

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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November 16, 2015

Tammi McConnell, EMS Administrator  
Orange County Emergency Medical Services  
405 W. Fifth Street, Suite 301A  
Santa Ana, CA 92701

Dear Ms. McConnell:

This letter is in response to the 2015 Orange County EMS Plan Update submission to the EMS Authority on October 5, 2015.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of Orange County's 2015 EMS Plan Update and is approving the plan as submitted.

**II. History and Background:**

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with H&S Code § 1797.105(b).

The California Health and Safety (H&S) Code § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

Historically, we have received EMS Plan documentation from Orange County for the following years: 1995, 1999, 2004, 2006, 2014 and, most current, its 2015 plan submission. Orange County received its last Five-Year Plan approval in 2014 and its last annual Plan Update approval in 2007 for its 2006 plan submission.

### III. Analysis of EMS System Components:

Following are comments related to Orange County's 2015 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&S Code § 1797.254 and the EMS system components identified in H&S Code § 1797.103 are indicated below:

A.      ☒      ☐      System Organization and Management

#### 1. System Assessment Forms

- **Standard 1.24 (ALS Systems):**

'Current Status' indicates standard is not met. In next submission please update progress on long-range plan indicated in objectives.

- **Standards 1.27 (Pediatric System Plan):**

'Current Status' indicates standard is not met. In next submission please update progress on long-range plan indicated in objectives.

B.      ☒      ☐      Staffing/Training

C.      ☒      ☐      Communications

D.      ☒      ☐      Response/Transportation

#### 1. Ambulance Zones

- Please see the attachment on the EMS Authority's determination of the exclusivity of Orange County's ambulance zones.

E.      ☒      ☐      Facilities/Critical Care

F.      ☒      ☐      Data Collection/System Evaluation

G.      ☒      ☐      Public Information and Education

H.      ☒      ☐      Disaster Medical Response

**IV. Conclusion:**

Based on the information identified, Orange County may implement areas of the 2015 EMS Plan Update that have been approved. Pursuant to H&S Code § 1797.105(b):

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

**V. Next Steps:**

Orange County's annual EMS Plan submission will be due on November 16, 2016. If you have any questions regarding the plan review please contact Jeff Schultz, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Howard Backer, MD, MPH, FACEP  
Director

Attachment





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



# **2014 Emergency Medical Services Plan**

## **2015 Annual Update**

Reviewed and updated August 2015

*Contains Provider Data for CY 2015  
and Financial Data for FY 2014-2015*

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**2014 ORANGE COUNTY EMERGENCY MEDICAL SERVICES PLAN  
ANNUAL UPDATE  
September 2015**

**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 2014/15 system enhancements and activities** include but are not limited to:

**9-1-1 Emergency Ambulance RFP#OC2014.01**

The Orange County RFP for 9-1-1 Emergency Ambulance Transportation concluded with the Board of Supervisor's action on April 28, 2015 with the awarding of contracts within five county administered ambulance regions. Two companies provide regional ambulance service for approximately one million residents and visitors per year.

**Designation of a Level II Pediatric Trauma Center**

On January 15, 2015, Children's Hospital of Orange County (CHOC) began accepting EMS pediatric trauma patients from the EMS System. CHOC was designated by OCEMS as a Level II Pediatric Paramedic Trauma Receiving Center and will undergo an American College of Surgeons trauma verification survey in 2016.

**Interfacility Transport – Advanced Life Support (IFT-ALS)**

In 2013, OCEMS initiated a limited pilot study of the feasibility, safety and effectiveness of a proposed IFT-ALS program. The study was exclusively designed for transport of patients between medical facilities who require advanced life support monitoring and not critical care transport (CCT Nurse) level care. Upon analysis of the pilot data, considerable review of public comments, programmatic counsel and awareness of EMS standards of practice within the state, OCEMS has fully authorized the service. From January to August, 2015 three authorized IFT-ALS providers transported approximately 5300 patients. Current data analysis demonstrates a benefit to the pre-hospital system as a whole with timely transports at an appropriate service level.

**Pilot Studies**

OCEMS Policy #399.00: Alternate Destination Pilot Project published June 1, 2015 provides authorization and criteria for the Orange County Alternate Destination Site Pilot Project approved under the California State EMS Authority Community Paramedicine Pilot Project. On July 28, 2015 the Office of Statewide Health Planning and Development (OSHPD) approved Orange County's Alternate Destination Pilot Project's Protocols and Procedures (Phase I & II).

OCEMS Policy #398.00: Naloxone by PD published June 1, 2015 describes criteria for law enforcement officer administration of naloxone hydrochloride in cases of suspected acute opioid overdose. Implementation pending, over one hundred officers trained in intranasal administration.

On November 19, 2014, Anaheim Fire & Rescue (AF&R) received initial OCEMS authorization for a community care response unit proposal. In July 2015, following many months of preparation, AF&R initiated the program consisting of a Community Care Response Unit (CCRU) that responds to low level, non-urgent medical requests with an ambulance staffed by a Nurse Practitioner and an Anaheim Fire Captain/Paramedic.

**2014 ORANGE COUNTY EMERGENCY MEDICAL SERVICES PLAN  
ANNUAL UPDATE  
September 2015**

**EXECUTIVE SUMMARY (cont'd)**

**Orange County Hospital Mutual Aid Memorandum of Understanding (MOU)**

On June 5, 2014 a Mutual Aid MOU was executed to aid hospitals in their emergency management by addressing the loan of medical personnel, pharmaceuticals, supplies, and equipment or assistance with emergency healthcare facility evacuation. The MOU signifies the commitment of the hospitals that in the event of a disaster, the medical needs of the community will be best met if the hospitals cooperate with each other and coordinate their response efforts. It is intended to augment local and regional mutual aid planning documents and therefore has been incorporated into applicable disaster medical response plans and the OCEMS Department Operations Center (DOC) as a resource document.

**Orange County Medical Emergency Data System (OC-MEDS)**

Orange County Base Hospitals implemented a countywide electronic Base Hospital Report (eBHR) system, the first of its kind in California. The eBHR is designed to be interoperable with existing electronic Prehospital Care Reports (ePCR) used by most 9-1-1 EMS providers and is integrated into the Base Hospital Radio Consoles used by Mobile Intensive Care Nurses (MICN) during online medical control.

NextGen (NEMSIS 3) planning and implementation is in progress. The main components and layout of the default ePCR template has been created; committees and sub-groups have formed to address transition to the NextGen OC-MEDS platform and pilot testing is scheduled for late Fall / early winter.

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>.



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Tammi McConnell, RN, MSN  
Orange County EMS Administrator

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September 22, 2015

Date



**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
<b>Agency Administration:</b>					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X	X		
<b>Planning Activities:</b>					
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		
<b>Regulatory Activities:</b>					
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/Policies		X			
<b>System Finances:</b>					
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
<b>Medical Direction:</b>					
1.17 Medical Direction*		X			
1.18 QA/QI		X	X		In Progress
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		
<b>Enhanced Level: Advanced Life Support</b>					
1.24 ALS Systems	X				In Progress
1.25 On-Line Medical Direction		X	X		
<b>Enhanced Level: Trauma Care System:</b>					
1.26 Trauma System Plan		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>					
1.27 Pediatric System Plan	X			Completed	In Progress
<b>Enhanced Level: Exclusive Operating Areas:</b>					
1.28 EOA Plan		X		Completed	In Progress

**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
<b>Local EMS Agency:</b>					
2.01 Assessment of Needs		X			In Progress
2.02 Approval of Training		X			
2.03 Personnel		X			
<b>Dispatchers:</b>					
2.04 Dispatch Training		X	X		
<b>First Responders (non-transporting):</b>					
2.05 First Responder Training		X	X		
2.06 Response		X			
2.07 Medical Control		X			
<b>Transporting Personnel:</b>					
2.08 EMT-I Training		X	X		
<b>Hospital:</b>					
2.09 CPR Training		X			
2.10 Advanced Life Support		X	X		
<b>Enhanced Level: Advanced Life Support:</b>					
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
<b>Communications Equipment:</b>					
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			
<b>Public Access:</b>					
3.07 9-1-1 Planning/ Coordination		X	X		
3.08 9-1-1 Public Education		X			
<b>Resource Management:</b>					
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
<b>Universal Level:</b>					
4.01 Service Area Boundaries*		X	X	Completed	Completed
4.02 Monitoring		X	X		In Progress
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			
<b>Enhanced Level: Advanced Life Support:</b>					
4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X			
<b>Enhanced Level: Ambulance Regulation:</b>					
4.18 Compliance		X		Completed	In Progress
<b>Enhanced Level: Exclusive Operating Permits:</b>					
4.19 Transportation Plan		X		Completed	In Progress
4.20 "Grandfathering"		X			In Progress
4.21 Compliance		X			In Progress
4.22 Evaluation		X		Completed	

**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
<b>Universal Level:</b>					
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			
<b>Enhanced Level: Advanced Life Support:</b>					
5.07 Base Hospital Designation*		X			
<b>Enhanced Level: Trauma Care System:</b>					
5.08 Trauma System Design		X			
5.09 Public Input		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>					
5.10 Pediatric System Design		X			
5.11 Emergency Departments		X	X		
5.12 Public Input		X			
<b>Enhanced Level: Other Specialty Care Systems:</b>					
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
<b>Universal Level:</b>					
6.01 QA/QI Program		X	X	Completed	
6.02 Prehospital Records		X			In Progress
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			
<b>Enhanced Level: Advanced Life Support:</b>					
6.09 ALS Audit		X	X		
<b>Enhanced Level: Trauma Care System:</b>					
6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X	X		

**Table 1: Summary of System Status**

**G. PUBLIC INFORMATION AND EDUCATION**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Universal Level:</b>					
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
<b>Universal Level:</b>					
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		
<b>Enhanced Level: Advanced Life Support:</b>					
8.17 ALS Policies		X			
<b>Enhanced Level: Specialty Care Systems:</b>					
8.18 Specialty Center Roles		X			
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>					
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.

##### **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-agenize Ordinance revision

##### **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., 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.

##### **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.4<sup>th</sup> 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.

##### **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.

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-agenize Ordinance revision.

##### 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.

**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.

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-agenize Ordinance revision.

##### 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.

**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 dependent upon Board action of proposed Ordinance amendments. Continuing to work with HCA Administration to re-agenize Ordinance revision.

##### 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.

##### **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-agenize Ordinance revision.

##### **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.

##### **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.

##### **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 MANAGEMENT**Reporting Year: **FY2014/2015**

**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)          | <b>100</b> _____% |
| D. |                                      |                   |

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**
- Public Health Officer
  - Health Services Agency Director/Administrator
  - Board of Directors
  - Other: \_\_\_\_\_

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

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

**TABLE 2:SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

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

**5. EXPENSES**

Salaries and benefits (All but contract personnel)	\$	<u>1,822,029</u>
Contract Services (e.g. medical director)		<u>157,041</u>
Operations (e.g. copying, postage, facilities)		<u>925,654</u>
Travel		<u>9,042</u>
Fixed assets		_____
Indirect expenses (overhead)		_____
Ambulance subsidy		_____
EMS Fund payments to physicians/hospital		_____
Dispatch center operations (non-staff)		_____
Training program operations		_____
Other: <u>EMSA/FED BLOCK GRANT/AMB PERFORMANCE CONTRACT</u>		<u>119,984</u>
Other: _____		_____
Other: _____		_____
<b>TOTAL EXPENSES</b>	\$	<u><b>3,033,750</b></u>

**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	\$	<u>69,984</u>
Preventive Health and Health Services (PHHS) Block Grant		_____
Office of Traffic Safety (OTS)		_____
State general fund		_____
County general fund		<u>802,015</u>
Other local tax funds (e.g., EMS district)		_____
County contracts (e.g. multi-county agencies)		_____
Certification fees		<u>57,254</u>
Training program approval fees		_____
Training program tuition/Average daily attendance funds (ADA)		_____
Job Training Partnership ACT (JTPA) funds/other payments		_____
Base hospital application fees		_____



**TABLE 2:SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Trauma center application fees	_____
Trauma center designation fees	<b><u>34,297</u></b>
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	<b><u>279,093</u></b>
Contributions	_____
EMS Fund (SB 12/612)	<b><u>1,741,107</u></b>
Other grants: _____	_____
Other fees: _____	_____
Other (specify): <b><u>AMB PERFORMANCE CONTRACT</u></b>	<b><u>50,000</u></b>
<b>TOTAL REVENUE</b>	<b>\$ <u>3,033,750</u></b>

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

**TABLE 2:SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

**7. Fee structure**

\_\_\_\_\_ We do not charge any fees

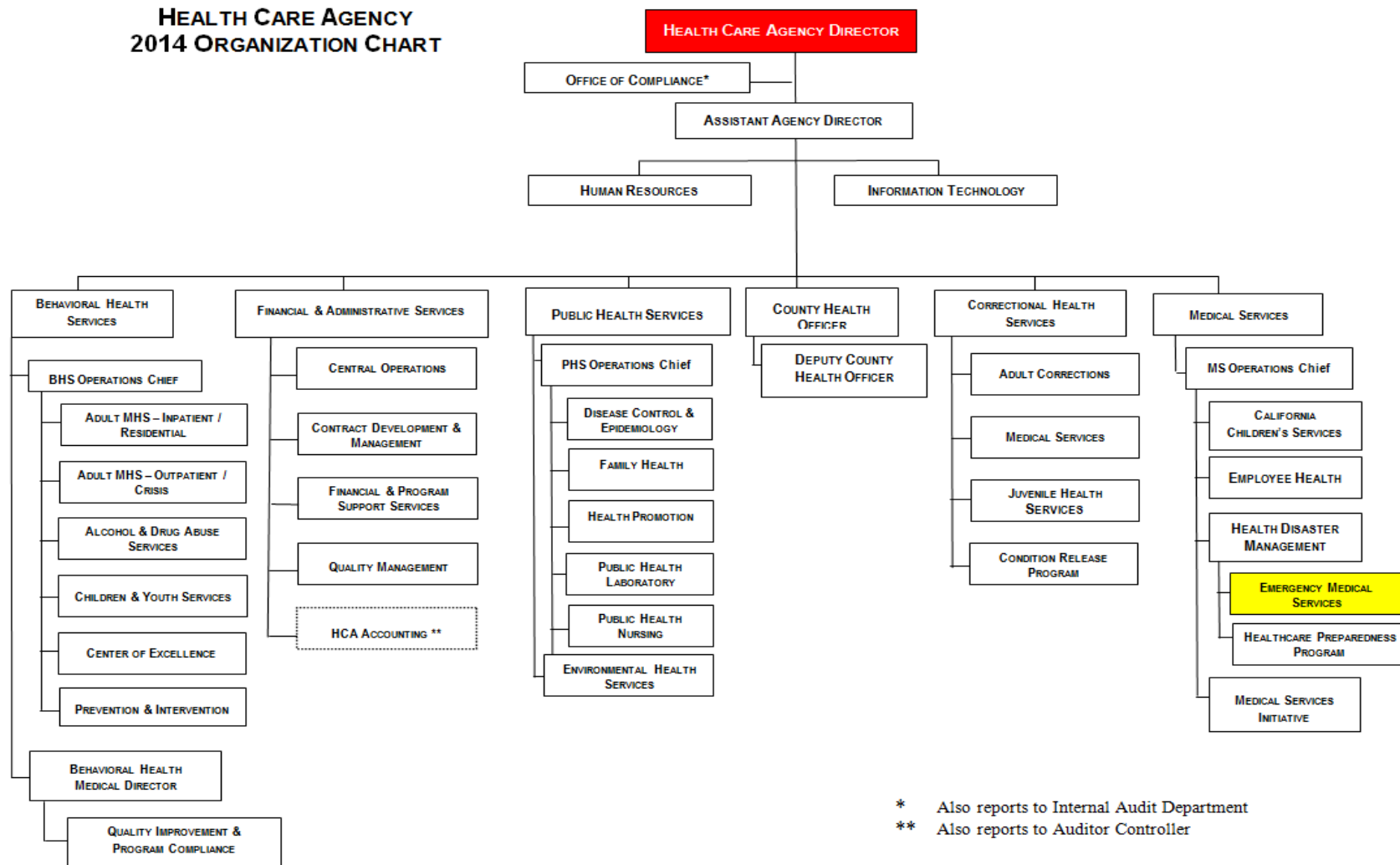
**X** Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	<b><u>35.00</u></b>
EMT-I recertification	<b><u>35.00</u></b>
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
AEMT certification	_____
AEMT recertification	_____
EMT-P accreditation	<b><u>62.00</u></b>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<b><u>84.00</u></b>
MICN/ARN recertification	_____
EMT-I training program approval	_____
AEMT training program approval	_____
EMT-P training program approval	_____
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	<b><u>22,839.00</u></b>
Trauma center designation	_____
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: _____	
Ambulance service license	<b><u>1,763.00</u></b>
Ambulance vehicle permits	<b><u>150.00</u></b>
Other: <b><u>AMBULANCE UNIT RE-INSPECTION</u></b>	<b><u>100.00</u></b>
Other: <b><u>LOST CARD REPLACEMENT</u></b>	<b><u>23.00</u></b>
Other: _____	_____

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Admin Mgr II, EMS Administrator	1.0	\$63.04	50.02%	
Medical Director	Admin Mgr III(SPL), EMS Medical Director	1.0	\$95.19	50.02%	
Asst. Admin./Admin.Asst./Admin. Mgr.	Admin Mgr I, Systems/Standards**	1.0	\$50.70	50.02%	
Asst. Admin./Admin.Asst./Admin. Mgr.	Admin Mgr I, Performance*	1.0	\$50.70	50.02%	Ambulance Performance Contract
Asst. Admin./Admin.Asst./Admin. Mgr.	Admin Mgr I, OC-MEDS	1.0	\$50.70	50.02%	
QA/QI Coordinator	EMS Coordinator, OC-MEDS*	1.0	\$41.55	50.02%	
ALS Coord./Field Coord./Trng Coordinator	EMS Coordinator, ALS	1.0	\$41.55	50.02%	
Program Coord./Field Liaison (Non-clinical)	EMS Coordinator, BLS	1.0	\$41.55	50.02%	Includes clinical
Disaster Medical Planner	EMS Coordinator, Facilities/Disaster	1.0	\$41.55	50.02%	
Data Evaluator/Analyst	EMS Specialist	1.0	\$30.93	50.02%	Regulation/Licensure
Data Entry Clerk	EMS Specialist**	1.0	\$30.93	50.02%	Regulation/Licensure
Other/Ambulance Performance Contract	EMS Specialist*	3.0	\$30.93	50.02%	Ambulance Performance Contract
Public Info. & Education Coordinator	Office Specialist	1.0	\$21.32	50.02%	
Executive Secretary	Office Supervisor	1.0	\$24.91	50.02%	
Data Entry Clerk	Information Processing Technician	1.0	\$20.26	50.02%	
Trauma Coordinator	CQI Nurse				Contracted position
Other MD/Medical Consult	EMS Assistant Med Director				Contracted position
Other MD/Medical Consult	Physician Specialist				Contracted position
Other MD/Medical Consult	OC-MEDS RN Educator				Contracted position thru December 2016
Other MD/Medical Consult	OC-MEDS Technical				Contracted position thru December 2015
<b>*NEW POSITION/FTE</b>					
<b>**RE-CLASSIFIED POSITION</b>					

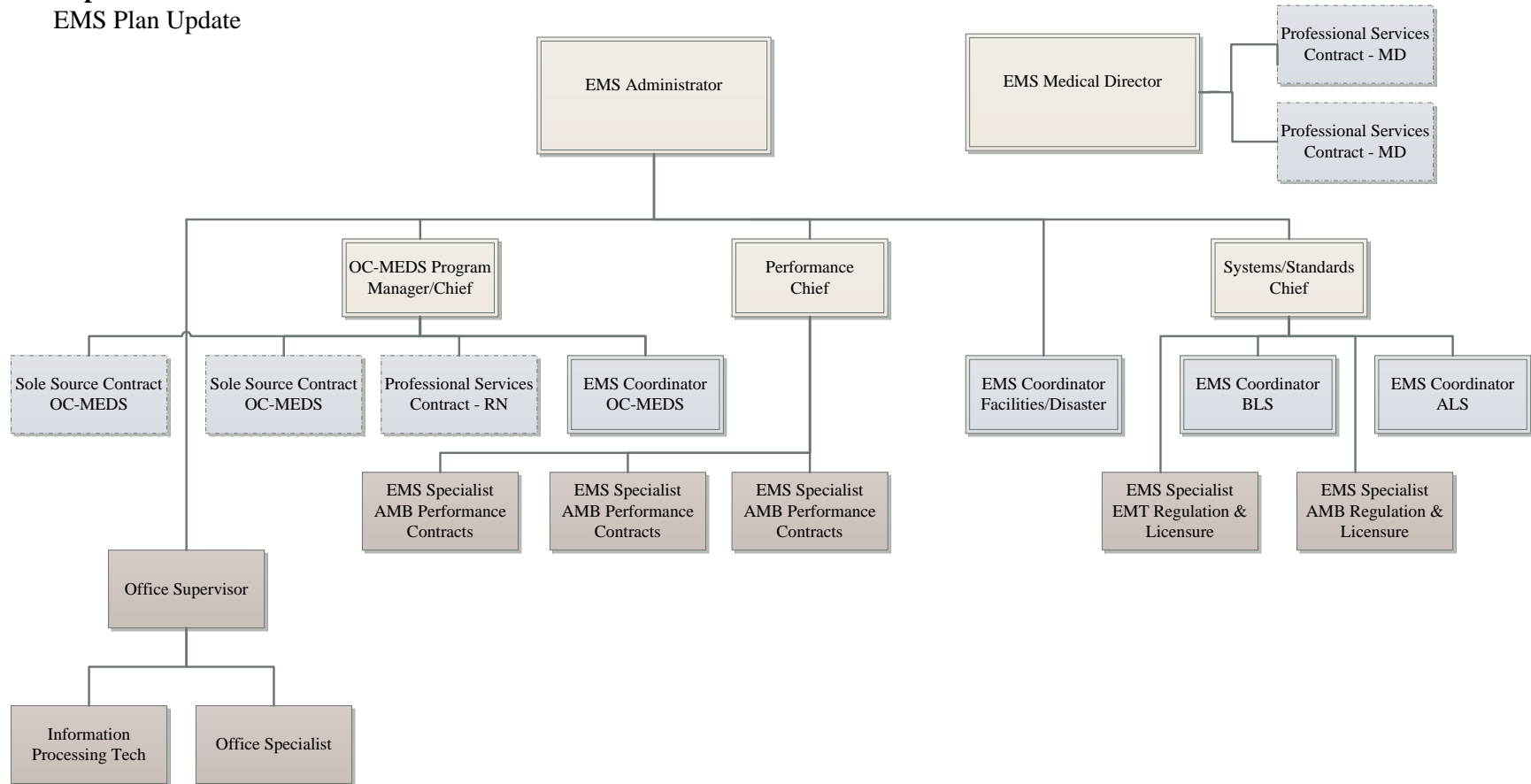
**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**



Prepared by the Orange County Health Care Agency

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Orange County EMS  
**September 2015**  
 EMS Plan Update



**TABLE 3: STAFFING/TRAINING**Reporting Year: CY 2014**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	3132	0		147
Number newly certified this year	724	0		640
Number recertified this year	1031	0		0
Total number of accredited personnel on July 1 of the reporting year	3075	0	950	147
Number of certification reviews resulting in:				
a) formal investigations	57	0		0
b) probation	33	0	0	0
c) suspensions	8	0	0	0
d) revocations	4	0		0
e) denials	9	0		0
f) denials of renewal	0	0		0
g) no action taken	3	0	0	0

## 1. Early defibrillation:

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

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

1060 fire; 135 ambulance; 151 other  
621

## 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: **2015**

- |    |  |   |
|----|--|---|
| 1. | Number of primary Public Service Answering Points (PSAP)   | <u>23</u>                                       |
| 2. | Number of secondary PSAPs  | <u>3</u>  |
| 3. | Number of dispatch centers directly dispatching ambulances   | <u>3</u>  |
| 4. | Number of EMS dispatch agencies utilizing EMD guidelines   | <u>3</u>  |
| 5. | Number of designated dispatch centers for EMS Aircraft   | <u>1</u>  |
| 6. | Who is your primary dispatch agency for day-to-day emergencies?<br><u>23 primary PSAPs (19-city law enforcement; 1-county sheriff; 3-state CHP, CSUF, UCI); 3 secondary PSAPs (MetroNet, OCFA, LA County Fire)</u> |   |
| 7. | Who is your primary dispatch agency for a disaster?<br><u>23 primary PSAPs (19-city law enforcement; 1-county sheriff; 3-state CHP, CSUF, UCI); 3 secondary PSAPs (MetroNet, OCFA, LA County Fire)</u>             |   |
| 8. | Do you have an operational area disaster communication system?   | <b><u>X Yes</u></b> <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  | <b><u>X Yes</u></b> <input type="checkbox"/> No |
| d. | Do you participate in the Operational Area Satellite Information System (OASIS)?   | <b><u>X Yes</u></b> <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?  | <b><u>X Yes</u></b> <input type="checkbox"/> No |
|    | 1) Within the operational area?  | <b><u>X Yes</u></b> <input type="checkbox"/> No |
|    | 2) Between operation area and the region and/or state?   | <b><u>X Yes</u></b> <input type="checkbox"/> No |

**TABLE 5: RESPONSE/TRANSPORTATION**Reporting Year: **2015****Note:** Table 5 is to be reported by agency.**Early Defibrillation Providers**1. Number of EMT-Defibrillation providers **30****SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes:

	<b>METRO/URBAN</b>	<b>SUBURBAN/ RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
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 CARE**Reporting Year: 2014**NOTE:** Table 6 is to be reported by agency.**Trauma**

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>6400</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>6000</u>
3. Number of major trauma patients transferred to a trauma center	<u>400</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>6</u>

**TABLE 7: DISASTER MEDICAL**Reporting Year: 2015County: 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: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

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

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

**Address:** 16945 Sherman Way **Number of Ambulance Vehicles in Fleet:** 6  
Van Nuys CA 91406

**Phone** **Average Number of Ambulances on Duty**  
**Number:** 818-996-2200 **At 12:00 p.m. (noon) on Any Given Day:** 6

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

### **Transporting Agencies**

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

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

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

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

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

**Address:** 1059 Bedmar **Number of Ambulance Vehicles in Fleet:** 13  
Carson, CA 90748

**Phone** **Average Number of Ambulances on Duty**  
**Number:** (310) 835-9390 **At 12:00 p.m. (noon) on Any Given Day:** 13

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

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of 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:** 12409 Slauson Ave **Number of Ambulance Vehicles in Fleet:** 14  
Whittier, CA 90606

**Phone** **Average Number of Ambulances on Duty**  
**Number:** (877) 686-5522 **At 12:00 p.m. (noon) on Any Given Day:** 14

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

### **Transporting Agencies**

18557 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

18104 Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of 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  
EOA-20,Regions B,C,D,E

**Address:** 1517 W. Braden Court **Number of Ambulance Vehicles in Fleet:** 147  
Orange, CA 92868

**Phone** **Average Number of Ambulances on Duty**  
**Number:** (714) 288-3800 **At 12:00 p.m. (noon) on Any Given Day:** 147

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

### **Transporting Agencies**

141145 Total number of responses  
101372 Number of emergency responses  
39773 Number of non-emergency responses

99115 Total number of transports  
66714 Number of emergency transports  
32401 Number of non-emergency transports

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

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

**County:** Orange **Provider:** Doctors Ambulance **Response Zone:** OA-11

**Address:** 23091 Terra Drive **Number of Ambulance Vehicles in Fleet:** 23  
Laguna Hills, CA 92653

**Phone** **Average Number of Ambulances on Duty**  
**Number:** (800) 420-2221 **At 12:00 p.m. (noon) on Any Given Day:** 23

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

### **Transporting Agencies**

55197 Total number of responses  
48147 Number of emergency responses  
7050 Number of non-emergency responses

39130 Total number of transports  
32912 Number of emergency transports  
6218 Number of non-emergency transports

### **Air Ambulance Services**

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

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



**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

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

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

**Address:** 2065 Venice Blvd. **Number of Ambulance Vehicles in Fleet:** 6  
Los Angeles, CA 90006

**Phone** **Average Number of Ambulances on Duty**  
**Number:** (323) 874-4100 **At 12:00 p.m. (noon) on Any Given Day:** 6

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

**Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

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

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

**Address:** 3200 E. Birch St., Suite A **Number of Ambulance Vehicles in Fleet:** 12  
Brea, CA 92821

**Phone** **Average Number of Ambulances on Duty**  
**Number:** (800) 400-0689 **At 12:00 p.m. (noon) on Any Given Day:** 8

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

### **Transporting Agencies**

14296 Total number of responses  
8732 Number of emergency responses  
5564 Number of non-emergency responses

10617 Total number of transports  
6054 Number of emergency transports  
4563 Number of non-emergency transports

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of 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 Avenue **Number of Ambulance Vehicles in Fleet:** 4  
Sun Valley CA 91352

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

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

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

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

**County:** Orange **Provider:** First Rescue Ambulance **Response Zone:** N/A

**Address:** 5220 Fourth St #18 **Number of Ambulance Vehicles in Fleet:** 1  
Irwindale, CA 91706

**Phone** **Average Number of Ambulances on Duty**  
**Number:** (626) 429-5279 **At 12:00 p.m. (noon) on Any Given Day:** 1

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

**Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

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

**County:** Orange **Provider:** Gentle Care Transport Inc. **Response Zone:** N/A

**Address:** 3539 Casitas Ave. **Number of Ambulance Vehicles in Fleet:** 2  
Los Angeles, CA 90039

**Phone** **Average Number of Ambulances on Duty**  
**Number:** (800) 608-0311 **At 12:00 p.m. (noon) on Any Given Day:** 2

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

### **Transporting Agencies**

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

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

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

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

**County:** Orange **Provider:** Gentle Ride Ambulance **Response Zone:** N/A

**Address:** 715 Ruberta Ave **Number of Ambulance Vehicles in Fleet:** 5  
Glendale, CA 91201

**Phone** **Average Number of Ambulances on Duty**  
**Number:** (818) 500-1100 **At 12:00 p.m. (noon) on Any Given Day:** 5

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

### **Transporting Agencies**

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

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

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of 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:** 1920 East Katella Avenue Suite K **Number of Ambulance Vehicles in Fleet:** 7  
Orange CA 92867

**Phone** **Average Number of Ambulances on Duty**  
**Number:** (714) 630-2486 **At 12:00 p.m. (noon) on Any Given Day:** 6

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

### **Transporting Agencies**

2988 Total number of responses  
           Number of emergency responses  
           Number of non-emergency responses

2540 Total number of transports  
           Number of emergency transports  
           Number of non-emergency transports

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

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

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

**Address:** 5142 Northwestern Way **Number of Ambulance Vehicles in Fleet:** 3  
Westminster CA 92683

**Phone** **Average Number of Ambulances on Duty**  
**Number:** (562) 904-1550 **At 12:00 p.m. (noon) on Any Given Day:** 3

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

### **Transporting Agencies**

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

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

### **Air Ambulance Services**

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

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



**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

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

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

**Address:** 12531 Vanowen Street **Number of Ambulance Vehicles in Fleet:** 2  
North Hollywood, CA 91605

**Phone** **Average Number of Ambulances on Duty**  
**Number:** (818) 982-3500 **At 12:00 p.m. (noon) on Any Given Day:** 2

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

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of 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:** 33  
Downey, CA 90242

**Phone** **Average Number of Ambulances on Duty**  
**Number:** (562) 741-6230 **At 12:00 p.m. (noon) on Any Given Day:** 16

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

### **Transporting Agencies**

8955 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

8701 Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of 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:** 43  
Montebello, CA 90640

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

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

### **Transporting Agencies**

12665 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

12556 Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

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

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

**Address:** 2950 La Jolla Street **Number of Ambulance Vehicles in Fleet:** 38  
Anaheim, CA 92806

**Phone** **Average Number of Ambulances on Duty**  
**Number:** (714)-347-3262 **At 12:00 p.m. (noon) on Any Given Day:** 28

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

**Transporting Agencies**

37600 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

35696 Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of 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:** 24  
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:** 24

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

### **Transporting Agencies**

6597 Total number of responses  
           Number of emergency responses  
           Number of non-emergency responses

6336 Total number of transports  
           Number of emergency transports  
           Number of non-emergency transports

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers.**

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

County: Orange Provider: MedLine Ambulance Response Zone: N/A

Address: 2328 N. Batavia St. Unit # 116 Number of Ambulance Vehicles in Fleet: 4  
Orange, CA 92865

Phone Average Number of Ambulances on Duty  
 Number: (714) 770-8770 At 12:00 p.m. (noon) on Any Given Day: 4

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

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers.**

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

**County:** Orange **Provider:** Mercy Air Ambulance **Response Zone:** N/A

**Address:** 1670 Miro Way **Number of Ambulance Vehicles in Fleet:** 3  
Rialto, CA 92376

**Phone** **Average Number of Ambulances on Duty**  
**Number:** (800) 222-3456 **At 12:00 p.m. (noon) on Any Given Day:** 3

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

### **Transporting Agencies**

71 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

41 Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of 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 St **Number of Ambulance Vehicles in Fleet:** 7  
Corona, CA 92879

**Phone Number:** (800) 899-9100 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

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

### **Transporting Agencies**

384 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

370 Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

### **Air Ambulance Services**

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

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



**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

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

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

**Address:** 23942 McWhorter Way **Number of Ambulance Vehicles in Fleet:** 12  
Lake Forest, CA 92630

**Phone Number:** (562) 591-3371 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

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

**Transporting Agencies**

9299 Total number of responses  
           Number of emergency responses  
           Number of non-emergency responses

7364 Total number of transports  
           Number of emergency transports  
           Number of non-emergency transports

**Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

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

**County:** Orange **Provider:** Premier (dba PMT Ambulance) **Response Zone:** N/A

**Address:** 575 Maple Court, Suite A **Number of Ambulance Vehicles in Fleet:** 9  
Colton, CA 92324

**Phone Number:** (909) 433-3939 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 9

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

### **Transporting Agencies**

3059 Total number of responses  
           Number of emergency responses  
           Number of non-emergency responses

2938 Total number of transports  
           Number of emergency transports  
           Number of non-emergency transports

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

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

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

**Address:** 530 N. Puente Street **Number of Ambulance Vehicles in Fleet:** 14  
Brea, CA 92821

**Phone** **Average Number of Ambulances on Duty**  
**Number:** (888) 353-9556 **At 12:00 p.m. (noon) on Any Given Day:** 14

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

### **Transporting Agencies**

17805 Total number of responses  
           Number of emergency responses  
           Number of non-emergency responses

17214 Total number of transports  
           Number of emergency transports  
           Number of non-emergency transports

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of 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

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

**Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

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

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

**Address:** 2215 S. Bristol **Number of Ambulance Vehicles in Fleet:** 6  
Santa Ana, CA 92704

**Phone Number:** (800) 582-2258 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

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

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

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

**County:** Orange **Provider:** Shoreline Ambulance **Response Zone:** EOA-25

**Address:** 17762 Metzler Lane **Number of Ambulance Vehicles in Fleet:** 13  
Huntington Beach, CA 92647

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

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

### **Transporting Agencies**

21111 Total number of responses  
4792 Number of emergency responses  
16319 Number of non-emergency responses

14321 Total number of transports  
4409 Number of emergency transports  
9912 Number of non-emergency transports

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of Providers**

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

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

**Address:** 12235 Beach Blvd Suite#107 **Number of Ambulance Vehicles in Fleet:** 2  
Stanton, CA 90680

**Phone** **Average Number of Ambulances on Duty**  
**Number:** (714) 891-2601 **At 12:00 p.m. (noon) on Any Given Day:** 2

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

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on 2015 OCEMS licensure application data & provider-reports of CY2015 response/transport volume and does not reflect overall capabilities of 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. **Number of Ambulance Vehicles in Fleet:** 13  
San Bernardino, CA 92407

**Phone Number:** (866) 728-3483 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

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

**Transporting Agencies**

3613 Total number of responses  
           Number of emergency responses  
           Number of non-emergency responses

3007 Total number of transports  
           Number of emergency transports  
           Number of non-emergency transports

**Air Ambulance Services**

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

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



**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2014 response/transport volume and does not reflect overall capabilities of 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 92805

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

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

### **Transporting Agencies**

<u>25,855</u>	Total number of responses	<u>0</u>	Total number of transports
<u>25,855</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

### **Air Ambulance Services**

<u>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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2014 response/transport volume and does not reflect overall capabilities of 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 **Number of Ambulance Vehicles in Fleet:** 0  
Brea, CA 92821

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

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

**Transporting Agencies**

<u>3,095</u>	Total number of responses	<u>0</u>	Total number of transports
<u>3,095</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

**Air Ambulance Services**

<u>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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2014 response/transport volume and does not reflect overall capabilities of 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

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

### **Transporting Agencies**

<u>7,600</u>	Total number of responses	<u>0</u>	Total number of transports
<u>7,600</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

### **Air Ambulance Services**

<u>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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2014 response/transport volume and does not reflect overall capabilities of 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

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

### **Transporting Agencies**

<u>3,986</u>	Total number of responses	<u>0</u>	Total number of transports
<u>3,986</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

### **Air Ambulance Services**

<u>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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2014 response/transport volume and does not reflect overall capabilities of 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 Average Number of Ambulances on Duty  
 Number: 714-738-6502 At 12:00 p.m. (noon) on Any Given Day: n/a

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

### **Transporting Agencies**

<u>9,647</u>	Total number of responses	<u>0</u>	Total number of transports
<u>9,647</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

### **Air Ambulance Services**

<u>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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2014 response/transport volume and does not reflect overall capabilities of 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 **Number of Ambulance Vehicles in Fleet:** 0  
Garden Grove, CA 92840

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

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

### **Transporting Agencies**

<u>11,648</u>	Total number of responses	<u>0</u>	Total number of transports
<u>11,648</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

### **Air Ambulance Services**

<u>9,000</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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2014 response/transport volume and does not reflect overall capabilities of 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

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

### **Transporting Agencies**

13,505 Total number of responses  
13,505 Number of emergency responses  
0 Number of non-emergency responses

10,105 Total number of transports  
10,105 Number of emergency transports  
0 Number of non-emergency transports

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2014 response/transport volume and does not reflect overall capabilities of 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 92651

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

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

### **Transporting Agencies**

<u>2,570</u>	Total number of responses	<u>0</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

### **Air Ambulance Services**

<u>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



**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2014 response/transport volume and does not reflect overall capabilities of 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 North Eastern Avenue **Number of Ambulance Vehicles in Fleet:** 0  
Los Angeles, CA 90063-3244

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

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

### **Transporting Agencies**

<u>6,364</u>	Total number of responses	<u>0</u>	Total number of transports
<u>6,364</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

### **Air Ambulance Services**

<u>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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2014 response/transport volume and does not reflect overall capabilities of 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 Boulevard **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

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

### **Transporting Agencies**

7,571 Total number of responses  
0 Number of emergency responses  
0 Number of non-emergency responses

5,971 Total number of transports  
0 Number of emergency transports  
0 Number of non-emergency transports

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2014 response/transport volume and does not reflect overall capabilities of Providers.**

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

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

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

**Phone Number:** 714-741-288-2500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

### **Transporting Agencies**

9,682 Total number of responses  
0 Number of emergency responses  
0 Number of non-emergency responses

6,709 Total number of transports  
0 Number of emergency transports  
0 Number of non-emergency transports

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2014 response/transport volume and does not reflect overall capabilities of Providers.**

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

**County:** Orange      **Provider:** Orange County Fire Authority (OCFA)      **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:** 2 (1 unit within OA-18; 1 seasonal/back-up)  
Irvine, CA 92602  
**Phone**      **Average Number of Ambulances on Duty**  
**Number:** 714-741-5600      **At 12:00 p.m. (noon) on Any Given Day:** 1

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Joint Powers Authority (JPA) agreement with 25 members (23 cities & 2 county seats)	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit  <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> City/JPA <input checked="" type="checkbox"/> County/JPA <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

### **Transporting Agencies**

<u>88,275</u>	Total number of responses	<u>2,170</u>	Total number of transports (City of San Clemente: OA-18)
<u>0</u>	Number of emergency responses	<u>8 (AIR)</u>	Number of emergency transports (Countywide)
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

### **Air Ambulance Services**

<u>unavailable</u>	Total number of responses	<u>8</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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2014 response/transport volume and does not reflect overall capabilities of 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 Average Number of Ambulances on Duty  
 Number: 562-383-4000 At 12:00 p.m. (noon) on Any Given Day: 3

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

**Transporting Agencies**

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

**Air Ambulance Services**

<u>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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2014 response/transport volume and does not reflect overall capabilities of 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 **Number of Ambulance Vehicles in Fleet:** n/a  
Santa Ana, CA 92703

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

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

### **Air Ambulance Services**

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

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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2014 response/transport volume and does not reflect overall capabilities of 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 Average Number of Ambulances on Duty  
 Number: 562-383-4000 At 12:00 p.m. (noon) on Any Given Day: 3

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

**Transporting Agencies**

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

**Air Ambulance Services**

<u>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

**TABLE 8: Response/Transportation/Providers**

**\*\*Table Information based on authorizations pursuant to OCEMS Policy 700.00 & provider-reports of CY2014 response/transport volume and does not reflect overall capabilities of 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 **Number of Ambulance Vehicles in Fleet:** 0  
San Clemente, CA 92672

**Phone Number:** 949-361-8200 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** n/a (see OCFA)

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

**Transporting Agencies**

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

**Air Ambulance Services**

<u>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



## TABLE 9: FACILITIES

**County:** ORANGE

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

**Facility:** Anaheim Global Medical Center      **Telephone Number:** 714-533-6220  
**Address:** 1025 S. Anaheim Boulevard  
Anaheim, CA 92805

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>2</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>3</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> 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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>4</sup></b> <b>EDAP<sup>5</sup></b> <b>PICU<sup>6</sup></b>	<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	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>4</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>5</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>6</sup> 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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>7</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>8</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>9</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>7</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>8</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>9</sup> 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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>10</sup></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>EDAP<sup>11</sup></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>PICU<sup>12</sup></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II (PEDIATRIC ONLY) <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>10</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>11</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>12</sup> 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 Regional Medical Center      **Telephone Number:** 714-966-7200  
**Address:** 17100 Euclid Street  
Fountain Valley, CA 92708

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>13</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>14</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>15</sup></b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>13</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>14</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>15</sup> 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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>16</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>17</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>18</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>16</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>17</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>18</sup> 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      **Telephone Number:** 949-764-4624  
**Address:** One Hoag Drive  
Newport Beach, CA 92658-6100

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>19</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>20</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>21</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>19</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>20</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>21</sup> 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 Telephone Number: 949-517-3000  
**Address:** 16200 Sand Canyon Avenue  
Irvine, CA 92618

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>22</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>23</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>24</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>22</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>23</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>24</sup> 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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>25</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>26</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>27</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>25</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>26</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>27</sup> 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 Foundation Hospital-OC, Anaheim      **Telephone Number:** 714-644-2000  
**Address:** 3440 E. La Palma Avenue  
Anaheim, CA 92806

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency    <input type="checkbox"/> Standby Emergency  <input checked="" type="checkbox"/> Basic Emergency      <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><b>Pediatric Critical Care Center<sup>28</sup></b>      <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>EDAP<sup>29</sup></b>      <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>PICU<sup>30</sup></b>      <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I      <input type="checkbox"/> Level II  <input type="checkbox"/> Level III      <input type="checkbox"/> Level IV</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<sup>28</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>29</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>30</sup> 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 Foundation Hospital-OC, Irvine      **Telephone Number:** 949-932-5000  
**Address:** 6640 Alton Parkway  
Irvine, CA 92618

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>31</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>32</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>33</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>31</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>32</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>33</sup> 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 Telephone Number: 714-670-7400  
**Address:** 7901 Walker Street  
La Palma, CA 90623

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency  <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><b>Pediatric Critical Care Center<sup>34</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>EDAP<sup>35</sup></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>PICU<sup>36</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II  <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<sup>34</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>35</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>36</sup> 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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>37</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>38</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>39</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>37</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>38</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>39</sup> 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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>40</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>41</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>42</sup></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>40</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>41</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>42</sup> 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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>43</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>44</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>45</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>43</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>44</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>45</sup> 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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency    <input type="checkbox"/> Standby Emergency  <input checked="" type="checkbox"/> Basic Emergency      <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><b>Pediatric Critical Care Center<sup>46</sup></b>      <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>EDAP<sup>47</sup></b>      <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>PICU<sup>48</sup></b>      <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I      <input type="checkbox"/> Level II  <input type="checkbox"/> Level III      <input type="checkbox"/> Level IV</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<sup>46</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>47</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>48</sup> 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      **Telephone Number:** 714-835-3555  
**Address:** 1001 N. Tustin Avenue  
Santa Ana, CA 92705

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>49</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>50</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>51</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>49</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>50</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>51</sup> 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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>52</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>53</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>54</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>52</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>53</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>54</sup> 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      **Telephone Number:** 949-837-4500  
**Address:** 24451 Health Center Road  
Laguna Hills, CA 92653

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency    <input type="checkbox"/> Standby Emergency  <input checked="" type="checkbox"/> Basic Emergency      <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><b>Pediatric Critical Care Center<sup>55</sup></b>      <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>EDAP<sup>56</sup></b>      <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>PICU<sup>57</sup></b>      <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I      <input type="checkbox"/> Level II  <input type="checkbox"/> Level III      <input type="checkbox"/> Level IV</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<sup>55</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>56</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>57</sup> 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, SC      **Telephone Number:** 949-496-1122  
**Address:** 654 Camino de los Mares  
San Clemente, CA 92673

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>58</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>59</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>60</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>58</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>59</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>60</sup> 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      **Telephone Number:** 714-754-5454  
**Address:** 2701 S. Bristol Street  
Santa Ana, CA 92704

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency    <input type="checkbox"/> Standby Emergency  <input checked="" type="checkbox"/> Basic Emergency      <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><b>Pediatric Critical Care Center<sup>61</sup></b>      <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>EDAP<sup>62</sup></b>      <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>PICU<sup>63</sup></b>      <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I      <input type="checkbox"/> Level II  <input type="checkbox"/> Level III      <input type="checkbox"/> Level IV</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<sup>61</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>62</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>63</sup> 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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>64</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>65</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>66</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>64</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>65</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>66</sup> 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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>67</sup></b> <b>EDAP<sup>68</sup></b> <b>PICU<sup>69</sup></b>	<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	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>67</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>68</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>69</sup> 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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>70</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>71</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>72</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>70</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>71</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>72</sup> 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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>73</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>74</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>75</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>73</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>74</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>75</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 10: APPROVED TRAINING PROGRAMS****County:** ORANGE**Reporting Year:** 2015**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*:	<u>Restricted</u>	**Program Level	<u>EMT-Basic</u>	
	Cost of Program:			
	Basic: <u>\$0</u>	Number of students completing training per year:		
	Refresher: <u>\$0</u>	Initial training:	<u>n/a</u>	
		Refresher:	<u>0</u>	
		Continuing Education:	<u>90</u>	
		Expiration Date:	<u>12/31/18</u>	
		Number of courses:		
		Initial training:	<u>n/a</u>	
		Refresher:	<u>0</u>	
		Continuing Education:	<u>ongoing</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*:	<u>Open to public</u>	**Program Level	<u>EMT-Basic</u>	
	Cost of Program:			
	Basic: _____	Number of students completing training per year:		
	Refresher: _____	Initial training:	_____	
		Refresher:	_____	
		Continuing Education:	_____	
		Expiration Date:	<u>3/31/16</u>	
		Number of courses:		
		Initial training:	_____	
		Refresher:	_____	
		Continuing Education:	_____	

**TABLE 10: APPROVED TRAINING PROGRAMS****County:** ORANGE**Reporting Year:** 2015**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 Eligibility*:	<u>Open to public</u>	**Program Level	<u>EMT-Basic</u>	
	Cost of Program:			
	Basic:	<u>\$750*</u>	Number of students completing training per year:	
	Refresher:	<u>n/a</u>	Initial training:	<u>74</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>n/a</u>
			Expiration Date:	<u>9/30/17</u>
			Number of courses:	
			Initial training:	<u>7</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>

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

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

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 Eligibility*:	<u>Restricted</u>	**Program Level	<u>EMT-Basic</u>	
	Cost of Program:			
	Basic:	<u>\$0</u>	Number of students completing training per year:	
	Refresher:	<u>\$0</u>	Initial training:	<u>n/a</u>
			Refresher:	<u></u>
			Continuing Education:	<u></u>
			Expiration Date:	<u>11/30/17</u>
			Number of courses:	
			Initial training:	<u>n/a</u>
			Refresher:	<u></u>
			Continuing Education:	<u></u>

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS****County:** ORANGE**Reporting Year:** 2015**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Garden Grove Fire Department</u>		Telephone Number:	<u>714-741-5640</u>
Address:	<u>11301 Acacia Parkway</u>			
	<u>Garden Grove, CA 92840</u>			
Student Eligibility*:	<u>Restricted</u>	**Program Level	<u>EMT-Basic</u>	
	Cost of Program:			
	Basic: <u>\$0</u>	Number of students completing training per year:		
	Refresher: <u>\$0</u>	Initial training:	<u>n/a</u>	
		Refresher:	<u>0</u>	
		Continuing Education:	<u>40</u>	
		Expiration Date:	<u>3/31/18</u>	
		Number of courses:		
		Initial training:	<u>n/a</u>	
		Refresher:	<u>0</u>	
		Continuing Education:	<u>ongoing</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>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*:	<u>Restricted</u>	**Program Level	<u>EMT-Basic</u>	
	Cost of Program:			
	Basic: <u>\$0</u>	Number of students completing training per year:		
	Refresher: <u>\$0</u>	Initial training:	<u>n/a</u>	
		Refresher:	<u></u>	
		Continuing Education:	<u></u>	
		Expiration Date:	<u>12/31/17</u>	
		Number of courses:		
		Initial training:	<u>n/a</u>	
		Refresher:	<u></u>	
		Continuing Education:	<u></u>	

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS****County:** ORANGE**Reporting Year:** 2015**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

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*:	<u>Restricted</u>	**Program Level	<u>EMT-Basic</u>	
	Cost of Program:			
	Basic: <u>\$0</u>	Number of students completing training per year:		
	Refresher: <u>\$0</u>	Initial training:	<u>n/a</u>	
		Refresher:	<u></u>	
		Continuing Education:	<u></u>	
		Expiration Date:	<u>11/30/17</u>	
		Number of courses:		
		Initial training:	<u>n/a</u>	
		Refresher:	<u></u>	
		Continuing Education:	<u></u>	

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

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

Training Institution:	<u>North Orange County ROP</u>		Telephone Number:	<u>714-292-7350</u>
Address:	<u>1617 E. Ball Road</u>			
	<u>Anaheim, CA 92801</u>			
Student Eligibility*:	<u>Open to public</u>	**Program Level	<u>EMT-Basic</u>	
	Cost of Program:			
	Basic: <u>\$945</u>	Number of students completing training per year:		
	Refresher: <u>\$150</u>	Initial training:	<u>70</u>	
		Refresher:	<u>0</u>	
		Continuing Education:	<u>7</u>	
		Expiration Date:	<u>5/31/17</u>	
		Number of courses:		
		Initial training:	<u>7</u>	
		Refresher:	<u>0</u>	
		Continuing Education:	<u>11</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:** 2015**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Orange Coast College</u>	Telephone Number:	<u>714-432-5089</u>
Address:	<u>2701 Fairview Rd</u>		
	<u>Costa Mesa, CA 02628</u>		
Student Eligibility*:	<u>Open to public</u>	**Program Level	<u>EMT-Basic</u>
	Cost of Program:		
	Basic: <u>\$1400</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>150</u>
		Refresher:	_____
		Continuing Education:	_____
		Expiration Date:	<u>8/31/18</u>
		Number of courses:	
		Initial training:	<u>6</u>
		Refresher:	_____
		Continuing Education:	_____

\*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 EMT (OCENT)</u>	Telephone Number:	<u>949-291-3887</u>
Address:	<u>26429 Rancho Parkway South</u>		
	<u>Lake Forest, CA 92630</u>		
Student Eligibility*:	<u>Open to public</u>	**Program Level	<u>EMT-Basic</u>
	Cost of Program:		
	Basic: _____	Number of students completing training per year:	
	Refresher: _____	Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____
		Expiration Date:	<u>2/28/19</u>
		Number of courses:	
		Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____

\*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:** 2015**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

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*:	<u>Restricted</u>	**Program Level	<u>EMT-Basic</u>
	Cost of Program:		
	Basic: <u>\$0</u>	Number of students completing training per year:	
	Refresher: <u>\$0</u>	Initial training:	<u>n/a</u>
		Refresher:	<u></u>
		Continuing Education:	<u>607</u>
		Expiration Date:	<u>10/31/17</u>
		Number of courses:	
		Initial training:	<u>n/a</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>648</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 Fire Department</u>	Telephone Number:	<u>714-288-2503</u>
Address:	<u>178 South Grand St</u>		
	<u>Orange, CA 92866</u>		
Student Eligibility*:	<u>Restricted</u>	**Program Level	<u>EMT-Basic</u>
	Cost of Program:		
	Basic: <u>\$0</u>	Number of students completing training per year:	
	Refresher: <u>\$0</u>	Initial training:	<u>n/a</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>60</u>
		Expiration Date:	<u>10/31/17</u>
		Number of courses:	
		Initial training:	<u>n/a</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>ongoing</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:** 2015**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 Eligibility*:	<u>Open to public</u>	**Program Level	<u>EMT-Basic</u>
	Cost of Program:		
	Basic: <u>\$850</u>	Number of students completing training per year:	
	Refresher: <u>\$100</u>	Initial training:	<u>94</u>
		Refresher:	<u>49</u>
		Continuing Education:	<u>200</u>
		Expiration Date:	<u>3/31/16</u>
		Number of courses:	
		Initial training:	<u>3</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u>10</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*:	<u>Open to public</u>	**Program Level	<u>EMT-P</u>
	Cost of Program:		
	Basic: <u>\$3500</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>36</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>variable</u>
		Expiration Date:	<u>3/31/16</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>0</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:** 2015**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Santa Ana College – Fire Technology Department</u>		Telephone Number:	<u>714-564-6403</u>
Address:	<u>1530 W. 17<sup>th</sup> St.</u>			
	<u>Santa Ana, CA 92706-3398</u>			
Student Eligibility*:	<u>Open to public</u>	**Program Level	<u>EMT-Basic</u>	
	Cost of Program:			
	Basic:	<u>\$418</u>	Number of students completing training per year:	
	Refresher:	<u>\$23</u>	Initial training:	<u>143</u>
			Refresher:	<u>123</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>8/31/17</u>
		Number of courses:		
		Initial training:	<u>6</u>	
		Refresher:	<u>19</u>	
		Continuing Education:	<u>0</u>	

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

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

Training Institution:	<u>Santa Ana College – Nursing Department</u>		Telephone Number:	<u>714-564-6825</u>
Address:	<u>1530 W. 17<sup>th</sup> St.</u>			
	<u>Santa Ana, CA 92706-3398</u>			
Student Eligibility*:	<u>Open to public</u>	**Program Level	<u>EMT-Basic</u>	
	Cost of Program:			
	Basic:	<u>\$1037</u>	Number of students completing training per year:	
	Refresher:	<u>\$240</u>	Initial training:	<u>75</u>
			Refresher:	<u>75</u>
			Continuing Education:	<u>8/31/18</u>
		Expiration Date:		
		Number of courses:		
		Initial training:	<u>3</u>	
		Refresher:	<u>3</u>	
		Continuing Education:	<u></u>	

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS****County:** ORANGE**Reporting Year:** 2015**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>South Coast ROP</u>		Telephone Number:	<u>949-496-3118</u>
Address:	<u>31522 El Camino Real</u>			
	<u>San Juan Capistrano CA 92675</u>			
Student Eligibility*:	<u>Open to public</u>	**Program Level	<u>EMT-Basic</u>	
	Cost of Program:			
	Basic:	<u>\$900*</u>	Number of students completing training per year:	
	Refresher:	<u>n/a</u>	Initial training:	<u>50</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>8/31/18</u>
			Number of courses:	
			Initial training:	<u>2</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>

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

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

Training Institution:	<u>West Coast EMT</u>		Telephone Number:	<u>714-558-9604</u>
Address:	<u>932 Town &amp; Country Rd</u>			
	<u>Orange, CA 92013</u>			
Student Eligibility*:	<u>Open to public</u>	**Program Level	<u>EMT-Basic</u>	
	Cost of Program:			
	Basic:	<u>\$899</u>	Number of students completing training per year:	
	Refresher:	<u>\$275</u>	Initial training:	<u>579</u>
			Refresher:	<u>147</u>
			Continuing Education:	<u>140</u>
			Expiration Date:	<u>2/29/16</u>
			Number of courses:	
			Initial training:	<u>21</u>
			Refresher:	<u>8</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 level.

**TABLE 11: DISPATCH AGENCY****County:** ORANGE**Reporting Year:** 2015**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

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

Name:	<u>Laguna Beach Public Safety Dispatch</u>		Primary Contact:	<u>Rita Fraser</u>	
Address:	<u>505 Forest Avenue</u>				
	<u>Laguna Beach, ca 92651</u>				
Telephone Number:	<u>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:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire			
		<input checked="" type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain:			

**TABLE 11: DISPATCH AGENCY****County:** ORANGE**Reporting Year:** 2015**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>La Habra-Los Angeles County Fire Command &amp; Control Center</u>		Primary Contact:	<u>On-Duty Battalion Chief (CCBC)</u>
Address:	<u>850 W. La Habra Blvd</u>			
	<u>La Habra CA 90631</u>			
Telephone Number:	<u></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		
			12 <small>(on district desk)</small> EMD Training	EMT-D 12 <small>(FTE's)</small> ALS
			16 <small>(ambulance)</small> BLS	ALS Other
Ownership:		If Public:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire		
		<input type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain:		

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>714-765-4077</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		
			28 EMD Training	EMT-D ALS
			BLS	LALS Other
Ownership:		If Public:	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire		
		<input type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain:		

**TABLE 11: DISPATCH AGENCY**

**County:** ORANGE

**Reporting Year:** 2015

**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>Dave Anderson</u>		
Address:	<u>1 Fire Authority Road</u>				
	<u>Irvine, CA 92602</u>				
Telephone Number:	<u></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	27 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:			

## **Section 4**

# **Ambulance Zone Summary Forms**

Date: September 1, 2015

**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.

<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> Region A (Placentia, Yorba Linda)
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Emergency Ambulance Service, Inc.
<b>Area or Subarea (Zone) Geographic Description:</b> City boundaries of Placentia, Yorba Linda and Unincorporated/County Islands: Brea Unincorporated, Tonner Canyon, Chino Hills State Park, Country Club, Fairlynn
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action. Exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> 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
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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: September 1, 2015

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> Region B (Cypress, La Palma, Los Alamitos, Seal Beach, Stanton)
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service, Inc.
<b>Area or Subarea (Zone) Geographic Description:</b> 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
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action. Exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> 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
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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: September 1, 2015

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<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> Region C (Irvine, Tustin, Villa Park)
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service, Inc.
<b>Area or Subarea (Zone) Geographic Description:</b> 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)
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action. Exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> 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
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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: September 1, 2015

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<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> Region D (Laguna Hills, Laguna Niguel, Aliso Viejo, Laguna Woods, Dana Point)
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service, Inc.
<b>Area or Subarea (Zone) Geographic Description:</b> 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
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action. Exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> 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
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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: September 1, 2015

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<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> Region E (San Juan Capistrano, Rancho Santa Margarita, Mission Viejo, Lake Forest)
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service, Inc.
<b>Area or Subarea (Zone) Geographic Description:</b> 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
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action. Exclusive
<b>Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):</b> 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
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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: September 1, 2015

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<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> OA 1 - Anaheim
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Care Ambulance Service (served the area since 1998)
<b>Area or Subarea (Zone) Geographic Description:</b> City of Anaheim
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Non-Exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> 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.).
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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: September 1, 2015

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AMBULANCE ZONE SUMMARY FORM**

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<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> EOA 2 - Brea
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Emergency Ambulance Service, Inc. (served the area since approximately 1980)
<b>Area or Subarea (Zone) Geographic Description:</b> City of Brea
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> 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).
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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.

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<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> OA 3 – City of Buena Park
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Care Ambulance Service (served the area since 1998)
<b>Area or Subarea (Zone) Geographic Description:</b> The City of Buena Park.
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Non-Exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> 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.).
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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.

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<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> OA 4 – Costa Mesa
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Care Ambulance Service (served the area since 2008)
<b>Area or Subarea (Zone) Geographic Description:</b> City of Costa Mesa
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Non-Exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> 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.).
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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.

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<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> OA 6 – Fountain Valley
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Care Ambulance Service (served the area since 1998)
<b>Area or Subarea (Zone) Geographic Description:</b> City of Fountain Valley
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Non-Exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> 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.).
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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.



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<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> OA 7 – Fullerton
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Care Ambulance Service (served the area since November 2002)
<b>Area or Subarea (Zone) Geographic Description:</b> City of Fullerton
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Non-Exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> 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.).
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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.

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<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> OA 8 – Garden Grove
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Care Ambulance Service (served the area since 1998)
<b>Area or Subarea (Zone) Geographic Description:</b> City of Garden Grove
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Non-Exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> 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.).
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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: September 1, 2015

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<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> OA 9 – Huntington Beach
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Huntington Beach Fire Department (served the area since 1993)
<b>Area or Subarea (Zone) Geographic Description:</b> City of Huntington Beach and Sunset Beach
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Non-Exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> 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.).
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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.

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<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> OA 11 – Laguna Beach
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Doctor's Ambulance Service (served the area since 1996)
<b>Area or Subarea (Zone) Geographic Description:</b> City of Laguna Beach
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Non-Exclusive
<b>Type of Exclusivity ("Emergency Ambulance," "ALS," or "LALS" [HS 1797.85]):</b> 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.).
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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: September 1, 2015

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<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> OA 12 – La Habra
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  City of La Habra Ambulance
<b>Area or Subarea (Zone) Geographic Description:</b> City of La Habra
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Non-Exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> 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.).
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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.

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<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> OA 15 – Newport Beach
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Newport Beach Fire Department (served the area since 1996)
<b>Area or Subarea (Zone) Geographic Description:</b> City of Newport Beach
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Non-Exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> 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.).
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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: September 1, 2015

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<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> OA 16 – Orange
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Orange Fire Department (served the area since 1995)
<b>Area or Subarea (Zone) Geographic Description:</b> City of Orange
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Non-Exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> 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.).
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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: September 1, 2015

**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.

<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> OA 18 – San Clemente
<b>Name of Current Provider(s):</b> 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.)
<b>Area or Subarea (Zone) Geographic Description:</b> City of San Clemente
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Non-Exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> 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.).
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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.



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<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> EOA 20 – Santa Ana
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Care Ambulance Service (served area since 2012)
<b>Area or Subarea (Zone) Geographic Description:</b> City of Santa Ana
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> 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)
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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 2012, the city in coordination with Orange County Fire Authority (OCFA) conducted and awarded RFP#JRSB002 to Care Ambulance for a period of up to five (5) years.

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<b>Local EMS Agency or County Name:</b> Orange County EMS
<b>Area or Subarea (Zone) Name or Title:</b> EOA 25 – Westminster
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Shoreline Ambulance, Inc. (served the area since 2007)
<b>Area or Subarea (Zone) Geographic Description:</b> City of Westminster
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> 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).
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> 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. On 3/28/12 the City Council of Westminster awarded RFP#2011-WPD002 to the incumbent contractor, Shoreline Ambulance, Incorporated. On 3/31/12, the City authorized extension of existing agreement with finalized three year contract effective 7/1/12. The City may extend the contract for two one (1) year periods for a total of five years. On 7/1/15, the City extended the contract for an additional one (1) year.