

County of Orange
Health Care Agency
EMERGENCY MEDICAL SERVICES
405 W. Fifth Street, Suite 301A
Santa Ana, CA 92701



2014 Emergency Medical Services Plan

2019 Annual Update

Reviewed and updated 2019

Contains Provider Data for CY 2018
Financial Data for FY 2018-2019

TABLE OF CONTENTS

Section 1	Executive Summary	ii
	Table 1 Summary of System Status	1
Section 2	Updated System Assessment Forms	
	Standard 1.18 QA/QI	11
	Standard 1.24 ALS Systems	12
	Standard 1.27 Pediatric System Plan	13
	Standard 1.28 EOA Plan	14
	Standard 2.01 Assessment of Needs	15
	Standard 4.01 Service Area Boundaries	16
	Standard 4.02 Monitoring	17
	Standard 4.18 Compliance	18
	Standard 4.19 Transportation Plan	19
	Standard 4.20 “Grandfathering”	20
	Standard 4.21 Compliance	21
	Standard 4.22 EOA Evaluation	22
	Standard 6.01 QA/QI Program	23
	Standard 6.02 Prehospital Records	24
	Standard 6.05 Data Management System	25
Section 3	System Resources and Operations	
	Table 2 System Organization and Management	27
	Table 3 Staffing/Training	34
	Table 4 Communications	35
	Table 5 Response/Transportation	36
	Table 6 Facilities/Critical Care	37
	Table 7 Disaster Medical	38
	Table 8 Response/Transportation/Providers	40
	Table 9 Facilities	78
	Table 10 Approved Training Programs	103
	Table 11 Dispatch Agency	113
Section 4	Ambulance Zone Summary Forms	116
Section 5	Trauma Plan	137
Section 6	Quality Improvement Plan	157
Section 7	STEMI Plan	161
Section 8	Stroke Plan	223

2014 ORANGE COUNTY EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE
December 2019

EXECUTIVE SUMMARY

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

This annual update to the 2014 Orange County Emergency Medical Services (OCEMS) plan approved by the California EMSA in July 2014 provides the required information on the status of our system and progress toward meeting objective goals. **Notable 2018/19 system enhancements and activities** include but are not limited to:

American College of Surgeons Trauma System Consultation

During 2018, OCEMS received inquiries from multiple hospital system requesting information on trauma volume and how to apply as a trauma center. Due to the interest in providing trauma services and that the OC trauma system had not been objectively reviewed by an external entity to reflect current public-health based models to address the broader spectrum of injury, OCEMS initiated an external trauma system review by the American College of Surgeons (ACS). Specifically, ACS was requested to address the underlying structure of the trauma system design and determine the adequacy of current trauma services or necessity for additional trauma centers.

Mid-2019, a multi-disciplinary review team consisting of Trauma Surgeons, Emergency Physicians, Trauma Program Managers and Technical Advisors conducted a comprehensive assessment of the Trauma System. This included an on-site review in which many stakeholders attended and participated, providing the evaluation team with valuable insights. Using the Health Resources and Services Administration (HRSA) *Model Trauma System Planning and Evaluation* guide and the template described in *Regional Trauma Systems*, the in-depth, independent analysis includes over fifty recommendations. The final ACS report was distributed to the EMS system and in sum, the consultants noted:

- Geographic and population coverage of the county is excellent.
- The distribution of trauma centers is well-matched to the population density.
- Simple geospatial (GIS-based) analysis suggests that over 99% of the county's injured population is within 30 minutes from point of injury to a Level I or Level II center by ground and over 50% are within 15 minutes.
- The current Orange County Trauma System has worked well for many years.
- The decision to continue the current model or to reconfigure the system must be made locally and potential impacts to existing trauma centers should be considered.

OCEMS reviewed the report, identified key findings and shared these with the Health Care Agency leadership. Based on the ACS Final Report analysis, current resource capabilities and knowledge of our local EMS and Trauma System, OCEMS finds it unnecessary to increase the number of trauma centers. The Trauma System Plan will be updated annually and the system re-evaluated every 3-5 years to validate appropriate trauma care access.

**2014 ORANGE COUNTY EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE
December 2019**

EXECUTIVE SUMMARY (cont'd)

9-1-1 Emergency Ambulance Transportation Performance (Regions A-B-C-D-E)

OCEMS provides oversight and monitoring of performance-based contracts in five county regions to ensure that high quality 9-1-1 Emergency Ambulance medical care and transportation services are provided 24 hours per day, 7 days a week through physical site visits, ongoing interaction with field crews, Operations Managers, and data analysis via the Orange County Medical Emergency Data System (OC-MEDS). During the last contract year, we are pleased to report that:

- >1000 hours of community education & outreach events were offered by the ambulance providers
- Ambulance response times consistently exceeded the 90th percentile standard
- Over 51,000 patients were safely transported to local emergency departments

Intranasal Naloxone by Law Enforcement

OCEMS Policy #398.00: Intranasal Naloxone by Law Enforcement First Responders published June 1, 2015 describes criteria for law enforcement officer administration of naloxone hydrochloride in cases of suspected acute opioid overdose. A standard training program was developed by OCEMS and initially, all training was done by OCEMS staff. A limited 6-month pilot of intranasal naloxone administered by trained law enforcement officers resulted in actual live saving of 7 serious overdoses encountered in the field. The training curriculum has now been expanded county-wide and is done by law enforcement training officers who have taken a train-the trainer course with OCEMS staff who also monitor the training provided.

Nearly all Orange County law enforcement and related agencies have been approved (24) and over 200 patients have received naloxone by law enforcement and survived.

OCEMS continues our mission to plan, coordinate and oversee the highest quality prehospital and emergency medical care in response to individual needs and community crisis. Mutual cooperation, patient advocacy, advanced medical technology, electronic documentation and evidence-based data are major strengths. Despite financial challenges affecting all stakeholders, the county of Orange and system participants remain committed to the integrity, effectiveness and adherence to the EMS plan standards. The policies referenced within the plan are available on the OCEMS website at <http://www.healthdisasteroc.org/ems>.



Tammi McConnell, RN, MSN
Orange County EMS Director

December 1, 2019

Date

This page intentionally left blank

Table 1: Summary of System Status**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	X		
1.11 System Participants		X	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			

Table 1: Summary of System Status**A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Medical Direction:					
1.17 Medical Direction*		X			
1.18 QA/QI		X	X		Completed 12/2019
1.19 Policies, Procedures, Protocols		X	X		
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X	X		
Enhanced Level: Advanced Life Support					
1.24 ALS Systems	X				Completed 12/2019
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			Completed 8/2015	Completed 10/2019
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X		Completed 8/2015	Completed 8/2016

Table 1: Summary of System Status**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			In Progress
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: Summary of System Status**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: Summary of System Status
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	Completed 8/2015	Completed 8/2015
4.02 Monitoring		X	X		Completed 10/2019
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time Standards*		X	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		Completed 8/2015	Completed 10/2019
Enhanced Level: Exclusive Operating Permits:					
4.19 Transportation Plan		X		Completed 8/2015	Completed 10/2019
4.20 "Grandfathering"		X			Completed 10/2019
4.21 Compliance		X			Completed 10/2019
4.22 Evaluation		X		Completed 8/2015	

Table 1: Summary of System Status
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: Summary of System Status
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	Completed 8/2015	
6.02 Prehospital Records		X			Completed 8/2016
6.03 Prehospital Care Audits		X	X		
6.04 Medical Dispatch		X			
6.05 Data Management -System*		X	X		In Progress
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: Summary of System Status
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: Summary of System Status
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	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			

Section 2

Updated System Assessment Forms

UPDATED SYSTEM ASSESSMENT FORMS

System Organization and Management

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

NEED(S):

Standard is met. Objectives developed to enhance provider-level QA/QI processes.

OBJECTIVE(S):

1.18.3 Enhance ALS in-house QI programs

1.18.4 Institute BLS level QI plans

August 2015 Update: IN PROGRESS: Received 95% of ALS CQI Plans (11/12 EMT-P; 4/4 IFT-ALS/Air Ambulance Providers) and evaluating. External Fire Chiefs/EMS CQI group regularly meets.

August 2016 Update: IN PROGRESS: Received 100% of ALS CQI Plans. ALS/CQI Coordinator has evaluated and provided feedback to individual agencies and continues to share progress, best practices, etc. at external Fire Chiefs/EMS CQI group on a monthly basis.

June 2017 Update: IN PROGRESS: 100% of 911 ALS Providers have submitted full CQI plans. 11 of 12 911 ALS providers submitted updates in 2017. ALS/CQI Coordinator has reached out to the remaining provider, Orange County Fire Authority, to offer assistance in completing annual regulatory requirement. Standardized due dates for submission have been communicated to the Fire Chiefs EMS CQI Committee, e.g. updates for 2017 must be submitted to OCEMS by March 31, 2018. ALS/CQI Coordinator regularly attends external Fire Chiefs EMS CQI meetings.

October 2018 Update: IN PROGRESS All ALS providers have submitted their 2017 annual updates to their CQI plans. The ALS/CQI Coordinator continues to attend the Fire EMS CQI Meetings. This group has formalized several CQI review studies to drive further education for field providers. This group provides valuable input into review and revisions of field care.

December 2019: COMPLETED All ALS/BLS providers and Base Hospitals have submitted their CQI plans for three consecutive years and collaborate within the Fire EMS CQI Meetings on aligning indicators to drive education.

TIME FRAME FOR MEETING OBJECTIVE:

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

UPDATED SYSTEM ASSESSMENT FORMS

System Organization and Management

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

NEED(S):

Although all providers adhere to OCEMS medical control policies and procedures, there is a need to pursue agreements with ALS service providers.

OBJECTIVE:

1.24.1 Propose written agreements with transport providers, public and private to promote compliance to system standards, medical control directives and EOA procedures.

August 2015 Update: IN PROGRESS: The authority to propose written agreements resides within Health & Safety Code, Title XXII and local Ambulance Ordinance No. 3517 & OCEMS Policy & Procedures. The ability to initiate written agreements is dependent upon Board action of proposed Ordinance amendments. OCEMS continues to work with HCA Administration to re-agendize Ordinance revision

October 2018 Update: IN PROGRESS: The authority to propose written agreements resides within Health & Safety Code, Title XXII and local Ambulance Ordinance No. 3517 & OCEMS Policy & Procedures. The ability to initiate written agreements is dependent upon Board action of proposed Ordinance amendments. OCEMS continues to work with HCA Administration to re-agendize Ordinance revision. A law enforcement agency was approved as an OCEMS ALS Provider and completed an Agreement to Provide Services as an ALS provider (see Table 8: OCSD).

October 2019 Update: COMPLETED: The Orange County ambulance ordinance has been amended but has not received final endorsement by the Board of Supervisors. ALS agreements are unnecessary as all non-county ALS providers (Cities) employed mobile intensive care paramedics under the “Wedsworth-Townsend Act.” Further, the local EMS plan (after 1980) acknowledged that all paramedic services were provided by public agencies.

TIME FRAME FOR MEETING OBJECTIVE:

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

UPDATED SYSTEM ASSESSMENT FORMS

System Organization and Management

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: Does not meet minimum standard

NEED(S):

Although pediatric emergency medical and critical care is provided within the county and all OCEMS designated emergency receiving centers are pediatric capable, a formal pediatric plan has not been integrated into the countywide EMS plan.

OBJECTIVE:

- 1.27.1** Conduct a comprehensive evaluation of pediatric transport volume to include primary mode of transport; destination; interfacility transport rates from emergency receiving centers higher level of care centers, including trauma; population distribution, etc.

August 2015 Update: COMPLETED: A health impact analysis of pediatric utilization with a focus on pediatric trauma was completed in December 2014 resulting in the addition of a level II pediatric trauma center into the Orange County EMS system.

August 2016 New Objective:

- 1.27.2** Conduct a pediatric readiness survey of all emergency receiving centers to assess progress and current readiness to provide emergency care for pediatrics; utilize survey results to determine if a potential re-design of the EMS transport system is indicated.

August 2017 Update: IN PROGRESS: A pediatric readiness survey was conducted to assess all emergency receiving centers readiness to provide emergency care for pediatrics. A follow up survey was conducted to assess emergency receiving centers commitment to receiving and providing care for pediatric emergencies. The survey results are being analyzed to determine if a potential re-design of the EMS transport system is indicated.

October 2018 Update: IN PROGRESS: A one year pilot project is being conducted with contact and transport criteria for identifying pediatric patients (age 14 and under) needing transport to designated Comprehensive Children's Emergency Receiving Centers (CCERC) in Orange County. The purpose is to identify the criteria for EMS personnel when a pediatric patient should be transported to the nearest CCERC and when contact should be made directly to that CCERC.

October 2019 Update: COMPLETED: As a result of the pilot and its success, OCEMS authorized Children's Hospital of Orange County (CHOC) as a Base Hospital and updated the relevant policies associated with online medical direction and triage decisions for critically ill children.

TIME FRAME FOR MEETING OBJECTIVE:

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

UPDATED SYSTEM ASSESSMENT FORMS

System Organization and Management

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

NEED(S):

OCEMS received direction from the Emergency Medical Services Authority (EMSA) that the competitive process in place allowing RFP awarding authority to OCFA for implementation of exclusive operating areas was not permissible based on the appellate court ruling in County of Butte v. California Emergency Medical Services Authority (2010) 187 cal.App.4th 1175. In sum, EMSA ruled that OCEMS cannot delegate to OCFA the authority to conduct RFP's and award emergency ambulance contracts under the Orange County EMS Plan.

Despite the challenges of amending pre-Butte decision practices, OCEMS was fortunate to have a functional system in place that allowed transition of the competitive process to OCEMS. It was our objective to simultaneously maintain current contractual compliance to the emergency medical system standards within each area, implement immediate procedures to ensure the continued exclusivity protections and conduct a competitive RFP.

OBJECTIVE(S):

1.28.1: Propose an EOA system re-design that formally establishes reconfiguration of boundaries and compliance standards with EOA procedures and periodic intervals to re-evaluate the design.

August 2015 Update: COMPLETED: Feb 2014 EMS Exclusive Operating Area Transition Plan proposed & approved July 2014; RFP#OC2014.01 included EOA re-configuration & concluded with contract award June 2015

1.28.2: Propose a major revision to Ambulance Ordinance No. 3517 to reflect EOA system re-design and compliance standards with EOA procedures.

August 2015 Update: COMPLETED: In coordination with EMCC sub-committee, OCEMS & the Ambulance Ordinance Task Group (AOTG) comprehensively revised Ordinance No. 3517; presented amendments to EMCC & scheduled first public reading at Board meeting September 2014. Consider revising goal.

TIME FRAME FOR MEETING OBJECTIVE:

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

UPDATED SYSTEM ASSESSMENT FORMS

Staffing/Training

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

NEED(S):

Standard is met. Objectives developed to enhance provider-level educational programs.

OBJECTIVE:

2.01.1: Development of educational programs that include patient outcome data will strengthen the overall curriculum for all EMS providers. The integration of hospital patient outcome data into OC-MEDS will provide the final variable for determining ongoing curriculum needs.

August 2015 Update: IN PROGRESS: Completed two educational presentations at "No Fear" conferences which discussed outcome data. Continuing to test Patient Registry in the Alternate Destination project and preparing to implement Base Hospital test Patient Registry data entry.

August 2016 Update: IN PROGRESS: While the use of the OC-MEDS Patient Registry is proving the value of outcome information for determining the efficacy of prehospital patient care, OCEMS is committed to the development of Health Information Exchange (HIE) networks to more efficiently obtain and share relevant patient care information. OCEMS has partnered with our regional Health Information Organization (HIO) to facilitate the bi-directional data exchange which will result in the routine availability of patient outcome data.

August 2017 Update: IN PROGRESS: While significant progress has been made with the development of bi-directional Health Information Exchange (HIE) between EMS providers and receiving hospitals (including the receipt of outcome data), more EMS providers need to be added to the HIE and much work needs to be done to improve outcome data quality. OCEMS is working with our Regional HIE (OCPRHIO) and our software vendor to onboard additional EMS providers and implement technical improvements to ensure for the availability of current and relevant patient outcome data.

October 2018 Update: IN PROGRESS: OCEMS is continuing to work with system stakeholders to implement bi-directional Health Information Exchange (HIE) throughout the county and has provided several educational opportunities during the year to inform system stakeholders about the HIE project.

October 2019 Update: IN PROGRESS: No change

TIME FRAME FOR MEETING OBJECTIVE:

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

UPDATED SYSTEM ASSESSMENT FORMS

Response/Transportation

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

COORDINATION WITH OTHER EMS AGENCIES:

NEED(S):

OBJECTIVE:

4.01.1: Propose an EOA system re-design that formally establishes reconfiguration of boundaries and compliance standards with EOA procedures.

August 2015 Update: COMPLETED: Feb 2014 EMS Exclusive Operating Area Transition Plan proposed & approved July 2014; RFP#OC2014.01 included EOA re-configuration & concluded with contract award June 2015.

4.01.2 Propose a major revision to Ambulance Ordinance No. 3517 to reflect EOA system re-design and compliance standards with EOA procedures.

August 2015 Update: COMPLETED: In coordination with EMCC sub-committee, OCEMS & the Ambulance Ordinance Task Group (AOTG) comprehensively revised Ordinance No. 3517; presented amendments to EMCC & scheduled first public reading at Board meeting September.

TIME FRAME FOR MEETING OBJECTIVE:

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

UPDATED SYSTEM ASSESSMENT FORMS

Response/Transportation

4.02 MONITORING

MINIMUM STANDARDS:

The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, 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

NEED(S):

The current Ambulance Ordinance is not meeting our local needs for optimal system coordination and requires major revision. This and other existing policies are fundamental authorities that will guide providers during and after the OCEMS competitive process. As stated in standard 1.28, this transition requires multiple steps that include but are not limited to, major revisions to Ambulance Ordinance 3517; inclusion of Policies & Procedures to define competitive process; major revisions to existing transport, provider and system policies, financial support to employ personnel resources for direct contractual performance monitoring; and immediate consideration of a regional system.

OBJECTIVE(S):

4.02.1: Propose a major revision to Ambulance Ordinance No. 3517 to reflect EOA system re-design and compliance standards with EOA procedures.

August 2015 Update: COMPLETED: In coordination with EMCC sub-committee, OCEMS & the Ambulance Ordinance Task Group (AOTG) comprehensively revised Ordinance No. 3517; presented amendments to EMCC & scheduled first public reading at Board meeting September.

4.02.2: Propose written agreements with transport providers, public and private to promote compliance to system standards, medical control directives and EOA procedures.

September 2017 Update: IN PROGRESS: The authority to propose written agreements resides within Health & Safety Code, Title XXII and local Ambulance Ordinance No. 3517 & OCEMS Policy & Procedures. The ability to initiate written agreements is dependent upon Board action of proposed Ordinance amendments. OCEMS continues to work with HCA Administration to re-agendize Ordinance revision. A law enforcement agency was approved as an OCEMS ALS Provider and completed an Agreement to Provide Services as an ALS provider (see Table 8: OCSD).

October 2018 Update: IN PROGRESS: The authority to propose written agreements resides within Health & Safety Code, Title XXII and local Ambulance Ordinance No. 3517 & OCEMS Policy & Procedures. The ability to initiate written agreements is dependent upon Board action of proposed Ordinance amendments. OCEMS continues to work with HCA Administration to re-agendize Ordinance revision. A law enforcement agency was approved as an OCEMS ALS Provider and completed an Agreement to Provide Services as an ALS provider (see Table 8: OCSD).

October 2019 Update: COMPLETED: The Orange County ambulance ordinance has been amended but has not received final endorsement by the Board of Supervisors.

TIME FRAME FOR MEETING OBJECTIVE:

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

UPDATED SYSTEM ASSESSMENT FORMS

Response/Transportation

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

NEED(S):

Written agreements with all EMS system providers, public and private, would optimize coordination of transported medical patients and standardize performance criteria systemwide.

OBJECTIVE(S):

4.18.1: Present to the EMS Authority an Orange County EOA Transition Plan that illustrates a phased approach to managing significant shifts from the current EOA design.

August 2015 Update: COMPLETED: Feb 2014 EMS Exclusive Operating Area Transition Plan proposed & approved July 2014; RFP#OC2014.01 included EOA re-configuration & concluded with contract award June 2015

4.18.2: By year end 2015, propose a major revision to Ambulance Ordinance No. 3517 to reflect EOA system re-design and compliance standards with EOA procedures.

August 2015 Update: COMPLETED: In coordination with EMCC sub-committee, OCEMS & the Ambulance Ordinance Task Group (AOTG) comprehensively revised Ordinance No. 3517; presented amendments to EMCC & scheduled first public reading at Board meeting September 2014.

4.18.3: Update applicable OCEMS P&P to include H&S, Title XX11 authorities.

August 2015 Update: IN PROGRESS: Reviewed & drafting revisions on multiple policies consistent with proposed ordinance amendments. Released OCEMS Medical Control policies #350.00 & #352.00 to ensure system operations and clinical care in the event county administered areas are deemed non-exclusive.

August 2016 Update: IN PROGRESS: Ongoing review and revision of multiple policies.

September 2017 Update: COMPLETED: All applicable policies reviewed and revised.

4.18.04: By year end 2015, propose written agreements with transport providers, public and private to promote compliance to system standards, medical control directives and EOA procedures.

October 2018 Update: IN PROGRESS: The authority to propose written agreements resides within Health & Safety Code, Title XXII and local Ambulance Ordinance No. 3517 & OCEMS Policy & Procedures. The ability to initiate written agreements is dependent upon Board action of proposed Ordinance amendments. OCEMS continues to work with HCA Administration to re-agendize Ordinance revision. A law enforcement agency was approved as an OCEMS ALS Provider and completed an Agreement to Provide Services as an ALS provider (see Table 8: OCSD).

October 2019 Update: COMPLETED: The Orange County ambulance ordinance has been amended but has not received final endorsement by the Board of Supervisors. ALS agreements are unnecessary as all non-county ALS providers (Cities) employed mobile intensive care paramedics under the "Wedsworth-Townsend Act." Further, the local EMS plan (after 1980) acknowledged that all paramedic services were provided by public agencies. Private agencies operate under local policy and procedures.

TIME FRAME FOR MEETING OBJECTIVE:

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

UPDATED SYSTEM ASSESSMENT FORMS

Response/Transportation

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

NEED(S):

OBJECTIVE(S):

4.19.1: Present to the Authority of an Orange County EOA Transition Plan that illustrates a phased approach to managing a substantial shift within the current EOA design.

August 2015 Update: COMPLETED: Feb 2014 EMS Exclusive Operating Area Transition Plan proposed & approved July 2014; RFP#OC2014.01 included EOA re-configuration & concluded with contract award June 2015

4.19.2: By year end 2015, establish an EOA transportation plan based on the emergency needs of all citizens, regardless of ability to pay that continuously adheres to medical standards of care and is in compliance with procedures to ensure state-action immunity from federal anti-trust claims. The plan will include elements required under standards 1.28, 4.01, 4.02, 4.10, 4.18, 4.19, 4.20, 4.21 and 4.22.

August 2015 Update: IN PROGRESS: Completed Exclusive Operating Area Transition Plan: Phase 1. Ongoing Phase 2 involves City-Administered Operating Areas that may request to enter into written agreements for prehospital emergency medical services including transportation or retain administrative rights by providing historical evidence of services. County Administered Exclusive Operating Area boundaries may be reconfigured dependent upon requests.

October 2018 Update: IN PROGRESS: - No requests from city-administered operating areas received.

October 2019 Update: COMPLETED: See response under 4.19.3.

4.19.3: By year end 2015, propose written agreements with transport providers, public and private, to promote compliance to system standards, medical control directives and EOA procedures.

August 2015 Update: IN PROGRESS: The authority to propose written agreements resides within Health & Safety Code, Title XXII and local Ambulance Ordinance No. 3517 & OCEMS Policy & Procedures. Ability to initiate written agreements is dependent upon Board action of proposed Ordinance amendments. Continuing to work with HCA Administration to re-agendize Ordinance revision.

October 2019 Update: COMPLETED: The Orange County ambulance has been amended but has not received final endorsement by the Board of Supervisors. ALS agreements are unnecessary as all non-county ALS providers (Cities) employed mobile intensive care paramedics under the "Wedsworth-Townsend Act." Further, the local EMS plan (after 1980) acknowledged that all paramedic services were provided by public agencies. Private agencies operate under local policy and procedures.

TIME FRAME FOR MEETING OBJECTIVE:

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

UPDATED SYSTEM ASSESSMENT FORMS

Response/Transportation

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&SC.

RECOMMENDED GUIDELINES: None.

CURRENT STATUS: Meets minimum standard

NEED(S):

OBJECTIVE:

4.20.1: By year end 2015, establish an EOA transportation plan based on the emergency needs of all citizens, regardless of ability to pay that continuously adheres to medical standards of care and is in compliance with procedures to ensure state-action immunity from federal anti-trust claims. The plan will include elements required under standards 1.28, 4.01, 4.02, 4.10, 4.18, 4.19, 4.20, 4.21 and 4.22.

August 2015 Update: IN PROGRESS: Completed Exclusive Operating Area Transition Plan: Phase 1. Ongoing Phase 2 involves City-Administered Operating Areas that may request to enter into written agreements for prehospital emergency medical services including transportation or retain administrative rights by providing historical evidence of services. County Administered Exclusive Operating Area boundaries may be reconfigured dependent upon requests.

October 2018 Update: IN PROGRESS: No requests from city-administered operating areas received.

October 2019 Update: COMPLETED: The Orange County ambulance has been amended but has not received final endorsement by the Board of Supervisors. ALS agreements are unnecessary as all non-county ALS providers (Cities) employed mobile intensive care paramedics under the "Wedsworth-Townsend Act." Further, the local EMS plan (after 1980) acknowledged that all paramedic services were provided by public agencies.

TIME FRAME FOR MEETING OBJECTIVE:

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

UPDATED SYSTEM ASSESSMENT FORMS

Response/Transportation

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 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

NEED(S):

Written agreements with all EMS system providers, public and private, are needed to optimize coordination of transported medical patients and standardize performance criteria systemwide.

OBJECTIVE:

4.21.1: By year end 2015, propose written agreements with transport providers, public and private to promote compliance to system standards, medical control directives and EOA procedures.

August 2015 Update: IN PROGRESS: The authority to propose written agreements resides within Health & Safety Code, Title XXII and local Ambulance Ordinance No. 3517 & OCEMS Policy & Procedures. Ability to initiate written agreements dependent upon Board action of proposed Ordinance amendments. Continuing to work with HCA Administration to re-agendize Ordinance revision.

September 2016 Update: IN PROGRESS: The authority to propose written agreements resides within Health & Safety Code, Title XXII and local Ambulance Ordinance No. 3517 & OCEMS Policy & Procedures. Ability to initiate written agreements is dependent upon Board action of proposed Ordinance amendments. Continuing to work with HCA Administration to re-agendize Ordinance revision. A law enforcement agency was approved as an OCEMS ALS Provider and completed an Agreement to Provide Services as an ALS provider (see Table 8: OCSD).

October 2018 Update: IN PROGRESS: The authority to propose written agreements resides within Health & Safety Code, Title XXII and local Ambulance Ordinance No. 3517 & OCEMS Policy & Procedures. Ability to initiate written agreements is dependent upon Board action of proposed Ordinance amendments. Continuing to work with HCA Administration to re-agendize Ordinance revision. A law enforcement agency was approved as an OCEMS ALS Provider and completed an Agreement to Provide Services as an ALS provider (see Table 8: OCSD).

TIME FRAME FOR MEETING OBJECTIVE:

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

UPDATED SYSTEM ASSESSMENT FORMS

Response/Transportation

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

NEED(S):

As stated in standard 1.28, this evaluation requires multiple steps that include but are not limited to, major revisions to Ambulance Ordinance 3517; inclusion of Policies & Procedures to define competitive process; major revisions to existing transport, provider and system policies, financial support to employ personnel resources for direct contractual performance monitoring; and immediate consideration of a regional system.

OBJECTIVE:

4.22.1: By year end 2014, propose an EOA system re-design that formally establishes reconfiguration of boundaries, compliance standards with EOA procedures and periodic intervals to re-evaluate the design.

August 2015 Update: COMPLETED: Feb 2014 EMS Exclusive Operating Area Transition Plan proposed & approved July 2014; RFP#OC2014.01 included EOA re-configuration & concluded with contract award June 2015.

TIME FRAME FOR MEETING OBJECTIVE:

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

UPDATED SYSTEM ASSESSMENT FORMS

Data Collection/System Evaluation

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

NEED(S):

OBJECTIVE:

6.01.1: By year end 2014, propose a conversion of the contracted CQI RN to a permanent EMS-budgeted full- time equivalent (FTE) position.

August 2015 Update: COMPLETED: Approved to add permanent FT OC-MEDS Coordinator FY15/16.

TIME FRAME FOR MEETING OBJECTIVE:

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

UPDATED SYSTEM ASSESSMENT FORMS

Data Collection/System Evaluation

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

NEED(S):

OBJECTIVE:

6.02.1: By year end 2015, integrate OC-MEDS documentation standards within licensing requirements. Specifically targeting, all non-emergency BLS transports originating within OC.

August 2015 Update: IN PROGRESS: Modified Policy 720.60 to include a provision requiring that all BLS (non-emergency) patient care and transportation be documented electronically and data submitted to OC-MEDS in NEMSIS compliant format by June 1, 2016.

August 2016 Update: COMPLETED – OCEMS Policies #300.30: OC-MEDS EMS Provider Patient Care Reporting & #300.32: OC-MEDS EMS Provider Data Submission Process revised to include requirements per AB1129.

TIME FRAME FOR MEETING OBJECTIVE:

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

UPDATED SYSTEM ASSESSMENT FORMS

Data Collection/System Evaluation

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

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

Standard is met. Objective developed to enhance data capture of specialty patients.

OBJECTIVE:

6.05.2: By year end 2014, implement the OC-MEDS patient registry module to begin capturing specialty patient data.

August 2015 Update: IN PROGRESS: STEMI and Stroke data collection forms and permission levels have been developed. Continue to refine processes and data elements to meet system needs. Currently receiving trauma data in NTDB format from four (4) trauma centers (OCG, MSN, UCI, LBM) via scheduled quarterly imports. CHOC is using the Patient Registry Trauma Incident Form as their Trauma Registry and performing direct data entry.

August 2016 Update: IN PROGRESS: Countywide Stroke Registry has been completed and is in pilot testing. Implementation is expected by early 2017. STEMI policies in development to support refined processes and data elements. STEMI Registry Pilot testing expected to begin by early to mid-2017.

August 2017 Update: IN PROGRESS: As of Q2 2017, the OC Stroke Registry has been fully implemented. OCEMS designated Stroke Centers have been trained how to use the system and are submitting Stroke patient data accordingly. OCEMS plans to implement a STEMI Registry, with projected implementation of Q1 or Q2 2018.

October 2018 Update: IN PROGRESS: All SNRCs are currently submitting stroke patient data through the OC-MEDS Stroke Registry. We continue to refine our processes and discuss with stakeholders which data elements will meet system needs and not create undue burden on the stakeholders' ability to do data abstraction. Plans to implement an OC-MEDS STEMI Registry has been postponed and we will continue to receive the required data by hard copy or email.

October 2019 Update: IN PROGRESS: No Change from prior update.

TIME FRAME FOR MEETING OBJECTIVE:

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

Section 3

System Resources and Operations

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENTReporting Year: 2018**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: ORANGE

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

2. Type of agency B
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 B
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 X
Designation of other critical care centers X
Development of transfer agreements _____
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 X
Non-medical disaster planning _____
Administration of critical incident stress debriefing team (CISD) _____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

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

5. EXPENSES (Unit 6400: EMS only, does not include Emergency Management section/grant(s) expenses)

Salaries and benefits (All but contract personnel)	<u>\$2,608,337</u>
Contract Services (e.g. nurse medical director)	<u>33,199</u>
Operations (e.g. copying, postage, facilities)	<u>1,087,036</u>
Travel	<u>20,041</u>
Fixed assets	
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other:	
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	<u>\$ 3,748,613</u>

6. SOURCES OF REVENUE (Unit 6400: EMS only, does not include HDM/grant 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>1,275,745</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u>282,856</u>
Training program approval fees	<u>6,262</u>
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>26,478</u>
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	<u>255,819</u>
Contributions	_____
EMS Fund (SB 12/612)	<u>1,189,619</u>
<u>1,191,959</u>	
Other grants: _____	_____
Other fees: _____	_____
Other (specify): <u>AMB PERFORMANCE CONTRACT</u>	<u>711,834</u>
TOTAL REVENUE	<u>\$3,748,613</u>

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**7. Fee structure** We do not charge any fees **X** Our fee structure is:

EMT OC Certification (¹ Does not include state pass thru initial fee)	<u>125.00¹</u>
EMT OC Recertification (² Does not include state pass thru recert fee)	<u>125.00²</u>
Ambulance Driver/Attendant License (³ Waived if applicant certifies thru OCEMS)	<u>85³ / 2 yrs</u>
Paramedic Accreditation	<u>73.00</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse Application	<u>108.00 / 2yrs</u>
EMT Training Program Application	<u>\$923 / 4 yrs</u>
Paramedic Training Program Application	<u>\$932 / 4 yrs</u>
Continuing Education Provider Application	<u>\$3325 / 4 Yrs</u>
Trauma Receiving Center (Does Not Include ACS Verification Fee & Accommodation Costs)	<u>\$9,185.00 / 3yrs</u>
Ambulance Company License	<u>\$2,234.00 / Yr</u>
Ambulance Company Vehicle Inspection / Vehicle	<u>\$160.00 / Vehicle</u>
Other: <u>Ambulance Company Unit Re-Inspection / Vehicle</u>	<u>\$109.00 / Vehicle</u>
Other: <u>Card Replacement</u>	<u>\$25.00</u>
Other: <u>Interfacility Transport Service Provider Application</u>	<u>\$1,525 / Yr</u>
Other: <u>Customized Data Reports</u>	<u>\$109.00 / hour</u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	FUNDING SOURCE		
					EMS	HEM Grants	Combo
EMS Admin./Coord./Director	Admin Mgr III, EMS Director	1.0	\$82.03	49.51%			X
Medical Director	Admin Mgr III(SPL), EMS Medical Director	1.0	\$100.75	49.51%	X		
Associate Medical Director	Admin Mgr III (SPL) Assoc. EMS Med Director	1.0	\$100.75	49.51%	X		
<i>EMS, Health Emergency Management</i>	<i>Chief Pharmacist</i>	1.0	\$64.97	49.51%		X	
Asst. Admin/Admin. Mgr.	Admin Manager II, Assistant EMS Director	1.0	\$66.41	49.51%			X
Asst. Admin/Admin. Mgr.	Admin Manager I, Systems/Standards Chief	1.0	\$66.41	49.51%	X		
Asst. Admin/Admin. Mgr.	Admin Manager I, Performance Chief	1.0	\$66.41	49.51%	X		
Asst. Admin/Admin. Mgr.	Admin Manager I, Information Systems Chief	1.0	\$66.41	49.51%	X		
Asst. Admin/Admin. Mgr.	Admin Manager I, Disaster Chief	1.0	\$66.41	49.51%		X	
Asst. Admin/Admin. Mgr.	Public Health Nurse, HPP	1.0	\$66.41	49.51%		X	
QA/QI Coordinator	EMS Coordinator, OC-MEDS	1.0	\$44.51	49.51%	X		
ALS/Field/Training Coordinator	EMS Coordinator, ALS	1.0	\$44.51	49.51%	X		
BLS/Program/Field Liaison	EMS Coordinator, BLS	1.0	\$44.51	49.51%	X		
Disaster Medical Planner	EMS Coordinator, Facilities	1.0	\$44.51	49.51%	X		
Trauma Coordinator	CQI Nurse	1.0		Contractor	X		
<i>EMS, Health Emergency Management</i>	<i>Program Supervisor II</i>	5.0	\$40.84	49.51%		X	
Executive Secretary	Office Supervisor	1.0	\$25.96	49.51%	X		
Data Evaluator/Analyst/Licensing	EMS Specialist	2.0	\$33.96	49.51%	X		
Other/Ambulance Performance Contract	EMS Specialist	3.0	\$33.96	49.51%	X		
Other/HDM & EMS Support	Staff Specialist	1.0	\$32.82	49.51%			X
<i>EMS, Health Emergency Management</i>	<i>Staff Assistant</i>	2.0	\$27.95	49.51%		X	
Public Info. & Education Coordinator	Office Specialist	1.0	\$22.84	49.51%	X		
<i>EMS, Health Emergency Management</i>	<i>Office Assistant</i>	1.0	\$19.90	49.51%		X	
<i>EMS, Health Emergency Management</i>	<i>Storekeeper</i>	2.0	\$27.39	49.51%		X	
Data Entry Clerk	Information Processing Technician	1.0	\$22.24	49.51%	X		

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

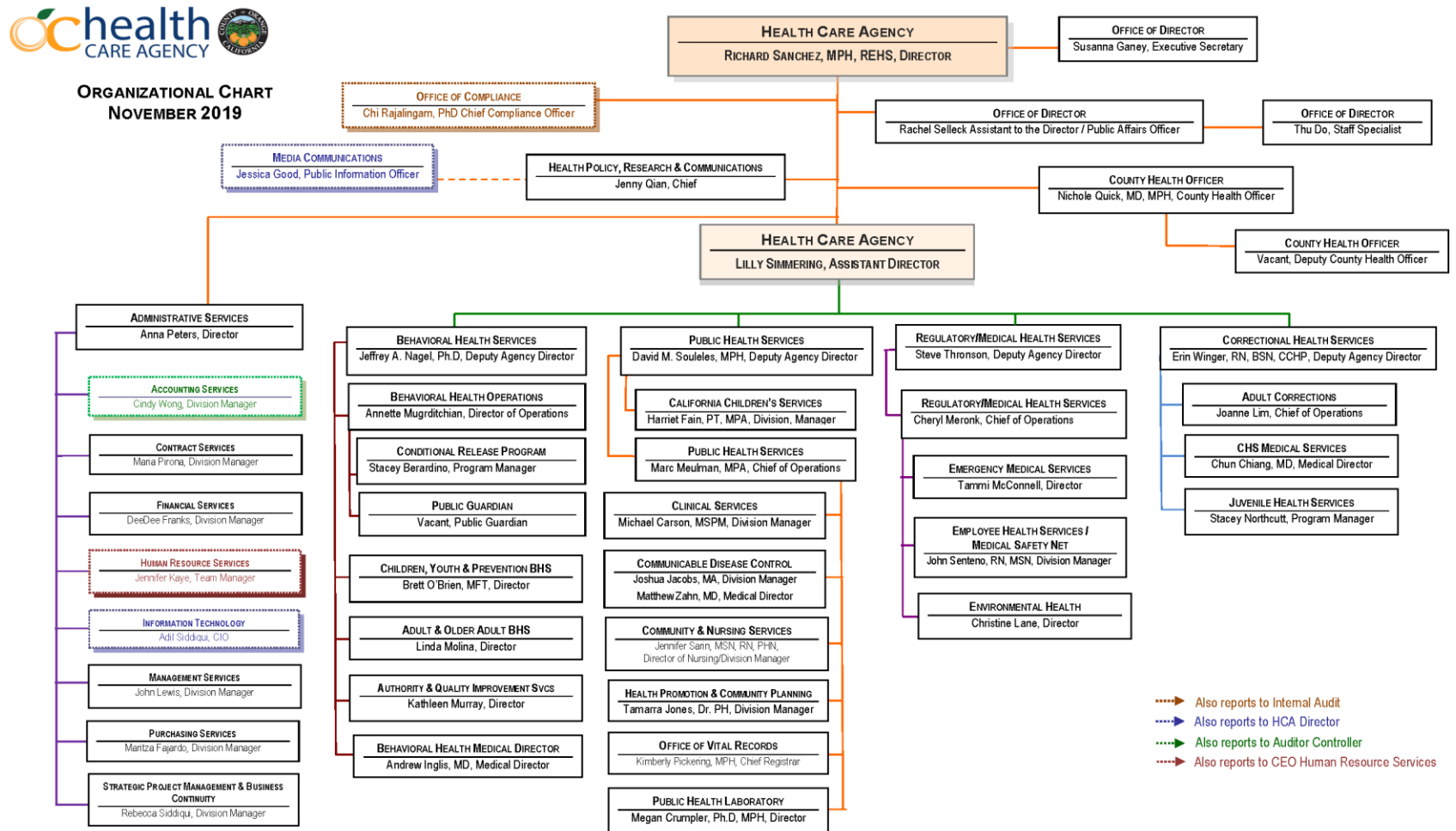


TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Orange County EMS
September 2019

T:\EMS PERSONNEL\ORG CHARTS

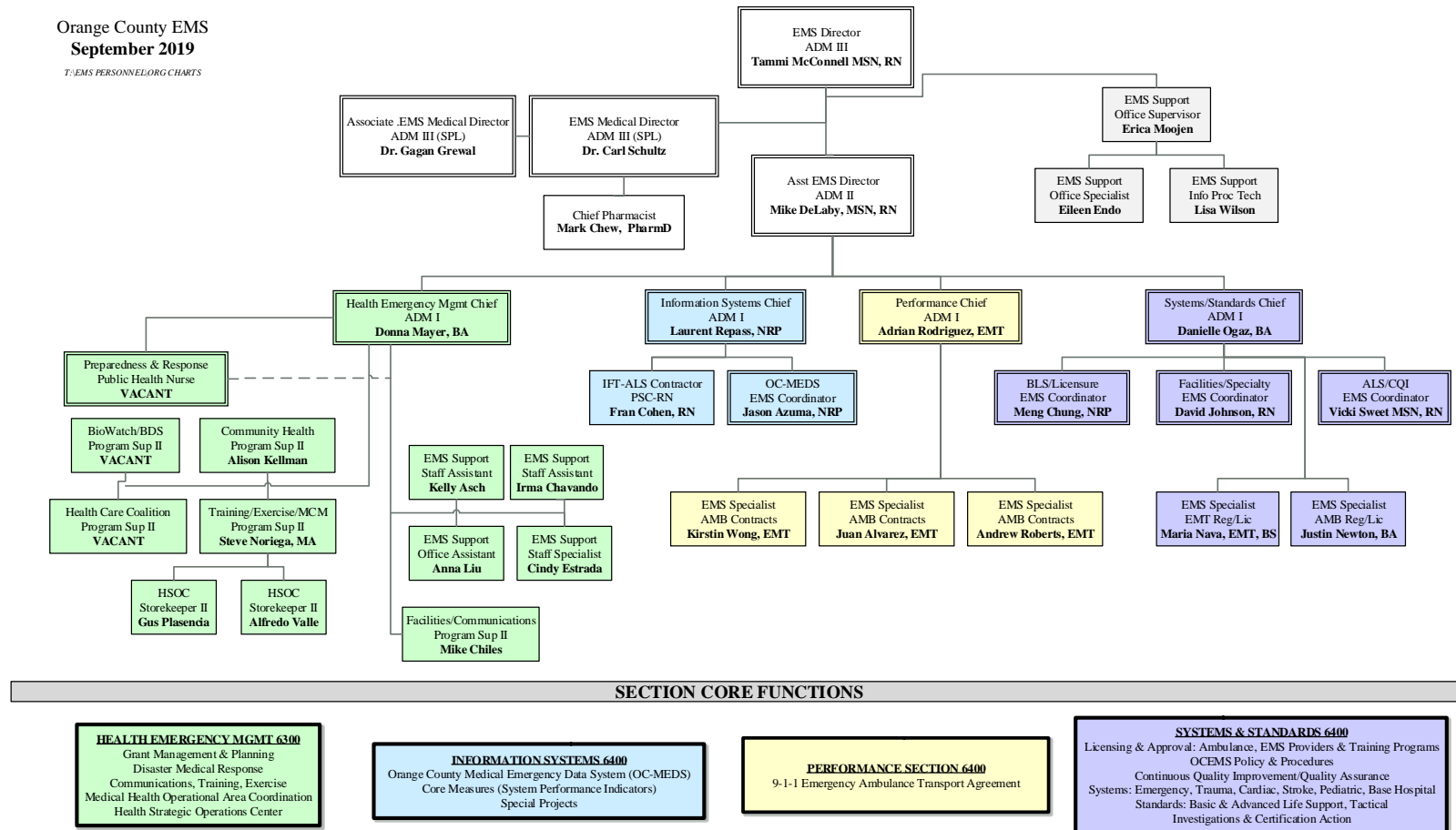


TABLE 3: STAFFING/TRAININGReporting Year: CY 2018**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	2067	1		111
Number newly certified this year	1025	0		20
Number recertified this year	1041	1		91
Total number of accredited personnel on July 1 of the reporting year	3313	0	1119	174
Number of certification reviews resulting in:				
a) formal investigations	52	0		0
b) probation	0	0	0	0
c) suspensions	3	0	0	0
d) revocations	0	0		0
e) denials	0	0		0
f) denials of renewal	0	0		0
g) no action taken	28	0	0	0

1. Early defibrillation:

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

4664

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

473

2. Do you have an EMR training program

☐ yes ☒ no

TABLE 4: COMMUNICATIONS**Note:** Table 4 is to be answered for each county.County: **ORANGE**Reporting Year: **2018**

- | | | |
|----|---|---|
| 1. | Number of primary Public Service Answering Points (PSAP)
<u>19 primary PSAPs (15-City law enforcement; 1-county sheriff (OCSD); 3-state: CHP, CSUF, UCI; Disneyland)</u> | <u>20</u> |
| 2. | Number of secondary PSAPs
<u>(Costa Mesa, LACoFD, Laguna Beach, MetroNet, OCFA)</u> | <u>5</u> |
| 3. | Number of dispatch centers directly dispatching ambulances
<u>(Costa Mesa, LACoFD, Laguna Beach, MetroNet, OCFA)</u> | <u>5</u> |
| 4. | Number of EMS dispatch agencies utilizing EMD guidelines
<u>(LACoFD, Laguna Beach, MetroNet, OCFA)</u> | <u>4</u> |
| 5. | Number of designated dispatch centers for EMS Aircraft
<u>(LACoFD, MetroNet, OCFA, OCSD)</u> | <u>4</u> |
| 6. | Who is your primary dispatch agency for day-to-day emergencies? | <u>OCSD + 15 Cities</u> |
| 7. | Who is your primary dispatch agency for a disaster? | <u>OCSD + 15 Cities</u> |
| 8. | Do you have an operational area disaster communication system? | <u>X Yes</u> <input type="checkbox"/> No |
| a. | Radio primary frequency <u>Public Safety VHF, UHF, 800 MHz</u> | |
| b. | Other methods <u>Telephone, fax, satellite phone, radio, amateur radio</u> | |
| c. | Can all medical response units communicate on the same disaster communications system? | <u>X Yes</u> <input type="checkbox"/> No |
| d. | Do you participate in the Operational Area Satellite Information System (OASIS)? | <u>X Yes</u> <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? | <u>X Yes</u> <input type="checkbox"/> No |
| 1) | Within the operational area? | <u>X Yes</u> <input type="checkbox"/> No |
| 2) | Between operation area and the region and/or state? | <u>X Yes</u> <input type="checkbox"/> No |

TABLE 5: RESPONSE/TRANSPORTATIONReporting Year: **2018****Note:** Table 5 is to be reported by agency.**Early Defibrillation Providers (BLS Ambulance)**

1. Number of EMT-Defibrillation providers 23

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	3 – 5 minutes	N/A	N/A	3 – 5 minutes
Early defibrillation responder	3 – 5 minutes	N/A	N/A	3 – 5 minutes
Advanced life support responder	5 – 7 minutes	N/A	N/A	5 – 7 minutes
Transport Ambulance	< 10 minutes	N/A	N/A	< 10 minutes

TABLE 6: FACILITIES/CRITICAL CAREReporting Year: **FY2018/19****NOTE:** Table 6 is to be reported by agency.**Trauma**

Trauma Patients:

1. Number of patients meeting trauma triage criteria	<u>7,478</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>7,052</u>
3. Number of major trauma patients transferred to a trauma center	<u>426</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>0</u>

Emergency Departments

Total number of emergency departments	<u>25</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>0</u>
3. Number of basic emergency services	<u>24</u>
4. Number of comprehensive emergency services	<u>1</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>25</u>
2. Number of base hospitals with written agreements	<u>7</u>

TABLE 7: DISASTER MEDICALReporting Year: **2019**County: **ORANGE****NOTE:** Table 7 is to be answered for each county.**SYSTEM RESOURCES**

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? **Schools, senior centers, fire stations**
 - b. How are they staffed? **Local medical professionals, city personnel, fire personnel, National Guard (later)**
 - c. Do you have a supply system for supporting them for 72 hours? **X Yes** ☐ No
2. CISD
Do you have a CISD provider with 24 hour capability? **X Yes** ☐ No
3. Medical Response Team
 - a. Do you have any team medical response capability? **X Yes** ☐ No
 - b. For each team, are they incorporated into your local response plan? **X Yes** ☐ No
 - c. Are they available for statewide response? **X Yes** ☐ No
 - d. Are they part of a formal out-of-state response system? **X Yes** ☐ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? **X Yes** ☐ No
 - b. At what HazMat level are they trained? **"A"; technician, specialist, first responder**
 - c. Do you have the ability to do decontamination in an emergency room? **X Yes** ☐ No
 - d. Do you have the ability to do decontamination in the field? **X Yes** ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? **X Yes** ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? **73**
3. Have you tested your MCI Plan this year in a:
 - a. real event? **X Yes** ☐ No
 - b. exercise? **X Yes** ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
Regions I (San Luis Obispo, Santa Barbara, Ventura, Los Angeles) and VI (Mono, Inyo, San Bernardino, Riverside, San Diego, Imperial) Inter-Region Cooperative Agreement for Emergency Medical Health Disaster Assistance
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **X Yes** ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? **X Yes** ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☐ Yes **X No**
8. Are you a separate department or agency? ☐ Yes **X No**
9. If not, to whom do you report? **Director, Orange County Health Care Agency**
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? **N/A**

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** AllTown Ambulance **Response Zone:** N/A

Address: 13812 Saticoy St., Suite A
Panorama City, CA 91402 **Number of Ambulance Vehicles in Fleet:** 8

Phone Number: (877) 599-4282 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 8

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

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

360 Total number of responses
15 Number of emergency responses
345 Number of non-emergency responses

360 Total number of transports
15 Number of emergency transports
345 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Ambulnz Health **Response Zone:** N/A

Address: 1059 East Bedmar Street **Number of Ambulance Vehicles in Fleet:** 5
Carson, CA 90746

Phone Number: (310) 835-3926 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

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

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

3,420 Total number of responses
57 Number of emergency responses
3,363 Number of non-emergency responses

3,287 Total number of transports
12 Number of emergency transports
3,275 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** American Med Ambulance **Response Zone:** N/A

Address: 3750 W. Warner Avenue **Number of Ambulance Vehicles in Fleet:** 4
Santa Ana, CA 92704

Phone Number: (714) 710-8888 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

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

4,570 Total number of responses
10 Number of emergency responses
4,560 Number of non-emergency responses

4,528 Total number of transports
15 Number of emergency transports
4,513 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** CalMed Ambulance **Response Zone:** N/A

Address: 1557 Santa Anita Ave. **Number of Ambulance Vehicles in Fleet:** 11
South El Monte, CA 91733

Phone Number: (562) 968-1818 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 11

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

<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"/> 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

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

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

Table 8: Resource Directory
Reporting Year: 2018
Response/Transportation/Providers

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

County: Orange **Provider:** Care Ambulance Service **Response Zone:** OA-1, 3, 4, 6, 7, 8, 18, 20
EOA-20, 25 Regions B, C, D, E

Address: 1517 W. Braden Court **Number of Ambulance Vehicles in Fleet:** 139
Orange, CA 92868

Phone Number: (714) 288-3800 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 139

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

<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"/> 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

142,505 Total number of responses
32,812 Number of emergency responses
109,693 Number of non-emergency responses

140,149 Total number of transports
23,700 Number of emergency transports
116,449 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Doctor's Ambulance Service **Response Zone:** OA-11

Address: 23091 Terra Drive **Number of Ambulance Vehicles in Fleet:** 17
Laguna Hills, CA 92653

Phone Number: (800) 420-2221 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 17

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

<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"/> 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

12,304 Total number of responses
526 Number of emergency responses
11,778 Number of non-emergency responses

11,157 Total number of transports
524 Number of emergency transports
10,633 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Emergency Ambulance Service **Response Zone:** EOA-2, Region A

Address: 3200 E. Birch Street, Suite A **Number of Ambulance Vehicles in Fleet:** 14
Brea, CA 92821

Phone Number: (714) 990-1331 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 14

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

<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"/> 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

12,626 Total number of responses
1,260 Number of emergency responses
11,366 Number of non-emergency responses

12,545 Total number of transports
1,380 Number of emergency transports
11,165 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** FirstMed Ambulance **Response Zone:** N/A

Address: 8630 North Tamarack
Sun Valley, CA 91352 **Number of Ambulance Vehicles in Fleet:** 4

Phone Number: (800) 608-0311 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

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

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

11 Total number of transports
1 Number of emergency transports
10 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Horizon Ambulance **Response Zone:** N/A

Address: 2920 East Katella Avenue, Suite K
Orange, CA 92867 **Number of Ambulance Vehicles in Fleet:** 10

Phone Number: (714) 997-4262 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 10

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

<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"/> 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

13,439 Total number of responses
177 Number of emergency responses
13,262 Number of non-emergency responses

12,652 Total number of transports
28 Number of emergency transports
12,624 Number of non-emergency transports

Table 8: Resource Directory**Reporting Year:** 2018**Response/Transportation/Providers****Note:** *Table 8 is to be completed for each provider by county. Make copies as needed.***County:** Orange **Provider:** Intel Ambulance **Response Zone:** N/A**Address:** 712 North Valley Street
Anaheim CA 92801 **Number of Ambulance Vehicles in Fleet:** 2**Phone Number:** (714) 833-5608 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> 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
5 Total number of responses
1 Number of emergency responses
4 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Liberty Ambulance **Response Zone:** N/A

Address: 9441 Washburn Road **Number of Ambulance Vehicles in Fleet:** 46
Downey, CA 90242

Phone Number: (562) 741-6230 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 46

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

13,830 Total number of responses
37 Number of emergency responses
13,793 Number of non-emergency responses

13,353 Total number of transports
39 Number of emergency transports
13,314 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Lifeline Ambulance **Response Zone:** N/A

Address: 120 South Maple Avenue, Suite 200 **Number of Ambulance Vehicles in Fleet:** 49
Montebello, CA 90640

Phone Number: (800) 700-9344 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 49

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

<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"/> 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

23,775 Total number of responses
81 Number of emergency responses
23,694 Number of non-emergency responses

22,417 Total number of transports
90 Number of emergency transports
22,327 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Lynch Ambulance Service **Response Zone:** N/A

Address: 2950 La Jolla Street
Anaheim, CA 92806 **Number of Ambulance Vehicles in Fleet:** 34

Phone Number: (714) 347-3262 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 34

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

28,509 Total number of responses
91 Number of emergency responses
28,418 Number of non-emergency responses

27,530 Total number of transports
196 Number of emergency transports
27,334 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** MedCoast Ambulance **Response Zone:** N/A

Address: 14325 Iseli Road **Number of Ambulance Vehicles in Fleet:** 7
Santa Fe Springs, CA 90670

Phone Number: (562) 802-3765 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 7

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

2,199 Total number of responses
46 Number of emergency responses
2,153 Number of non-emergency responses

2,195 Total number of transports
52 Number of emergency transports
2,143 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Mercy Air Service, Inc. **Response Zone:** N/A

Address: 1670 Miro Way
Rialto, CA 92376 **Number of Ambulance Vehicles in Fleet:** 4

Phone Number: (800) 222-3456 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

<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"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	--	---

Transporting Agencies

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

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

Air Ambulance Services

not provided Total number of responses
not provided Number of emergency responses

not provided Total number of transports
not provided Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Mission Ambulance **Response Zone:** N/A

Address: 1055 E. 3rd Street **Number of Ambulance Vehicles in Fleet:** 5
Corona, CA 92879

Phone Number: (800) 899-9100 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

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

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

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

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

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** PMT Ambulance **Response Zone:** N/A

Address: 575 Maple Court **Number of Ambulance Vehicles in Fleet:** 2
Colton CA 92324

Phone Number: (909) **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

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

1,106 Total number of responses
75 Number of emergency responses
1,031 Number of non-emergency responses

1,072 Total number of transports
3 Number of emergency transports
1,069 Number of non-emergency transports

County: Orange **Provider:** Premier Medical Transport **Response Zone:** N/A

Table 8: Resource Directory**Reporting Year:** 2018**Response/Transportation/Providers****Note:** *Table 8 is to be completed for each provider by county. Make copies as needed.***Address:** 530 N. Puente Street
Brea, CA 92821**Number of Ambulance Vehicles in Fleet:** 23**Phone Number:** (888) 353-9556**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 23

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

<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"/> 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
13,908 Total number of responses
12 Number of emergency responses
13,896 Number of non-emergency responses

13,305 Total number of transports
17 Number of emergency transports
13,288 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** PRN Ambulance **Response Zone:** N/A

Address: 8928 Sepulveda Blvd. **Number of Ambulance Vehicles in Fleet:** 17
North Hills, CA 91343

Phone Number: (818) 810-3600 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 17

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

<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"/> 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

954 Total number of responses
9 Number of emergency responses
945 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Royalty Ambulance **Response Zone:** N/A

Address: 3235 San Fernando Road, Bldg. 6 **Number of Ambulance Vehicles in Fleet:** 1
Los Angeles, CA 90065

Phone Number: (818) 550-5833 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

0 Total number of responses
0 Number of emergency responses

0 Total number of transports
0 Number of emergency transports

Table 8: Resource Directory
Reporting Year: 2018
Response/Transportation/Providers

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

County: Orange **Provider:** Shoreline Ambulance (Ambuserve Inc.dba Shoreline Ambulance) **Response Zone:** N/A

Address: 3400 West Warner Avenue, Suite H **Number of Ambulance Vehicles in Fleet:** 9
Santa Ana, CA 92704

Phone Number: (855) 474-6735 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 9

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

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

1,939 Total number of responses
17 Number of emergency responses
1,922 Number of non-emergency responses

1,939 Total number of transports
13 Number of emergency transports
1,926 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Symons Ambulance **Response Zone:** N/A

Address: 18592 Cajon Blvd.
San Bernardino, CA 92407 **Number of Ambulance Vehicles in Fleet:** 6

Phone Number: (866) 728-3483 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

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

5,140 Total number of responses
20 Number of emergency responses
5,120 Number of non-emergency responses

5,087 Total number of transports
15 Number of emergency transports
5,072 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** ViewPoint Ambulance **Response Zone:** N/A

Address: 1341 North Miller Street
Anaheim, CA 92806 **Number of Ambulance Vehicles in Fleet:** 15

Phone Number: (888) 202-6500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 15

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

<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"/> 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

7,216 Total number of responses
497 Number of emergency responses
6,719 Number of non-emergency responses

7,216 Total number of transports
146 Number of emergency transports
7,070 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Anaheim Fire Department **Response Zone:** OA-1

Address: 201 S. Anaheim Blvd. #301 **Number of Ambulance Vehicles in Fleet:** 0
Anaheim, CA 9805

Phone Number: (714) 765-4000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

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

Transporting Agencies

24,018 Total number of responses
23,979 Number of emergency responses
39 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Brea Fire Department **Response Zone:** EOA-2

Address: One Civic Center Circle
Brea, CA 92821 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: (714) 990-7644 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

<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"/> 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

3,199 Total number of responses
3,120 Number of emergency responses
79 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Costa Mesa Fire Department **Response Zone:** OA-4

Address: 77 Fair Drive; PO Box 1200 **Number of Ambulance Vehicles in Fleet:** 2
Costa Mesa, CA 92626

Phone Number: (714) 754-5106 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

<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"/> 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

10,465 Total number of responses
10,323 Number of emergency responses
142 Number of non-emergency responses

1,339 Total number of transports
12 Number of emergency transports
1,327 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Fountain Valley Fire Department **Response Zone:** OA-6

Address: 10200 Slater Avenue **Number of Ambulance Vehicles in Fleet:** 0
Fountain Valley, CA 92708

Phone Number: (714) 593-4436 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

<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"/> 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

4,579 Total number of responses
4,352 Number of emergency responses
227 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Fullerton Fire Department **Response Zone:** OA-7

Address: 312 E. Commonwealth Avenue **Number of Ambulance Vehicles in Fleet:** 0
Fullerton, CA 92832

Phone Number: (714) 738-6502 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

<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"/> 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

8,757 Total number of responses
8,455 Number of emergency responses
302 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Garden Grove Fire Department **Response Zone:** OA-8

Address: 11301 Acacia Parkway
Garden Grove, CA 92840 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: (714) 741-5600 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

<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"/> 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

10,274 Total number of responses
10,272 Number of emergency responses

0 Total number of transports
0 Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Huntington Beach Fire Department **Response Zone:** OA-9

Address: 2000 Main Street **Number of Ambulance Vehicles in Fleet:** 4
Huntington Beach, CA 92648

Phone Number: (714) 536-5411 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

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

Transporting Agencies

21,458 Total number of responses
16,779 Number of emergency responses
4,679 Number of non-emergency responses

12,463 Total number of transports
2,514 Number of emergency transports
9,949 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Laguna Beach Fire Department **Response Zone:** OA-11

Address: 505 Forest Avenue **Number of Ambulance Vehicles in Fleet:** 0
Laguna Beach, CA

Phone Number: (949) 497-0700 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

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

<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"/> 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

2,056 Total number of responses
2,056 Number of emergency responses
0 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** City of La Habra **Response Zone:** OA-12

Address: 201 E. La Habra Boulevard **Number of Ambulance Vehicles in Fleet:** 3
La Habra, CA 90633

Phone Number: (562) 383-4000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

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

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input checked="" 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"/> 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

3,497 Total number of responses
3,337 Number of emergency responses
74 Number of non-emergency responses

3,229 Total number of transports
1,433 Number of emergency transports
1,796 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Los Angeles County Fire Department **Response Zone:** OA-12

Address: 1320 N. Eastern Avenue
Los Angeles, CA 90063-3244 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: (310) 577-5700 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

<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"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	--

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

Transporting Agencies

9,685 Total number of responses
9,678 Number of emergency responses
7 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Newport Beach Fire Department **Response Zone:** OA-15

Address: 3300 Newport Blvd. **Number of Ambulance Vehicles in Fleet:** 3
Newport Beach, CA 92653

Phone Number: (949) 644-3104 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

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

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

Transporting Agencies

9,946 Total number of responses
9,706 Number of emergency responses
240 Number of non-emergency responses

5,928 Total number of transports
2,379 Number of emergency transports
3,549 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Orange City Fire Department **Response Zone:** OA-16

Address: 176 S. Grand Street **Number of Ambulance Vehicles in Fleet:** 4
Orange, CA 92866

Phone Number: (714) 288-2500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

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

Transporting Agencies

9,786 Total number of responses
9,784 Number of emergency responses
2 Number of non-emergency responses

7,323 Total number of transports
1,974 Number of emergency transports
5,349 Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Orange County Fire Authority **Response Zone:** OA-3, 18, EOA-20, 25, Regions A, B, C, D, E

Address: 1 Fire Authority Road **Number of Ambulance Vehicles in Fleet:** 0
Irvine, CA 92602

Phone Number: (714) 573-6000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

		<u>Transporting Agencies</u>	
<u>114,451</u>	Total number of responses	<u>0</u>	Total number of transports
<u>112,281</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>2,170</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports
		<u>Air Ambulance Services</u>	
<u>29</u>	Total number of responses	<u>29</u>	Total number of transports
<u>29</u>	Number of emergency responses	<u>29</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** Orange County Sheriff's Department **Response Zone:** N/A

Address: 550 North Flower Street
Santa Ana, CA 92703 **Number of Ambulance Vehicles in Fleet:** N/A

Phone Number: (714) 647-1800 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1 (AIR)

<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 checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	--

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

		<u>Transporting Agencies</u>	
<u>0</u>	Total number of responses	<u>0</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports
		<u>Air Ambulance Services</u>	
<u>45</u>	Total number of responses	<u>60</u>	Total number of transports
<u>45</u>	Number of emergency responses	<u>60</u>	Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2018

Response/Transportation/Providers

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

County: Orange **Provider:** City of San Clemente **Response Zone:** OA-18

Address: 100 Avenida Presidio
San Clemente, CA 92672 **Number of Ambulance Vehicles in Fleet:** Provided by Care

Phone Number: (949) 361-8200 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** Provided by Care

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

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

Transporting Agencies

2,695 Total number of responses
67 Number of emergency responses
2,628 Number of non-emergency responses

2,686 Total number of transports
610 Number of emergency transports
2,076 Number of non-emergency transports

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Anaheim Global Medical Center
Address: 1025 S. Anaheim Boulevard
Anaheim, CA 92805

Telephone Number: 714-533-6220

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

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

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Anaheim Regional Medical Center Telephone Number: 714-774-1450
Address: 1111 W. La Palma Avenue
Anaheim, CA 92801

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

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

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Chapman Global Medical Center Telephone Number: 714-633-0011
Address: 2601 E. Chapman Ave
Orange, CA 92869

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

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

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Children's Hospital of Orange County Telephone Number: 714-997-3000
Address: 1201 W. La Veta Ave
Orange, CA 92868

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

Pediatric Critical Care Center¹ EDAP² PICU³	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II (PEDIATRIC ONLY) <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Foothill Regional Medical Center Telephone Number: 714-619-7700
Address: 14662 Newport Avenue
Tustin, CA 92780

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

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

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Fountain Valley Hospital Telephone Number: 714-966-7200
Address: 17100 Euclid Street
Fountain Valley, CA 92708

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

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

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Garden Grove Hospital & Medical Center Telephone Number: 714-537-5160
Address: 12601 Garden Grove Boulevard
Garden Grove, CA 92843

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

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

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Hoag Memorial Hospital Presbyterian

Address: One Hoag Drive
Newport Beach, CA 92658-6100

Telephone Number: 949-764-4624

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

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

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Hoag Hospital Irvine

Address: 16200 Sand Canyon Avenue

Irvine, CA 92618

Telephone Number: 949-517-3000

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

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

<div>STEMI Center:</div> <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div>Stroke Center:</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>
---	--

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Huntington Beach Hospital Telephone Number: 714-843-5000
Address: 17772 Beach Boulevard
Huntington Beach, CA 92647

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

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

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Kaiser Permanente Orange County, Anaheim Telephone Number: 714-644-2000
Address: 3440 E. La Palma Avenue
Anaheim, CA 92806

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

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

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Kaiser Permanente Orange County, Irvine Telephone Number: 949-932-5000
Address: 6640 Alton Parkway
Irvine, CA 92618

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

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

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility:

La Palma Intercommunity Hospital

Address:

7901 Walker Street

La Palma, CA 90623

Telephone Number:

714-670-7400

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

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

<div>STEMI Center:</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>	<div>Stroke Center:</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>
---	--

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Los Alamitos Medical Center Telephone Number: 562-598-1311
Address: 3751 Katella Avenue
Los Alamitos, CA 90720

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

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

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Mission Hospital, Mission Viejo Telephone Number: 949-364-1400
Address: 27700 Medical Center Road
Mission Viejo, CA 92691

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

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

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

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Mission Hospital, Laguna Beach Telephone Number: 949-499-1311
Address: 31872 Coast Highway
Laguna Beach, CA 92651

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

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

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

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Orange Coast Memorial Medical Center Telephone Number: 714-378-7000
Address: 9920 Talbert Avenue
Fountain Valley, CA 92708

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

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

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility:

Orange County Global Medical Center

Address:

1001 N. Tustin Avenue

Santa Ana, CA 92705

Telephone Number:

714-835-3555

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

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Placentia Linda Hospital Telephone Number: 714-933-2000
Address: 1301 North Rose Drive
Placentia, CA 92870

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

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

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Saddleback Memorial Medical Center, LH
Address: 24451 Health Center Road
Laguna Hills, CA 92653

Telephone Number: 949-837-4500

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

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

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: South Coast Global Medical Center

Address: 2701 S. Bristol Street
Santa Ana, CA 92704

Telephone Number: 714-754-5454

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

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

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: St. Joseph Hospital Telephone Number: 714-633-9111
Address: 1100 W. Stewart Drive
Orange, CA 92868

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

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

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: Saint Jude Medical Center Telephone Number: 714-992-3000
Address: 101 E. Valencia Mesa Drive
Fullerton, CA 92835

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

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

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: University of California, Irvine Medical Center Telephone Number: 714-456-6011
Address: 101 The City Drive South
Orange, CA 92868

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

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

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 9: FACILITIES

County: ORANGE

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

Facility: West Anaheim Medical Center Telephone Number: 714-827-3000
Address: 3033 W. Orange Avenue
Anaheim, CA 92804

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

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

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

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

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

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

TABLE 10: APPROVED TRAINING PROGRAMS**County:** ORANGE**Reporting Year:** 2019**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<u>Anaheim Fire Department</u>		Telephone Number:	<u>714-765-4022</u>
Address:		<u>201 S. Anaheim Blvd, Suite 300</u>			
		<u>Anaheim, CA 92805</u>			
Student Eligibility*:	Restricted	**Program Level	EMT-Basic		
Cost of Program:		Number of students completing training per year:			
Basic: <u>\$0</u>		Initial training: <u>0</u>			
Refresher: <u>\$0</u>		Refresher: <u>0</u>			
		Continuing Education: <u>35</u>			
		Expiration Date: <u>12/31/22</u>			
		Number of courses:			
		Initial training: <u>0</u>			
		Refresher: <u>0</u>			
		Continuing Education: <u>30</u>			

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

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

Training Institution:		<u>Central Orange County CTEP</u>		Telephone Number:	<u>714-966-3528</u>
Address:		<u>2323 N. Broadway, Suite 301</u>			
		<u>Santa Ana, CA 92706</u>			
Student Eligibility*:	Restricted	**Program Level	EMT-Basic		
Cost of Program:		Number of students completing training per year:			
Basic: <u>\$0</u>		Initial training: <u>11</u>			
Refresher: <u>8</u>		Refresher: <u>0</u>			
High School Only		Continuing Education: <u>0</u>			
OUSD students only No tuition but fees of \$150		Expiration Date: <u>3/31/20</u>			
		Number of courses:			
		Initial training: <u>1</u>			
		Refresher: <u>0</u>			
		Continuing Education: <u>0</u>			

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

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

NR=not reported

TABLE 10: APPROVED TRAINING PROGRAMS**County:** ORANGE**Reporting Year:** 2019**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Coastline ROP</u>		Telephone Number: <u>714-429-2250</u>	
Address: <u>1001 Presidio Square</u>			
<u>Costa Mesa, CA 92624-1584</u>			
Student		**Program Level	EMT-Basic
Eligibility*: Open to public	Cost of Program:		
	Basic: <u>\$1200</u>	Number of students completing training per year:	
	Refresher: <u>n/a</u>	Initial training: <u>130</u>	
*No cost for HS students		Refresher: <u>0</u>	
		Continuing Education: <u>0</u>	
		Expiration Date: <u>9/30/21</u>	
		Number of courses:	
		Initial training: <u>9</u>	
		Refresher: <u>0</u>	
		Continuing Education: <u>0</u>	

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

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

Training Institution: <u>Costa Mesa Fire Department</u>		Telephone Number: <u>714-754-5155</u>	
Address: <u>77 Fair Drive</u>			
<u>Costa Mesa, CA 92626</u>			
Student		**Program Level	EMT-Basic
Eligibility*: Restricted	Cost of Program:		
	Basic: <u>\$0</u>	Number of students completing training per year:	
Employees Only	Refresher: <u>\$0</u>	Initial training: <u>0</u>	
		Refresher: <u>42</u>	
		Continuing Education: <u>0</u>	
		Expiration Date: <u>11/30/21</u>	
		Number of courses:	
		Initial training: <u>0</u>	
		Refresher: <u>1</u>	
		Continuing Education: <u>12</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

TABLE 10: APPROVED TRAINING PROGRAMS**County:** ORANGE**Reporting Year:** 2019**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<u>Laguna Beach Fire Department</u>		Telephone Number:	<u>949-497-0700</u>
Address:		<u>505 Forest Ave</u>			
		<u>Laguna Beach, CA 92651</u>			
Student Eligibility*:	Restricted	**Program Level	EMT-Basic		
	Cost of Program:				
	Basic:		<u>\$0</u>		
	Refresher:		<u>\$0</u>		
		Number of students completing training per year:			
		Initial training:	<u>0</u>		
		Refresher:	<u>0</u>		
		Continuing Education:	<u>NR</u>		
		Expiration Date:	<u>12/31/21</u>		
		Number of courses:			
		Initial training:	<u>0</u>		
		Refresher:	<u>0</u>		
		Continuing Education:	<u>"Yes"</u>		

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

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

NR=not reported

Training Institution:		<u>Newport Beach Fire Department</u>		Telephone Number:	<u>949-644-3384</u>
Address:		<u>3300 Newport Blvd.</u>			
		<u>Newport Beach, CA 92653</u>			
Student Eligibility*:	Restricted	**Program Level	EMT-Basic		
	Cost of Program:				
	Basic:		<u>\$0</u>		
	Refresher:		<u>\$0</u>		
		Number of students completing training per year:			
		Initial training:	<u>0</u>		
		Refresher:	<u>70</u>		
		Continuing Education:	<u>140</u>		
		Expiration Date:	<u>11/30/21</u>		
		Number of courses:			
		Initial training:	<u>n/a</u>		
		Refresher:	<u>0</u>		
		Continuing Education:	<u>20</u>		

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

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

TABLE 10: APPROVED TRAINING PROGRAMS**County:** ORANGE**Reporting Year:** 2019**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>North Orange County ROP</u>		Telephone Number: <u>714-292-7350</u>
Address: <u>1800 W. Ball Road</u>		
<u>Anaheim, CA 92804</u>		
Student Eligibility*: High School Only	Cost of Program: Basic: \$1,000 Refresher: \$250	**Program Level EMT-Basic
No charge for high school students		Number of students completing training per year:
		Initial training 25
		Refresher: 0
		Continuing Education: 0
		Expiration Date: 5/31/21
		Number of courses:
		Initial training: 1
		Refresher: 0
		Continuing Education: 0

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

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

Training Institution: <u>Orange Coast College</u>		Telephone Number: <u>714-432-5089</u>
Address: <u>2701 Fairview Rd</u>		
<u>Costa Mesa, CA 92628</u>		
Student Eligibility*: Open to public	Cost of Program: Basic: <u>\$1300</u> Refresher: <u>63</u>	**Program Level EMT-Basic
		Number of students completing training per year:
		Initial training: <u>43</u>
		Refresher: <u>3</u>
		Continuing Education: <u>0</u>
		Expiration Date: <u>8/31/21</u>
		Number of courses:
		Initial training: <u>2</u>
		Refresher: <u>1</u>
		Continuing Education: <u>0</u>

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

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

NR=not reported

TABLE 10: APPROVED TRAINING PROGRAMS**County:** ORANGE**Reporting Year:** 2019**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<u>Orange County EMT (OCEMT)</u>		Telephone Number:	<u>949-291-3887</u>
Address:		<u>26849 Rancho Parkway South</u>			
		<u>Lake Forest, CA 92630</u>			
Student		**Program Level	EMT-Basic		
Eligibility*:	Open to public	Cost of Program:			
		Basic:	<u>\$1,100</u>	Number of students completing training per year:	
		Refresher:	<u>197</u>	Initial training:	<u>70</u>
				Refresher:	<u>27</u>
				Continuing Education:	<u>0</u>
				Expiration Date:	<u>2/28/23</u>
				Number of courses:	
				Initial training:	<u>8</u>
				Refresher:	<u>1</u>
				Continuing Education:	<u>0</u>

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

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

NR=not reported

Training Institution:		<u>Orange County EMT (OCEMT)</u>		Telephone Number:	<u>949-291-3887</u>
Address:		<u>26489 Rancho Parkway South</u>			
		<u>Lake Forest, CA 92630</u>			
Student		**Program Level	EMT-P		
Eligibility*:	Open to public	Cost of Program:			
		Basic:	<u>\$10,000</u>	Number of students completing training per year:	
		Refresher:	<u>n/a</u>	Initial training:	<u>30</u>
				Refresher:	<u>n/a</u>
				Continuing Education:	<u>0</u>
				Expiration Date:	<u>5/31/202</u>
					<u>1</u>
				Number of courses:	
				Initial training:	<u>2</u>
				Refresher:	<u>0</u>
				Continuing Education:	<u>2</u>

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

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level. NR=not reported

TABLE 10: APPROVED TRAINING PROGRAMS**County:** ORANGE**Reporting Year:** 2019**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<u>Orange Fire Department</u>	Telephone Number:	<u>714-288-2503</u>
Address:		<u>178 South Grand St</u>		
		<u>Orange, CA 92866</u>		
Student Eligibility*:	Restricted	**Program Level	EMT-Basic	
	Cost of Program:			
	Basic:	<u>\$0</u>		
	Refresher:	<u>\$0</u>		
	Number of students completing training per year:			
	Initial training:	<u>0</u>		
	Refresher:	<u>0</u>		
	Continuing Education:	<u>35</u>		
	Expiration Date:	<u>10/31/21</u>		
	Number of courses:			
	Initial training:	<u>0</u>		
	Refresher:	<u>0</u>		
	Continuing Education:	<u>15</u>		

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

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

Training Institution:		<u>Saddleback College</u>	Telephone Number:	<u>949-582-4959</u>
Address:		<u>28000 Marguerite Pkwy</u>		
		<u>Mission Viejo, CA 92691</u>		
Student Eligibility*:	Open to public	**Program Level	EMT-Basic	
	Cost of Program:			
	Basic:	<u>\$605</u>		
	Refresher:	<u>150</u>		
	Number of students completing training per year:			
	Initial training	<u>175</u>		
	Refresher:	<u>15</u>		
	Continuing Education:	<u>Variable</u>		
	Expiration Date:	<u>3/31/20</u>		
	Number of courses:			
	Initial training:	<u>5</u>		
	Refresher:	<u>1</u>		
	Continuing Education:	<u>Variable</u>		

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

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

TABLE 10: APPROVED TRAINING PROGRAMS**County:** ORANGE**Reporting Year:** 2019**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed

Training Institution: <u>Saddleback College</u>		Telephone Number: <u>949-582-4959</u>
Address: <u>28000 Marguerite Pkwy</u>		
<u>Mission Viejo, CA 92691</u>		
Student	**Program Level	EMT-P
Eligibility*: Open to public	Cost of Program:	
	Basic: <u>\$1771</u>	Number of students completing training per year:
	Refresher: <u>53</u>	Initial training: <u>504</u>
Paramedic Prep - \$204		Refresher: <u>n/a</u>
		Continuing Education: <u>Variable</u>
		Expiration Date: <u>4/30/21</u>
	Number of courses:	
	Initial training:	<u>2</u>
	Refresher:	<u>n/a</u>
	Continuing Education:	<u>5</u>

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

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

Training Institution: <u>Santa Ana College – Fire Technology Department</u>		Telephone Number: <u>714-564-6403</u>
Address: <u>1530 W. 17th St.</u>		
<u>Santa Ana, CA 92706-3398</u>		
Student	**Program Level	EMT-Basic
Eligibility*: Fire Recruits Only	Cost of Program:	
	Basic: <u>\$0</u>	Number of students completing training per year:
	Refresher: <u>n/a</u>	Initial training: <u>0</u>
		Refresher: <u>98</u>
		Continuing Education: <u>0</u>
		Expiration Date: <u>8/31/21</u>
	Number of courses:	
	Initial training:	<u>0</u>
	Refresher:	<u>2</u>
	Continuing Education:	<u>0</u>

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

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

TABLE 10: APPROVED TRAINING PROGRAMS**County:** ORANGE**Reporting Year:** 2019**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed

Training Institution:		<u>Santa Ana College – Nursing Department</u>		Telephone Number:	<u>714-564-6825</u>
Address:		<u>1530 W. 17th St.</u>			
		<u>Santa Ana, CA 92706-3398</u>			
Student		**Program Level	EMT-Basic		
Eligibility*:	Open to public	Cost of Program:			
		Basic:	<u>\$800</u>	Number of students completing training per year:	
		Refresher:	<u>164</u>	Initial training:	
				<u>170</u>	
				Refresher:	
				<u>12</u>	
				Continuing Education:	
				<u>180</u>	
				Expiration Date:	
				<u>8/31/22</u>	
				Number of courses:	
				Initial training:	
				<u>7</u>	
				Refresher:	
				<u>1</u>	
				Continuing Education:	
				<u>30</u>	

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

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

NR=not reported

Training Institution:		<u>College and Career Advantage (formerly South Coast ROP)</u>		Telephone Number:	<u>949-234-9479</u>
Address:		<u>33122 Valle Rd</u>			
		<u>San Juan Capistrano CA 92675</u>			
Student		**Program Level	EMT-Basic		
Eligibility*:	Restricted	Cost of Program:			
	High school only	Basic:	<u>0</u>	Number of students completing training per year:	
		Refresher:		Initial training:	
				<u>72</u>	
				Refresher:	
				<u>0</u>	
				Continuing Education:	
				<u>36</u>	
				Expiration Date:	
				<u>48</u>	
				Number of courses:	
				Initial training:	
				<u>NR</u>	
				Refresher:	
				<u>8/31/21</u>	
				Continuing Education:	
				<u>0</u>	

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

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

TABLE 10: APPROVED TRAINING PROGRAMS**County:** ORANGE**Reporting Year:** 2019**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed

Training Institution:	<u>West Coast EMT</u>		Telephone Number:	<u>714-558-9604</u>
Address:	<u>932 Town & Country Rd</u>			
	<u>Orange, CA 92013</u>			
Student Eligibility*:	Open to public	Cost of Program:	**Program Level	EMT-Basic
		Basic: <u>\$995</u>	Number of students completing training per year:	
		Refresher: <u>NR</u>	Initial training:	<u>NR</u>
			Refresher:	<u>NR</u>
			Continuing Education:	<u>NR</u>
			Expiration Date:	<u>NR</u>
			Number of courses:	
			Initial training:	<u>NR</u>
			Refresher:	<u>NR</u>
			Continuing Education:	<u>NR</u>

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

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

Training Institution:	<u>Orange County Fire Authority</u>		Telephone Number:	<u>714-573-6072</u>
Address:	<u>One Fire Authority Road</u>			
	<u>Santa Ana, CA 92706-3398</u>			
Student Eligibility*:	Restricted	Cost of Program:	**Program Level	EMT-Basic
		Basic: <u>\$0</u>	Number of students completing training per year:	
		Refresher: <u>\$0</u>	Initial training:	n/a
			Refresher:	<u>0</u>
			Continuing Education:	<u>530</u>
			Expiration Date:	<u>10/31/21</u>
			Number of courses:	
			Initial training:	n/a
			Refresher:	<u>0</u>
			Continuing Education:	<u>107</u>

TABLE 10: APPROVED TRAINING PROGRAMS**County:** ORANGE**Reporting Year:** 2019**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed

Training Institution:	<u>ProTech Life Safety</u>	Telephone Number:	<u>714-732-0761</u>
Address:	<u>1380 S. Sanderson Ave.</u>		
	<u>Anaheim, CA</u>		
Student Eligibility*:	Open to public	**Program Level	EMT-Basic
Cost of Program:		Number of students completing training per year:	
Basic:	<u>\$1100</u>	Initial training:	<u>65</u>
Refresher:	<u>NR</u>	Refresher:	<u>NR</u>
		Continuing Education:	<u>NR</u>
		Expiration Date:	<u>NR</u>
		Number of courses:	
		Initial training:	<u>NR</u>
		Refresher:	<u>NR</u>
		Continuing Education:	<u>NR</u>

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

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

NR=not reported

TABLE 11: DISPATCH AGENCY**County:** ORANGE**Reporting Year:** 2018**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>Costa Mesa Communications</u>	Primary Contact:	<u>Reena Bolle</u>		
Address:	<u>79 Fair Drive</u>				
	<u>Costa Mesa, CA 92626</u>				
Telephone Number:	<u>714-754-5252/714-754-5060</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	25 EMD Training	EMT-D	ALS
			BLS	ALS	Other
Ownership:		If Public:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input checked="" type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain:			

Name:	<u>Laguna Beach Public Safety Dispatch</u>	Primary Contact:	<u>Kristen Berry</u>		
Address:	<u>505 Forest Avenue</u>				
	<u>Laguna Beach, CA 92651</u>				
Telephone Number:	<u>949-497-0399/949-497-0399</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	12 EMD Training	EMT-D	ALS
			BLS	LALS	Other
Ownership:		If Public:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input checked="" type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain:			

TABLE 11: DISPATCH AGENCY**County:** ORANGE**Reporting Year:** 2018**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>La Habra-Los Angeles County Fire Command & Control Center</u>		Primary Contact:	<u>Tony Ramirez</u>
Address:	<u>850 W. La Habra Blvd</u>			
	<u>La Habra CA 90063</u>			
Telephone Number:	<u>323-881-6183/323-881-2344</u>			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:				
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public:			
	<input checked="" type="checkbox"/> Fire			
	<input type="checkbox"/> Law			
	<input type="checkbox"/> Other			
	Explain:			

Name:	<u>Metro Cities Fire Authority (MetroNet)</u>		Primary Contact:	<u>Gary Gionet</u>
Address:	<u>201 S. Anaheim Blvd., Suite 302</u>			
	<u>Anaheim, CA 92805</u>			
Telephone Number:	<u>714-765-4079/714-765-4077</u>			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster		
Ownership:				
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public:			
	<input checked="" type="checkbox"/> Fire			
	<input type="checkbox"/> Law			
	<input type="checkbox"/> Other			
	Explain:			

TABLE 11: DISPATCH AGENCY**County:** ORANGE**Reporting Year:** 2018**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>Orange County Fire Authority</u>	Primary Contact:	<u>Jeff Logan</u>		
Address:	<u>1 Fire Authority Road</u>				
	<u>Irvine, CA 92602</u>				
Telephone Number:	<u>714-573-6522/714-573-6551</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	33 EMD Training	EMT-D	ALS
			BLS	ALS	Other
Ownership:		If Public:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public:	<input type="checkbox"/> City	<input type="checkbox"/> County
		<input type="checkbox"/> Law		<input type="checkbox"/> State	<input checked="" type="checkbox"/> Fire District
		<input type="checkbox"/> Other		<input type="checkbox"/> Federal	
		Explain:			

Name:	<u>Orange County Sheriff's Department</u>	Primary Contact:	<u>Peter Jimenez</u>		
Address:	<u>2644 Santiago Canyon Road</u>				
	<u>Silverado Canyon Road, CA 92676</u>				
Telephone Number:	<u>714-628-3018</u>				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	EMD Training	EMT-D	ALS
			BLS	ALS	Other
Ownership:		If Public:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public:	<input type="checkbox"/> City	<input checked="" type="checkbox"/> County
		<input checked="" type="checkbox"/> Law		<input type="checkbox"/> State	<input type="checkbox"/> Fire District
		<input type="checkbox"/> Other		<input type="checkbox"/> Federal	
		Explain:			

Section 4
Ambulance Zone Summary Forms

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: Region A (Placentia, Yorba Linda)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Emergency Ambulance Service, Inc.
Area or Subarea (Zone) Geographic Description: City boundaries of Placentia, Yorba Linda and Unincorporated/County Islands: Brea Unincorporated, Tonner Canyon, Chino Hills State Park, Country Club, Fairlynn
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. In 2014, RFP#OC2014.01 was conducted and a contract awarded on April 28, 2015 to Emergency Ambulance Service, Inc. for a five year term, 6/1/15 through 5/31/20.

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: Region B (Cypress, La Palma, Los Alamitos, Seal Beach, Stanton)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service, Inc.
Area or Subarea (Zone) Geographic Description: City boundaries of Cypress, La Palma, Los Alamitos, Seal Beach, Stanton and Unincorporated/County Islands: Rossmoor, Bolsa Chica, Midway City, Carmel/Lampson, Dale/Augusta, Katella/Rustic, Mac-Syracuse
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. In 2014, RFP#OC2014.01 was conducted and a contract awarded on April 28, 2015 to Care Ambulance Service, Inc. for a five year term, 6/1/15 through 5/31/20.

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: Region C (Irvine, Tustin, Villa Park)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service, Inc.
Area or Subarea (Zone) Geographic Description: City boundaries of Irvine, Tustin, Villa Park and Unincorporated/County Islands: John Wayne Airport, Irvine Sphere of Influence, Tustin, Cowan, Lemon Heights, North Tustin (Orange and Tustin portions), Villa Park, Silverado Canyon, El Modena, Lincoln/Glassell, North El Modena, Olive Heights, Orange Park Acres, Santiago Creek)
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. In 2014, RFP#OC2014.01 was conducted and a contract awarded on April 28, 2015 to Care Ambulance Service, Inc. for a five year term, 6/1/15 through 5/31/20.

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: Region D (Laguna Hills, Laguna Niguel, Aliso Viejo, Laguna Woods, Dana Point)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service, Inc.
Area or Subarea (Zone) Geographic Description: City boundaries of Laguna Hills, Laguna Niguel, Aliso Viejo, Dana Point and Unincorporated/County Islands: Aliso Woods, Aliso Canyon, Laguna Woods, Unincorporated Laguna Wilderness, Emerald Bay
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. In 2014, RFP#OC2014.01 was conducted and a contract awarded on April 28, 2015 to Care Ambulance Service, Inc. for a five year term, 6/1/15 through 5/31/20.

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: Region E (San Juan Capistrano, Rancho Santa Margarita, Mission Viejo, Lake Forest)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service, Inc.
Area or Subarea (Zone) Geographic Description: City boundaries of San Juan Capistrano, Rancho Santa Margarita, Mission Viejo, Lake Forest and Unincorporated/County Islands: Ortega Highway Trabuco, O'Neill Park, Las Flores, Coto de Caza, Modjeska, Upper Trabuco/Cooks
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, 9-1-1 Emergency Response
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. In 2014, RFP#OC2014.01 was conducted and a contract awarded on April 28, 2015 to Care Ambulance Service, Inc. for a five year term, 6/1/15 through 5/31/20.

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 1 - Anaheim
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service (served the area since 1998)
Area or Subarea (Zone) Geographic Description: City of Anaheim
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: EOA 2 - Brea
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Emergency Ambulance Service, Inc. (served the area since approximately 1980)
Area or Subarea (Zone) Geographic Description: City of Brea
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance; 9-1-1 Emergency, BLS Ambulance (at the request of public safety).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Method of Exclusivity: Grandfathered Emergency Ambulance Service has been providing BLS emergency ambulance transportation services for the City of Brea since 1980. No changes in company ownership or service levels since 1980.

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 3 – City of Buena Park
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service (served the area since 1998)
Area or Subarea (Zone) Geographic Description: The City of Buena Park.
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 4 – Costa Mesa
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of Costa Mesa (since 2018) Care Ambulance Service (2008; 2018 personnel contract)
Area or Subarea (Zone) Geographic Description: City of Costa Mesa
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 6 – Fountain Valley
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service (served the area since 1998)
Area or Subarea (Zone) Geographic Description: City of Fountain Valley
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 7 – Fullerton
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service (served the area since November 2002)
Area or Subarea (Zone) Geographic Description: City of Fullerton
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 8 – Garden Grove
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service (served the area since 1998)
Area or Subarea (Zone) Geographic Description: City of Garden Grove
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 9 – Huntington Beach
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Huntington Beach Fire Department (served the area since 1993)
Area or Subarea (Zone) Geographic Description: City of Huntington Beach and Sunset Beach
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 11 – Laguna Beach
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Doctor's Ambulance Service (served the area since 1996)
Area or Subarea (Zone) Geographic Description: City of Laguna Beach
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 12 – La Habra
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of La Habra Ambulance
Area or Subarea (Zone) Geographic Description: City of La Habra
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 15 – Newport Beach
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Newport Beach Fire Department (served the area since 1996)
Area or Subarea (Zone) Geographic Description: City of Newport Beach
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 16 – Orange
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Orange Fire Department (served the area since 1995)
Area or Subarea (Zone) Geographic Description: City of Orange
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 18 – San Clemente
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of San Clemente (The City of San Clemente has provided emergency ambulance transport since 1995. A private company was once contracted. Orange County Fire Authority has been contracted for over ten years to staff city owned ambulances.)
Area or Subarea (Zone) Geographic Description: City of San Clemente
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: OA 20 – Santa Ana
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Santa Ana Fire Department (1973-2012); Care Ambulance Service (2012-present)
Area or Subarea (Zone) Geographic Description: City of Santa Ana
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): <small>Include intent of local EMS agency and board action.</small> Exclusive
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 (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Emergency Ambulance; 9-1-1 Emergency, BLS Ambulance (at the request of public safety).
Method to achieve exclusivity, if applicable (HS 1797.224): <small>If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> The City of Santa Ana has provided emergency ambulance transport since before 1980 either through direct provision thru city owned ambulances or contract with a private ambulance provider. <small>If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>

Date: December 1, 2019

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Orange County EMS
Area or Subarea (Zone) Name or Title: EOA 25 – Westminster
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of Westminster (1973-2007) Shoreline Ambulance (2007-2016); Care Ambulance (2016-present)
Area or Subarea (Zone) Geographic Description: City of Westminster
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance; 9-1-1 Emergency, BLS Ambulance (at the request of public safety).
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , 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. The City of Westminster has provided emergency ambulance transport since before 1980 either through direct provision thru city owned ambulances or contract with a private ambulance provider. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Section 5

Trauma System Status Report

Section 6

Quality Improvement Plan

Section 7

STEMI Plan

Section 8

Stroke Plan