipment that complies with the local EMS communications plan and that provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

CURRENT STATUS: MEETS MINIMUM STANDARD

All radios currently in use by first responders are capable of interoperable communications with each other and the hospitals.

3.03 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

Medically necessary interfacility transports are conducted by CHP approved ambulances.

3.04 DISPATCH CENTER

MINIMUM STANDARDS:

All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County has a single ambulance dispatch.

In FY year 2017-2018, AVL was added to all ambulances and is monitored by the ambulance dispatch center.

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3.05 HOSPITALS

MINIMUM STANDARDS:

All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

RECOMMENDED GUIDELINES:

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

CURRENT STATUS: MEETS MINIMUM STANDARD

All hospitals maintain a radio system which includes all med channels which is a repeated frequency.

3.06 MCI/DISASTERS

MINIMUM STANDARDS:

The local EMS agency shall review communications linkages among providers (pre-hospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The current MCI policy relies on a central point of communications for patient destination coordination and resource requests. Through daily radio and Reddinet testing, the continuity of the system is maintained.

3.07 9-1-1 PLANNING/COORDINATION

MINIMUM STANDARDS:

The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of enhanced 9-1-1 systems.

CURRENT STATUS: MEETS MINIMUM STANDARD

The current 9-1-1 system is operational and coordinated by public safety agencies.

3.08 9-1-1 PUBLIC EDUCATION

MINIMUM STANDARDS:

The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS agency works closely with sheriff's dispatch and the County's 211 provider to provide public education.

3.09 DISPATCH TRIAGE

MINIMUM STANDARDS:

The local EMS agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

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RECOMMENDED GUIDELINES:

The local EMS agency should establish a emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

CURRENT STATUS: DOES NOT MEET MINIMUM STANDARD

As stated in 2.04, EMD is not provided by every PSAP in San Luis Obispo County. Without an EMD screening, all fire and ambulance response is Code 3.

NEED(S):

Expand EMD to all PSAP's in San Luis Obispo County, or consider routing EMS calls to a single EMD center.

OBJECTIVE:

Meet with EMD Workgroup, and appropriate criminal justice administrators to identify a commercially available and well accepted EMD product, identify funding source and implement solution either to all eight PSAP's or identify a "receiving" EMD PSAP for all traffic.

TIME FRAME FOR MEETING OBJECTIVE:

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

3.10 INTEGRATED DISPATCH

MINIMUM STANDARDS:

The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

RECOMMENDED GUIDELINES:

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

CURRENT STATUS: MEETS MINIMUM STANDARD

All PSAP's deploy a technology that allows data sharing. When a local PSAP processes an EMS call for service and dispatches fire department resources, the centralized ambulance dispatch point at the Sheriff's Office nearly simultaneously dispatches an ALS ambulance to the same call for service.

Currently the County Fire Department and the Sheriff's Office are in discussions about a single unified dispatch center. There is a expectation a joint dispatch center will be operational in 2022/23.

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:

The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

CURRENT STATUS: MEETS MINIMUM STANDARD

Executed ambulance provider contracts identify boundaries of transport service areas.

4.02 MONITORING

MINIMUM STANDARDS:

The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations,

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policies, and procedures.

RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

CURRENT STATUS: MEETS MINIMUM STANDARD

The County maintains a Code section related to ambulance transport providers. The EMS Agency monitors ambulance performance data, and compliance with EMS Agency policies and procedures.

4.03 CLASSIFYING MEDICAL REQUESTS

MINIMUM STANDARDS:

The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

As previously mentioned, EMD is not consistently deployed by all PSAP's. In the absence of an approved EMD program, requests are to be dispatched at an urgent level. Policy 150 allows for physician initiated patient transfers by ambulance, and transport for non-emergent calls from skilled nursing facilities and medical offices that are staffed by licensed medical staff.

4.04 PRESCHEDULED RESPONSES

MINIMUM STANDARDS:

Service by emergency medical transport vehicles that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS agency policy.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The contracts with the providers address this standard.

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch time intervals and driving time.

RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan/Urban Area	Suburban/Rural Area	Wilderness Area
BLS and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible

CURRENT STATUS: MEETS MINIMUM STANDARD

ALS transport providers have a current 90% compliance goal of:

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Urban: 10:59 Seconds
Suburban: 20:59 Seconds
Rural: 30:59 Seconds
Remote: 60:59 Seconds

Each month, the transport provider provides a report of the previous month response times and compliance with local policies. The response data is validated by the EMS Agency.

In FY 18/19, the EMS Agency was given access to each fire agency's ePCR database including all response times.

4.06 STAFFING

MINIMUM STANDARDS:

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

All transport vehicles are required to have minimum staffing of one paramedic and one EMT.

4.07 FIRST RESPONDER AGENCIES

MINIMUM STANDARDS:

The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

All public sector EMS responder agencies are integrated into the system. Industrial responders operate under independent medical direction and integrate into the EMS system via a 9-1-1 interface.

4.08 MEDICAL & RESCUE AIRCRAFT

MINIMUM STANDARDS:

The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- authorization of aircraft to be utilized in pre-hospital patient care,
- requesting of EMS aircraft,
- dispatching of EMS aircraft,
- determination of EMS aircraft patient destination,
- orientation of pilots and medical flight crews to the local EMS system, and
- addressing and resolving formal complaints regarding EMS aircraft.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency has policy #155 in place, and works with system partners to discuss dispatch, QI issues and any complaints.

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4.09 AIR DISPATCH CENTER

MINIMUM STANDARDS:

The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Policy 155 designates a single ordering point for all air ambulance service for scene calls.

In 2020, the EMS Agency designated Cal Fire SLU ECC as the single ordering point for all air ambulances. Previously the SLO County Sheriff's Office was the single ordering point for air ambulances.

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:

The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County is served by CALSTAR and California Highway Patrol. In 2020, Mercy Air based a rotor-wing aircraft in SLO County bringing the total of 3 ALS capable aircraft in the region. The EMS Agency has written agreements with all 3 agencies.

4.11 SPECIALTY VEHICLES

MINIMUM STANDARDS:

Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

RECOMMENDED GUIDELINES:

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS system field providers deploy the needed resources to respond to EMS calls for service including all-terrain vehicles, watercraft, and aircraft.

4.12 DISASTER RESPONSE

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency is integrated into the MHOAC function, and coordinates EMS resources as needed with the County Office of Emergency Services.

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The EMS Agency consists of both the traditional EMS regulatory function as well as Public Health Emergency Preparedness. The PHEP program updated the MHOAC guide in FY 18/19.

4.13 INTERCOUNTY RESPONSE

MINIMUM STANDARDS:

The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

RECOMMENDED GUIDELINES:

The local EMS agency should encourage and coordinate development of mutual aid agreements that identify financial responsibility for mutual aid responses.

CURRENT STATUS: MEETS MINIMUM STANDARD

Both formal and informal agreements exist (RDMHC, MHOAC, Fire Mutual Aid, Ambulance provider agreements with neighboring counties).

4.14 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall develop multi-casualty response plans and procedures that include provision for on-scene medical management using the Incident Command System.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

SLO County Policy 210 addresses this standard as well as ambulance provider contracts codify this standard.

4.15 MCI PLANS

MINIMUM STANDARDS:

Multi-casualty response plans and procedures shall utilize state standards and guidelines.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Policy 210 addresses this standard.

4.16 ALS STAFFING

MINIMUM STANDARDS:

All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

RECOMMENDED GUIDELINES:

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

On an emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

CURRENT STATUS: MEETS MINIMUM STANDARD

Provider contracts require all emergency transport vehicles be staffed with a minimum of 1 ALS provider (Paramedic) and 1 BLS provider (EMT).

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4.17 ALS EQUIPMENT

MINIMUM STANDARDS:

All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Policies 205 & 205A address this standard.

4.18 TRANSPORT COMPLIANCE

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County ordinance 6.60 and ambulance provider contracts meet this standard.

4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:

Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

Ambulance provider contracts meet items A & B of the standard. The EMSA has deemed the "south" zone does not comply with 1797.224 "manner and scope," thus item C is not meet as defined by this standard.

In 2023, the EMS Agency is planning on conducting a competitive bidding process for the South Zone EOA as well as the North and Central Zone EOAs.

4.20 "GRANDFATHERING"

MINIMUM STANDARDS:

Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&S Code.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS Authority deemed "South" Zone non-exclusive in 2013.

In 2023, the EMS Agency is planning on conducting a competitive bidding process for the South Zone EOA as well as the North and Central Zone EOAs.

4.21 EOA COMPLIANCE

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive

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operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

Ambulance provider (contractor) agreements/contracts meet this standard.

4.22 EOA EVALUATION

MINIMUM STANDARDS:

The local EMS agency shall periodically evaluate the design of exclusive operating areas.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

A review/assessment of current exclusive operating areas as well as time standards was completed in 2017. No changes needed in comparison to the 2014 review.

5.01 ASSESSMENT OF CAPABILITIES

MINIMUM STANDARDS:

The local EMS agency shall assess and periodically reassess the EMS related capabilities of acute care facilities in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency should have written agreements with acute care facilities in its service area.

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency has agreements with all four hospitals, and both specialty care centers.

In FY 17/18, the EMS Agency renewed all four base station agreements for three years. New agreements were executed in 2020.

A new STEMI agreement was also signed in FY 17/18 with a three year term. New agreement was executed in 2020

A new Trauma Center agreement was also signed in FY 16/17 with a two year term. A new agreement was signed in 2019 for three years. In 2022, the EMS Agency entered into a new 3 year agreement.

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

The local EMS agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

Policies #151, #152 # 153 address destination and patient triage policies and procedures for both base hospital and specialty care facilities are utilized by field providers.

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:

The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

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RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County has 4 receiving ERs, with one being a Level III TC and one STEMI Center. All four hospitals are Stroke Certified by Joint Commission. The specialty centers conduct regular outreach to non-specialty centers to educate early transfer for the complex specialized cases. None of the 4 receiving ERs have transfer agreements in place.

5.04 SPECIALTY CARE FACILITIES

MINIMUM STANDARDS:

The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County has one Level III Trauma Center, and one STEMI Center. EMS Agency staff regularly works with hospital staff, field providers and physicians to monitor volume and patient outcome data. Reconciled data is shared with stakeholders at a variety of committees (Trauma Advisory Group, STEMI, Clinical/QI, EMCC, etc)

5.05 MASS CASUALTY MANAGEMENT

MINIMUM STANDARDS:

The local EMS agency shall encourage hospitals to prepare for mass casualty management.

RECOMMENDED GUIDELINES:

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

CURRENT STATUS: MEETS MINIMUM STANDARD

Both the EMS Agency and Public Health Emergency Preparedness program work with local hospitals to plan for patient surge and mass casualty response events due to a disaster. San Luis Obispo County is home to PG&E's Diablo Canyon Nuclear Plant and hospitals also have equipment and training requirements to receive potentially contaminated patients. The Public Health Department took delivery of a previously state-owned ACS cache and has developed an SOP for deploying that resource. The EMS Agency and PHEP program participates in the annual Statewide Medical & Health Exercise.

5.06 HOSPITAL EVACUATION

MINIMUM STANDARDS:

The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency accomplishes this standard, through the Public Health Emergency Preparedness Program (PHEP) which is part of the EMS Agency. PHEP, along with the EMS Agency work with each hospital and the HPP Partners to plan for hospital evacuation.

This process was tested in the spring of 2017 and 2018 during a federally sponsored hospital evacuation exercise. All four local hospitals participated as did the EMS Agency, the ground ambulance providers and other healthcare coalition partners.

The EMS Agency in conjunction with the PHEP Program plan to test hospital evacuation processes in the Spring of 2023 as part of a spring exercise.

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5.07 BASE HOSPITAL DESIGNATION

MINIMUM STANDARDS:

The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County has four designated receiving emergency departments; each designated receiving emergency department has an executed base station agreement with the County.

In FY 17/18, the EMS Agency renewed all four base station agreements for three years. New agreements were executed in 2020 and will be renewed in 2023.

5.08 TRAUMA SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- the number and level of trauma centers (including the use of trauma centers in other counties),
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County designated one Level III Trauma Center in 2011. Policies and procedures exist for patient triage, destination, and interaction with base hospitals. A Trauma Advisory Committee was established in conjunction with the trauma center designation and meets quarterly.

5.09 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its trauma care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County has numerous committees in place, among them Emergency Medical Care Committee (EMCC) and Trauma Advisory Committee (TAC) which meet regularly and both committees have consumer representatives appointed to them.

5.10 PEDIATRIC SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- the number and role of system participants, particularly of emergency departments,
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,

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- identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- identification of providers who are qualified to transport such patients to a designated facility,
- identification of tertiary care centers for pediatric critical care and pediatric trauma,
- the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County has no designated pediatric specialty centers. Patients who require a higher level of care are transported out of county.

5.11 EMERGENCY DEPARTMENTS

MINIMUM STANDARDS:

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality improvement, and
- data reporting to the local EMS agency.

RECOMMENDED GUIDELINES:

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County does not have a designated pediatric receiving center (PRC). Complex pediatric cases are transferred to a higher level of care out of county. However, all receiving emergency departments are capable of treating and stabilizing sick and injured children.

5.12 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The Emergency Medical Care Committee includes "consumer" representatives, as well as pre-hospital and hospital providers, and the meetings include the opportunity for public input.

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- the number and role of system participants,
- the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center,
- the role of non-designated hospitals including those which are outside of the primary triage area, and

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- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County is semi-rural with a population of 281,000 people. The EMS system includes one Level III Trauma Center and one STEMI Center. Given current patient volume, and specialty trained medical staff availability, patients requiring a higher level of care are transported to the most appropriate facilities outside of the County.

5.14 PUBLIC INPUT

MINIMUM STANDARDS:

In planning other specialty care systems, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

Both the Emergency Medical Care Committee and Trauma Advisory Committee includes "consumer" representatives, and the meetings include the opportunity for public input.

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:

The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

RECOMMENDED GUIDELINES:

The local EMS agency should have the resources to evaluate response to, and the care provided to, specific patients.

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency has an established QI committee with representation from pre-hospital providers, base hospitals and specialty care centers.

Annually, EMS provider agencies and base hospitals submit their respective internal QI policies to the EMS Agency for review and approval.

6.02 PREHOSPITAL RECORDS

MINIMUM STANDARDS:

Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

All patient care reports are available to the EMS Agency.

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

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

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RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

While the EMS Agency previously struggled with audits of pre-hospital care data, there have been some improvements during both FY 17/18 and 18/19. The biggest improvement was all first responder fire, including volunteer depts, began using ImageTrend to collect data. This has been a significant improvement for the EMS Agency to plan, evaluate and implement an EMS system. In 2021 the largest transport provider signed an agreement with ImageTrend and now uses ImageTrend as their platform to report patient care encounters. In 2022 the EMS Agency also entered into an agreement with ImageTrend to purchase a repository. All providers in SLO County are now using ImageTrend as their data reporting platform. The data feeds into the EMS Agency and then into the CEMISIS database. The EMS Agency is currently working on agreement with ImageTrend for Hospital Hub which will allow all users to directly transmit data to the receiving EDs. This is expected to be functioning by mid 2023.

6.04 MEDICAL DISPATCH

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency does have a system in place to collect audit data from the EMD providers.

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

RECOMMENDED GUIDELINES:

The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency entered into an agreement with Imagetrend in 2022 which will allow the EMS Agency to improve its ability to collect, aggregate and share data such as Core Measures and APOT with local partners and the EMS Authority.

6.06 SYSTEM DESIGN EVALUATION

MINIMUM STANDARDS:

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The current structure of advisory committees, data collection and meetings with field providers, hospital administrators, and the public provide solid feedback to system performance and opportunities.

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6.07 PROVIDER PARTICIPATION

MINIMUM STANDARDS:

The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency QI, Clinical Advisory, Operations, and Trauma Advisory committees all require provider representation and participation.

6.08 REPORTING

MINIMUM STANDARDS:

The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEET MINIMUM STANDARD

The EMS Agency provides an annual report to the Emergency Medical Care Committee, a subcommittee of the Board of Supervisors.

6.09 ALS AUDIT

MINIMUM STANDARDS:

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and pre-hospital activities.

RECOMMENDED GUIDELINES:

The local EMS agency's integrated data management system should include pre-hospital, base hospital, and receiving hospital data.

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency engages staff and providers to audit system performance with committees including QI.

6.10 TRAUMA SYSTEM EVALUATION

MINIMUM STANDARDS:

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency has an EMS Coordinator assigned as the Trauma Specialty Care Coordinator. The EMS Coordinator works closely with the local trauma center to receive and review data.

Additionally, the EMS Coordinator actively participates in the Tri-County Trauma Group, which consists of trauma partners from Santa Barbara and Ventura counties.

6.11 TRAUMA CENTER DATA

MINIMUM STANDARDS:

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The local EMS Agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information that is required for quality assurance/quality improvement and system evaluation.

RECOMMENDED GUIDELINES:

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

CURRENT STATUS: MEETS MINIMUM STANDARD

See response to 6.10

7.01 PUBLIC INFORMATION MATERIALS

MINIMUM STANDARDS:

The local EMS agency shall promote the development and dissemination of information materials for the public that addresses:

- understanding of EMS system design and operation,
- proper access to the system,
- self-help (e.g., CPR, first aid, etc.),
- patient and consumer rights as they relate to the EMS system,
- health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- appropriate utilization of emergency departments.

RECOMMENDED GUIDELINES:

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS Agency staff is heavily engaged with public education focused on hands-only CPR.

7.02 INJURY CONTROL

MINIMUM STANDARDS:

The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency works with provider agencies and the Public Health Department to assist with public education trainings. .

7.03 DISASTER PREPAREDNESS

MINIMUM STANDARDS:

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

RECOMMENDED GUIDELINES:

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency in conjunction with Public Health Emergency Preparedness and the Office of Emergency Services supports this requirement.

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7.04 FIRST AID & CPR TRAINING

MINIMUM STANDARDS:

The local EMS agency shall promote the availability of first aid and CPR training for the general public.

RECOMMENDED GUIDELINES:

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS Agency staff is heavily engaged with public education focused on hands-only CPR.

8.01 DISASTER MEDICAL PLANNING

MINIMUM STANDARDS:

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The LEMSA Administrator is the MHOAC as well as the Director of the Public Health Emergency Preparedness Program.

8.02 RESPONSE PLANS

MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

RECOMMENDED GUIDELINES:

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS: MEETS MINIMUM STANDARD

The LEMSA Administrator is the MHOAC as well as the Director of the Public Health Emergency Preparedness Program and participates regularly in the development of plans, as well as participating in exercises to test the plans.

8.03 HAZMAT TRAINING

MINIMUM STANDARDS:

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The ambulance provider contract requires all field level employees to be trained to the first responder orientation (FRO) level for hazardous materials incidents.

8.04 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

RECOMMENDED GUIDELINES:

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The local EMS agency should ensure that ICS training is provided for all medical providers.

CURRENT STATUS: MEETS MINIMUM STANDARD

The ambulance provider contract requires all field level employees to be trained in incident command system (ICS). San Luis Obispo County EMS Policy 210 addresses operational use of ICS.

8.05 DISTRIBUTION OF CASUALTIES

MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Policies 120 and 210 meet this standard.

8.06 NEEDS ASSESSMENT

MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

RECOMMENDED GUIDELINES:

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Policy 120 meet this standard.

8.07 DISASTER COMMUNICATIONS

MINIMUM STANDARDS:

A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Policy 210 meets this standard.

8.08 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

CURRENT STATUS: MEETS MINIMUM STANDARD

The Public Health Emergency Preparedness Program (PHEP) is in the same division of the Public Health Department with the EMS Agency. The PHEP program maintains a robust set of Plans and Standard Operating Procedures which are authenticated by the EMS Agency, EMS providers and health care facilities.

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8.09 DMAT TEAMS

MINIMUM STANDARDS:

The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

RECOMMENDED GUIDELINES:

The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County does not have a DMAT Team.

8.10 MUTUAL AID AGREEMENTS

MINIMUM STANDARDS:

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, that ensure sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Agency uses the CDPH-EOM and the Region I RDMHC/S Program to facilitate mutual aid requests.

8.11 CCP DESIGNATION

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The Public Health Emergency Preparedness (PHEP) Program developed an SOP for the deployment of an Alternate Care Site.

8.12 ESTABLISHMENT OF CCP

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

NEED(S):

Identify specific CCPs as part of updated MCI Plan.

OBJECTIVE:

EMS AGENCY STAFF WORKED PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM STAFF TO DEVELOP POLICY #215 FOR ESTABLISHING, STAFFING AND COMMUNICATING WITH FIELD TREATMENT SITES (FTS) IN LIEU OF CCPS. THE EMS AGENCY BELIEVES THE FTS MODEL IS MORE PRUDENT FOR THE STAFFING MODELS IN SAN LUIS OBISPO COUNTY..

8.13 DISASTER MEDICAL TRAINING

MINIMUM STANDARDS:

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

CURRENT STATUS: MEETS MINIMUM STANDARD

These standards are drilled annually.

8.14 HOSPITAL PLANS

MINIMUM STANDARDS:

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

RECOMMENDED GUIDELINES:

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

CURRENT STATUS: MEETS MINIMUM STANDARD

The San Luis Obispo County EMS Agency Director is the MHOAC as well as the Director of Public Health Emergency Preparedness. Annually, the four hospitals share their disaster plans including medical surge plans, with PHEP for review and comment. Additionally, the TC participates in the regular update of the pre-hospital MCI plan 210 to ensure integration of hospital and field MCI plans.

8.15 INTERHOSPITAL COMMUNICATIONS

MINIMUM STANDARDS:

The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The San Luis Obispo County EMS Agency Director is the MHOAC as well the Director of Public Health Emergency Preparedness (PHEP). Annually, the four hospitals share their disaster plans, including medical surge plans, with PHEP for review and comment.

8.16 PREHOSPITAL AGENCY PLANS

MINIMUM STANDARDS:

The local EMS agency shall ensure that all pre-hospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure the availability of training in management of significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staffs in its service area.

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Policy 210 address this standard.

8.17 ALS POLICIES

MINIMUM STANDARDS:

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

EMS Agency Policy 208 addresses this. .

8.18 SPECIALTY CENTER ROLES

MINIMUM STANDARDS:

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The Level III TC designated by the San Luis Obispo County EMS Agency participates in the on-going review of the County's EMS MCI Policy 210.

8.19 WAIVING EXCLUSIVITY

MINIMUM STANDARDS:

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Agency MHOAC Guide addresses this standard.